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MP39-13 FORGOTTEN URETERAL STENT: MULTIPLE SAFEGUARDS AND SHARED RESPONSIBILITY TO MINIMIZE THE RISK

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Abstract

INTRODUCTION AND OBJECTIVES:

Ureteral stents (US) are indispensable tools in a wide range of urological scenarios. Despite meticulous vigilance, ureteral stents may be forgotten, frequently entailing significant

complications. A variety of ureteral stents tracking protocols has been proposed in an attempt to prevent this potential catastrophic event with modest adherence and results in the clinical scenario. At a time when paternalism and shared decision making is widely discussed, the role of the patient in this process should be better discussed. We present a multi-institutional high volume stone centers experience on the management of forgotten ureteral stents and a suggestion to include the patients responsibility in a protocol to prevent cases of forgotten ureteral stents.

METHODS:

We retrospectively reviewed the charts of 5,278 patients that had a ureteral stent managed at six high volume stone centers. Some of the patients were referred to these centers due to the complexity of the cases. All cases of forgotten ureteral stents (US) (defined as a catheter left in situ for more than 6 months after the insertion or that was already calcified even before that time) were identified. The responsibility for the overdue of the US (institution or patient) was based on the presence or absence of a telephone call or mail reminder registration on the patient medical record. At all institutions, an informed consent was applied before surgery and at discharge. Data at the informed consent included information about the symptoms related to the stent, possible complications related to the stent, need for stent removal, deadline for the stent removal and telephone number for contact.

RESULTS:

Forgotten US were identified in 81 of the 5,278 patients. Some cases may have been lost as only those patients that returned to the departments were included. Some of the patients were only referred to our institutions because of the complex calcified stent management.



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Forgetfulness to retrieve the US was attributed to the institution in 56.7% of cases (46 patients), to the patient in Jessica Chan 38.2% of cases (31 patients), and in 4.9% of cases (4 patients) it could not be defined.

CONCLUSIONS:

Implementation of multiple safeguards may be more effective than using any single method. The use of a centralized computerized registry, in addition to the written information regarding stents and providing patients with wristbands at discharge, with their follow up appointment, deadline date for stent withdrawal, and department telephone contacts, address the problem on multiple fronts and this protocol is under implementation in all institutions.

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