MP19-05

DAILY ECOLOGICAL MOMENTARY ASSESSMENTS OF PAIN AND ABILITY TO WORK AFTER URETEROSCOPY AND STENTING

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INTRODUCTION AND OBJECTIVE: Ureteral stents can cause significant patient discomfort, yet the temporal dynamics of symptoms and impact on social activities remain poorly characterized. We employed an automated text message tool to collect daily ecological momentary assessments (EMA) following ureteroscopy with stenting regarding pain and ability to work. Our aim was to assess the feasibility of capturing EMA data, and better characterize the postoperative patient experience.

METHODS: As an exploratory endpoint within an ongoing pragmatic clinical trial (NCT05026710), patients undergoing ureteroscopy and stone intervention with stenting (without a tether) were asked to complete daily EMAs for 10 days postoperatively, or until the stent was removed, whichever was longer. Stents were removed in the office. Questionnaires were distributed via text message and included a numeric pain scale (0-10) and a single item from the validated PROMIS Ability to Participate in Social Roles and Activities instrument, as well as days missed from work or school. Responses from postoperative day (POD) 1 through the day of stent removal (up to POD10) were analyzed for the first 35 participants in EMAs.

RESULTS: Median patient age was 56.1 years (IQR 46.6-62.8), 51% were female. Stones were 66% renal and 34% ureteric, with median stone diameter 8.5mm (IQR 6-10). Daily EMA response rates were >90% for all days through POD10. Median stent dwell time was 7 days (IQR 6-9). Pain scores were highest on POD1 (median score 4) and declined with each day, reaching median score 2 on POD5 (Figure 1, panel A). 65% of patients on POD1 reported they had trouble performing their usual work at least sometimes, but by POD5 this was <50% of patients (Figure 1, panel B). Patients who work or attend school reported a median of 1 day missed (IQR 0-3).

CONCLUSIONS: An automated daily text message EMA system for capturing patient reported outcomes was demonstrated to be feasible with sustained excellent response rates. Patients with stents reported the worst pain and interference with work on POD1 with steady improvements thereafter, and by POD5 the majority of patients had minimal pain or trouble performing their usual work.

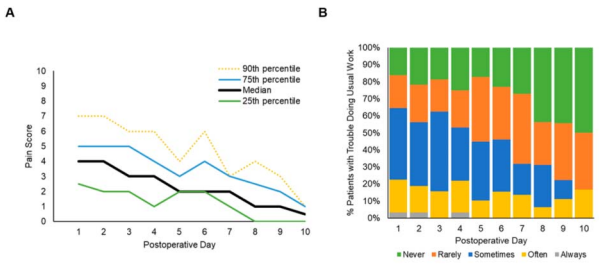

Figure. Daily ecological momentary assessments of (A) pain (scores 0-10), and (B) trouble with doing usual work (PROMIS Ability to Participate in Social Roles and Activities) in patients with ureteral stents in place following ureteroscopic stone treatment.

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MP19-06

ANTIBIOTIC USE, BEST PRACTICE STATEMENT ADHERENCE, AND UTI RATE FOR INTRADETRUSOR ONABOTULINUMTOXIN A INJECTION FOR OVERACTIVE BLADDER: A MULTI-INSTITUTIONAL COLLABORATION FROM THE SUFU RESEARCH NETWORK

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INTRODUCTION AND OBJECTIVE: Onabotulinumtoxin A (BTX-A) is a well-established treatment for overactive bladder (OAB). The American Urological Association (AUA) 2008 Antibiotic Best Practice Statement recommended trimethoprim-sulfamethoxazole or fluoroquinolone for cystoscopy with manipulation. The aim of the study was to evaluate concordance with antibiotic best practices at the time of BTX-A injection and urinary tract infection (UTI) rates based on antibiotic regimen.

METHODS: We included men and women undergoing first-time BTX-A injection for idiopathic OAB with 100 units in 2016 within the SUFU Research Network multi-institutional retrospective database. Patients on suppressive antibiotics were excluded. The primary outcome was concordance of periprocedural antibiotic use with the AUA 2008 Best Practice Statement. As a secondary outcome we compared the incidence of UTI at 15 days and 30 days after BTX-A among women. 15 days was used as a cutoff for a UTI attributed to BTX-A injection procedure, whereas a UTI within 30 days was considered a chronic effect of BTX-A. We assumed that patients who were not seen in the first 15 days did not have a UTI within 15 days. Fisher's exact tests were applied for categorical variables.

RESULTS: Of the cohort of 216 patients (175 women, 41 men) undergoing BTX-A, 24 different periprocedural antibiotic regimens were utilized. Among patients who had in-office visits within 15 days of BTX-A, 87% received periprocedural antibiotics and 47% received best practice statement-concordant antibiotics. There was no significant difference in UTI events between patients who received any antibiotics and those that did not at 15 day follow up (N=173, 6% vs 9%, p=0.4). Of patients who received antibiotics, UTI rates did not vary significantly depending on concordance with recommendations or not (N=133, 5% vs 7%, p=0.7). 81% of the 216 patients with 30-day follow up received periprocedural antibiotics. Of those, 47% received best practice statement-concordant antibiotics. At 30 days, there was no significant difference in UTI events based on antibiotic use (N=173, 11% antibiotics vs 16% no antibiotics, p=0.5) or best practice statement concordance or not 8% vs 16% (N=133, p=0.13).

CONCLUSIONS: This retrospective multi-institutional study demonstrates that antibiotic regimens and adherence to the AUA Best Practice Statement was variable among providers and that UTI rates at 15 or 30 days following BTX-A did not vary significantly regardless of antibiotic use or alignment with best practices.

Source of Funding: SUFU Research Network

MP19-07

PRACTICE PATTERNS OF UROLOGISTS SEEKING BOARD CERTIFICATION IN FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

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INTRODUCTION AND OBJECTIVE: To identify opportunities to improve surgical access to Female Pelvic Medicine and Reconstructive Surgery (FPMRS) certified urologists through review of clinical practice logs.