IP67-13

POSTOPERATIVE IMAGING UTILIZATION FOLLOWING URETEROSCOPY: STABILITY DESPITE THE 2023 STONE-FREE CT MANDATE

Michael Tzeng, Samuel Kusin, Hriday Bhambhvani, Joseph Del Pizzo, Patrick Samson, Kavita Gupta, New York, NY

INTRODUCTION AND OBJECTIVES: Postoperative imaging following ureteroscopy (URS) plays a crucial role in assessing treatment success and complications. Imaging practices vary widely, and recent policy changes—such as the 2023 stone-free computed tomography (CT) mandate—may have influenced utilization patterns. This study evaluated national trends in postoperative imaging after URS to better understand evolving practice patterns.

METHODS: We conducted a retrospective cohort study using the TriNetX Linked Network, a real-world database of de-identified electronic health record records from participating healthcare organizations. Patients who underwent ureteroscopy with lithotripsy (CPT 52353, 52356) from January 2020 to October 2025 were included. Utilization of CT abdomen/pelvis (CPT 1020544), renal ultrasound (CPT 1010778), and abdominal X-ray (CPT 1031051) within 30 days postoperatively was assessed and stratified by year.

RESULTS: A total of 73,381 patients were identified, of which 20,319 (27.7%) obtained any form of postoperative imaging. Use of postoperative CT abdomen/pelvis remained stable over the study period with an overall rate of 12.9% (Figure 1). Use of renal ultrasound was similarly consistent at 8.5%. In contrast, postoperative abdominal X-ray use declined from 16.3% in 2020 to 8.8% in 2025. The proportion of patients receiving any postoperative imaging also decreased from 29.8% in 2020 to 24.7% in 2025. No appreciable change in imaging utilization was observed following implementation of the 2023 stone-free CT mandate.

CONCLUSIONS: Postoperative imaging after URS remains infrequently performed in the U. S., with notable variation in modality. There is a significant decline in abdominal X-ray utilization which parallels an overall reduction in postoperative imaging. The 2023 stone-free CT mandate did not appear to affect real-world practice patterns.

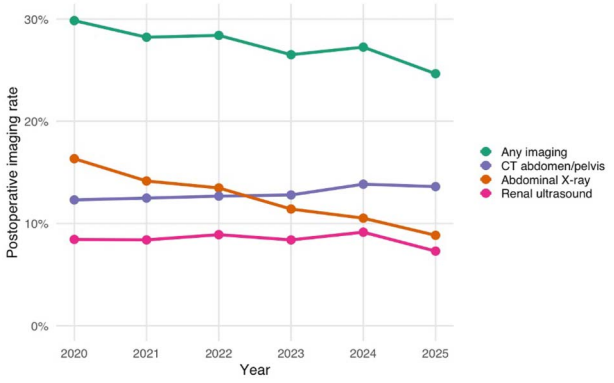

Figure 1. Utilization of imaging within 30 days after ureteroscopy. CT = computed tomography

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CHARACTERIZING PAIN INTERFERENCE AFTER URETEROSCOPY: WHO DOES IT AFFECT AND FOR HOW LONG?

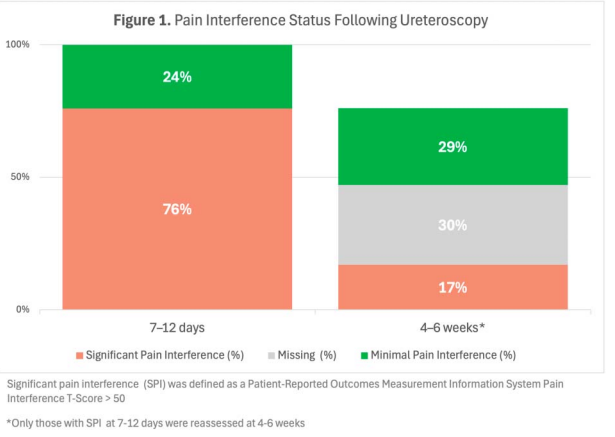
Michael Uy, Caitlin Seibel, Stephanie Daignault-Newton, Eduardo Kleer, Ann Arbor, MI; Hector Pimental, Grand Rapids, MI; Brian Seifman, Rochester Hills, MI; Khurshid Ghani, Wilson Sui, Casey Dauw, For The Michigan Urological Surgery Improvement Collaborative, Ann Arbor, MI

INTRODUCTION AND OBJECTIVES: Postoperative pain is common after ureteroscopy (URS) with lithotripsy, yet the duration of symptoms and the factors associated with pain are not well described. We aimed to define the proportion of patients experiencing pain postoperatively and identify predictors of persistence to guide patient expectations.

METHODS: Using the Michigan Urological Surgery Improvement Collaborative (MUSIC) clinical registry, we identified patients undergoing URS who completed Patient-Reported Outcomes Measurement Information System (PROMIS) Pain Interference (PI) assessments at baseline, 7-12 days, and optionally at 4-6 weeks postoperatively. Patients with pain disorders, intraoperative complications, or anatomical abnormalities were excluded. Significant pain interference (SPI) was defined as a PROMIS-PI T-score >50. We quantified the proportion of patients reporting SPI at each timepoint and used logistic regression, adjusted for baseline PI, stone characteristics, and patient and intraoperative factors, to identify predictors of SPI.

RESULTS: Among 1380 patients who underwent URS and completed PROs, 38% had renal stones only and 62% had ureteral (±renal) stones. The median stone size was 8 mm (IQR 5), and 70% received a postoperative stent. Follow-up at 4-6 weeks was completed by 60% of patients. At 7-12 days, 1,050 patients (76%) reported SPI. Of these, 234 (17%) continued to report SPI at 4-6 weeks (Figure 1). On multivariable regression, factors independently associated with SPI at 7-12 days included higher preoperative PI, renal stone location, younger age, larger stones, and postoperative stent placement ($p = < 0.001$-0003). At 4-6 weeks, elevated preoperative PI remained the only significant predictor of persistent pain (p=0.007).

CONCLUSIONS: Three out of four patients undergoing URS experience significant PI within the first 12 days, decreasing to one out of five by 4-6 weeks. Early pain is associated with baseline pain burden, stone characteristics, and postoperative stent placement, whereas persistent pain at 4-6 weeks is primarily associated with elevated baseline PI. These findings underscore the importance of assessing baseline symptoms for postoperative counseling and expectation management.



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BEYOND INFECTION: SOCIODEMOGRAPHIC DRIVERS OF ANTIBIOTIC USE IN PATIENTS WITH KIDNEY STONES IN THE EMERGENCY DEPARTMENT

Vishnuvardhan Ganesan, Carla Miguel, Hailey Frye, Michael Borofsky, Deepak Agarwal, Minneapolis, MN

INTRODUCTION AND OBJECTIVES: Identifying infection in patients presenting with kidney stones can be challenging, and non-clinical factors may influence treatment decisions. We aimed to