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# **Comparison of self-locking versus non-self-locking** percutaneous nephrostomy for long-term urinary diversion in malignant ureteric obstruction

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## Objective

- Retrospective cohort study in a single institution (Queen Elizabeth Hospital)
- To compare the efficacy and complications between self-locking percutaneous nephrostomy (PCN) with non-self-locking catheters in patients with malignant ureteric obstruction

# Patients & Methods

- Malignant ureteric obstruction for long-term urinary diversion by unilateral or bilateral PCN for palliative intent
- Between January 2019 May 2022
- Outcomes of interest:
  - Primary outcomes: overall complication rate, dislodgement rate, reintervention rate
  - Secondary outcomes: emergency readmission rate and cost-effectiveness



- Comparison of secondary outcomes:
  - $\downarrow$  mean number of emergency readmissions (0.19 vs 0.33, p=0.046)
  - $\downarrow$  mean length of stay during readmissions (7.81 vs 12.45, p=0.033)
  - $\downarrow$  estimated cost associated with each catheter (\$56980.8 vs \$83596.0)

### Summary of emergency readmissions

	Self-locking	Non-self-locking	P-value
Mean number of emergency readmissions	0.19	0.33	0.046

Results

- Total 355 procedures (212 non-self-locking and 143 self-locking catheters) in 65 patients were included
- No difference in baseline characteristics between ٠ two groups
- Comparison of primary outcomes: ٠

Summary of post-procedural outcomes

- $\downarrow$  complication rate (16.8% vs 28.8%, p=0.009)
- $\downarrow$  dislodgement rate (1.4% vs 13.2%, p=0.000)
- $\downarrow$  need for early catheter revision (9.1% vs 21.7%, p=0.002)

Mean length of stay during emergency	7.81	12.45	0.033
readmissions (days)			



### Estimated cost-effectiveness per catheter (\$ HKD, corrected to nearest \$0.1)

		Self-locking (%)	Non-self-locking (%)	P-value		Unit cost per	Average cost of	Average cost of	Total cost per
Complication	Overall complications	24 (16.8%)	61 (28.8%)	0.009		catheter	early revision	emergency readmission	catheter
	Specific complications						per catheter	per catheter	
	Blockade	13 (9.1%)	22 (10.4%)	0.371	Self-locking	400.0	9.1% x 400 = 36.4	7.81 (days) x 7240 = 56544.4	56980.8
	Dislodgement	2 (1.4%)	28 (13.2%)	0.000		- 50.4	- 30344.4		
	Sepsis	6 (4.2%)	7 (3.3%)	0.666	Non-self-		21.7% x 288	11.498 (days) x 7240	83596.0
	Bleeding	3 (2.1%)	3 (0.8%)	0.662	locking	= 62.5	= 83245.5		
	PCN site infection	0 (0%)	1 (0.5%)	0.411	Net cost	+112.0	-26.1	-26701.1	-26615.2
Re-intervention	Early revision	13 (9.1%)	46 (21.7%)	0.002					

### Conclusion

Self-locking PCN is safe and effective in the population of malignant ureteric obstruction requiring long-term urinary diversion. It may also have superiority over non-self-locking catheters with its lower complication and reintervention rates, potentially lower cost and possible improvement in patients' quality of life.

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