How effective is our mobile lithotripsy service?

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<u>Aim</u>

 To assess the efficacy of our mobile lithotripter unit with respect to stone clearance

Factors affecting ESWL outcomes

Stone Related

Stone Burden
Stone Location

Stone Density

Renal Related

Intra-renal Anatomy Drainage

Patient Related

BMI

Musculo-skeletal deformity

Standards

Study	Year	Lithotripter	Number	SFR (%)
Cope et al	1991	Wolf Piezolith	220	75
Mykulak et al	1992	Therasonic	172	56
Cass et al	1995	нмз	4796	63
Cass et al	1995	Medstone STS	6195	64
Elhilali et al	1996	Dornier Compact	191	73
Lalak et al	2002	Dornier Compact Media	500	63
Johnson et al	2003	Dornier Doli S	204	74

Our Lithotripsy Service

- Our mobile lithotripsy service started in 2008 and was introduced to offer a local stone service
- Wolf Piezolith 3000 Lithotripter
- 100mg pr diclofenac, no routine antibiotics
- 3+1 clinic sessions per month

Methods

- Retrospectively over 12 months between 2010 and 2011
- Two doctors measured calculi diameter pre and post treatment
- Primary outcome measure was stone free rate (fragments <2mm)
- Variables analysed included stone to skin distance, Hounsfield Units and need for subsequent operative intervention

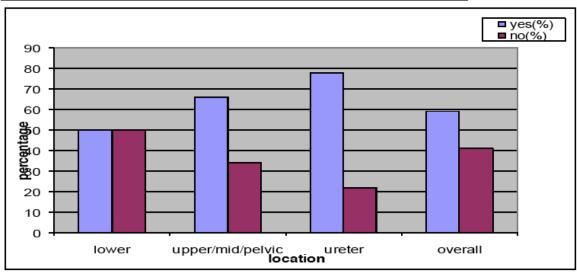
Results

- 137 patients analysed
- Mean no. of ESWL sessions per patient 2.2 (Range 1-8)
- Imaging modality used for pre op and post op:

	Pre op imaging	Post op imaging
СТ	81%	26%
USS	7%	13%
XR	12%	61%

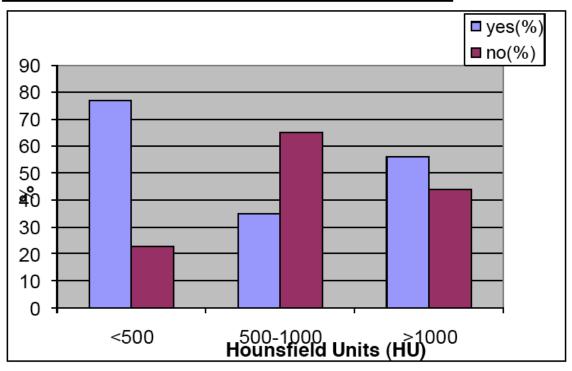
Mean pre-treatment stone size 7.5mm SD +/ 4.9mm (Range 1-25mm)

Stone free rates according to renal position



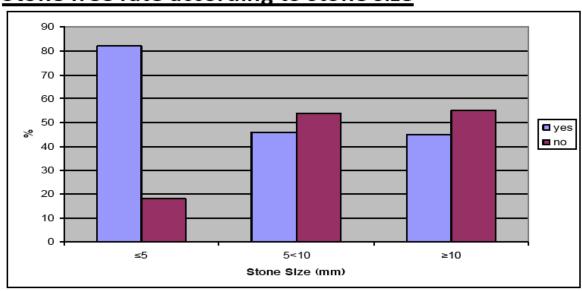
Overall stone free rate defined as no remaining fragments larger than 2 mm

Stone free rates according to radiodensity

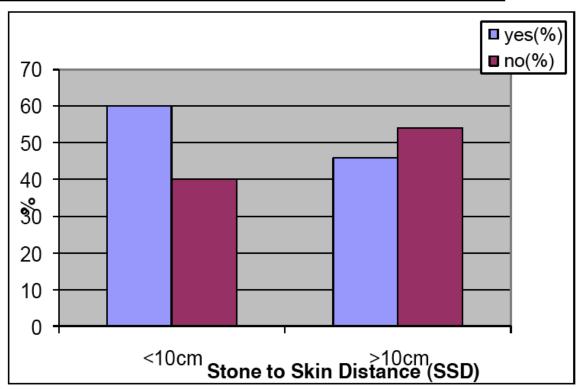


· Hounsfield Unit measurements were available for 114 patients

Stone free rate according to stone size

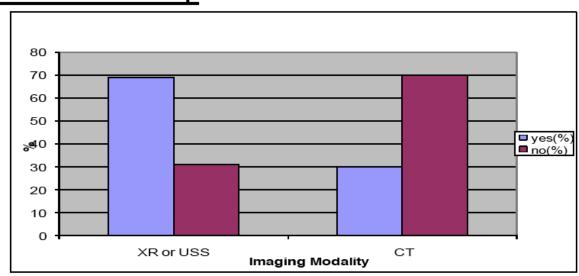


Stone free rate according to stone skin distance



• Stone to Skin distance measurements available for 106 patients

Stone free rates according to imaging modality used for follow -up



Results

- 68% of patients were managed with ESWL alone
- 32% subsequently underwent elective operative intervention

Complications

Complication	No. of patients
Ureteric obstruction	5
Urosepsis	1

Complications – Perinephric Haematoma x1



Discussion

- Data will help us target which patients more likely to benefit from ESWL & those that should be offered immediate surgical intervention
- Consideration needs to be given to contemporary follow-up of patients. Should stones diagnosed on CT be followed up by CT to confirm true effectiveness of treatment?

Conclusion

- Hounsfield Units now included in radiology report
- In our experience, mobile lithotripters are a good alternative to fixed lithotripters and can offer equivalent rates of stone clearance to contemporary published data.
- This data will help our patients make an informed decision when making treatment decisions