

**PD55-05**  
**WORLDWIDE SURVEY ON THE CURRENT PRACTICE OF ASYMPTOMATIC URINARY STONE MANAGEMENT: A SURVEY FROM EAU, YOUNG ACADEMIC UROLOGISTS (YAU), ENDOUROLOGY AND UROLITHIASIS WORKING PARTY**

Tarik Emre Sener, Istanbul, Turkey; Thomas Tailly\*, Ghent, Belgium; Amelia Pietropaolo, Southampton, United Kingdom; Etienne Xavier Keller, Zurich, Switzerland; Yiloren Tanidir, Istanbul, Turkey; Juan Gomez Rivas, Madrid, Spain; Zeeshan Hameed, Manipal, India; Vincent De Coninck, Brasschaat, Belgium; Tzevat Tefik, Kemal Sarica, Istanbul, Turkey; Ali Serdar Gozen, Heilbronn, Germany; Andreas Skolarikos, Athens, Greece; Olivier Traxer, Paris, France; Bhaskar Somani, Southampton, United Kingdom

**INTRODUCTION AND OBJECTIVE:** Management of asymptomatic kidney stones is a topic of ongoing debate with follow-up and treatment guidelines based on low-level evidence. Our aim was to evaluate current management of asymptomatic urinary stones.

**METHODS:** A 70-question survey was designed in collaboration with EAU, Young Academic Urologists (YAU), Section of Uro-Technology (ESUT) and Section of Urolithiasis (EULIS) groups and distributed. Responders filled out several clinical scenarios either as counselling urologists, or as patients themselves.

**RESULTS:** A total of 212 (30.2%) responses were obtained. Median responder age was 39 years. Demographic information is given in Table 1. 159 (75%) responders were interested in "urolithiasis". 175 (82.5%) had never experienced a renal colic and 89.6% had never undergone any kind of urolithiasis treatment. Overall, urologists as patients themselves opted significantly more frequently for a conservative approach (29% vs. 25%) or SWL (17% vs. 14%), and significantly less frequently for a URS (35% vs. 39%) or PCNL (19% vs 23%), compared to what urologists would recommend to their patients (p <0.001) (Figure 1A). Of all demographic parameters, having had a renal colic was an independent predictor of an interventional approach (OR 1.5, 95% CI 1.1-2.0; p=0.01), whereas having had an intervention was an independent predictor of a conservative approach (OR 1.01, 95% CI 1.01-1.19; p=0.04). Overall, no significant differences in follow-up schedules were found between urologists and urologists as patients themselves (Figure 1B and 1C). Only 19% of all kidney stones were adjudged for follow-up within 3 months, compared to 89% for ureteral stones (p<0.001).

**CONCLUSIONS:** Current treatment and follow-up patterns of asymptomatic urinary stones are in agreement with international guidelines on symptomatic stones. Urologists tend to choose the lesser invasive treatment option as a patient themselves, compared to what they choose for their patients.

Figure 1. The choice of different treatment approaches (A) and different follow-up schedules (B, C) in different stone scenarios considering the responder is either the treating physician or the patient him/herself. (SWL: Shockwave Lithotripsy; URS: Semirigid/Flexible Ureteroscopy; PCNL: mini/standard Percutaneous Nephrolithotomy; Conservative Approach: Follow-up with/without Medical Expulsive Therapy) (Annual: Once every year; Biennial: Once every 2 years)

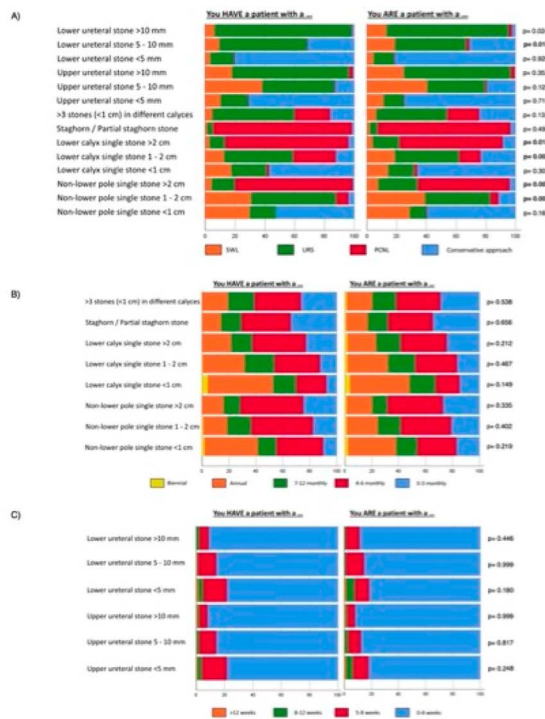


Table 1. Demographic information on responders (n: 212)

Age (median, min, max)	39 (24, 84)	
Years of practice in urology (%)	<10 years	42 %
	10-20 years	32.1 %
	20-30 years	15.1 %
	>30 years	10.8 %
Institution (%)	University / Training hospital	70.8 %
	Public hospital	12.2 %
	Private hospital / clinic	17 %
Interest in "Urolithiasis" treatment (%)	Yes	75%
	No	25%
Patients' insurance status (%)	<25% of patients are insured	9.9%
	26-50% of patients are insured	5.2%
	51-75% of patients are insured	10.8%
	>75% of patients are insured	74.1%

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**PD55-06**  
**DOES DRAINAGE METHOD AFTER FLEXIBLE URETEROSCOPY FOR RENAL STONES AFFECT THE TREATMENT OUTCOMES OR QUALITY OF LIFE?**

Amr Elsayy\*, Nasr El-Tabey, Mohamed Zahran, Ahmed Shoma, Mansoura, Egypt

**INTRODUCTION AND OBJECTIVE:** To prospectively study the impact of different drainage methods after FURS on treatment outcomes and health related quality of life (HRQoL) using validated questionnaire.

**METHODS:** A prospective study on adult patients who underwent FURS for renal stones was carried out. Drainage at the end of the procedure was done either by ureteral catheter or double J (DJ) stent according to surgeon decision. We compared the perioperative