

INCREASING FOLLOW-UP AND DECREASING MORBIDITY IN NEPHROSTOMY TUBE EXCHANGE IN CANCER PATIENTS

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Introduction

- Percutaneous nephrostomy (PCN) tube drainage may be needed for management of upper urinary tract obstruction in the setting of invasive and metastatic cancers.
- Patients with PCNs often visit the emergency department (ED) for PCN complications, including pain, dislodgement, and infection, that may result in require urgent exchange.

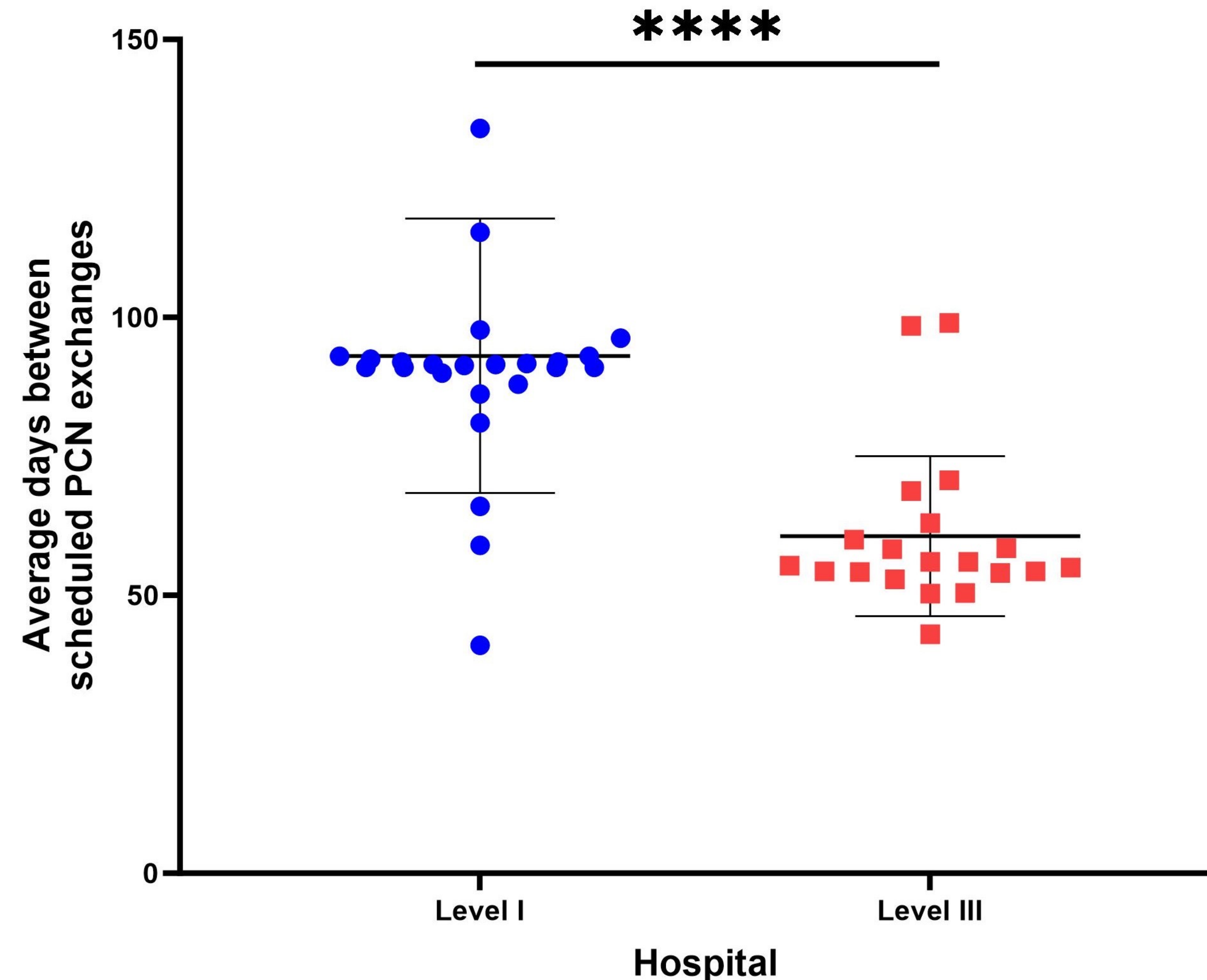
Objectives

- To assess the variables that impact PCN-related ED visits and urgent PCN exchanges in patients with malignant obstruction.

Methods

- We performed a retrospective review of patients presenting to two hospitals with with upper tract obstruction due to malignancy and who had undergone PCN placement
- A total of 131 patients met inclusion criteria: cancer causing upper tract obstruction who underwent PCN placement between February 2021 and September 2022 at two trauma hospitals in the same health system.
- Multivariate analyses of variance were performed to determine whether several variables were associated with the mean number of PCN-related ED visits or urgent PCN exchanges in this patient population.
- Average time between PCN exchanges was calculated.

Results



Bars represent mean +/- standard deviation; ****p<0.0001

Results

- ECOG score (p=0.048) and the treatment hospital (p=0.025) were significantly associated with the average number of ER visits.
- The Level I trauma center had a significantly higher percentage of urgent PCN exchanges compared to the Level III trauma center (p<0.05).
- The Level I trauma center had a higher average length of time between scheduled PCN exchanges compared to the Level III center (93 days vs 61 days, respectively, p<0.0001).
- Age, diabetes mellitus, BMI, PCN laterality, cancer type, systemic therapy within 30 days of PCN placement, and hospice status were not significantly associated with mean PCN-related ED visits or urgent exchanges.

Conclusion

- Overall, these data show significant differences in the average number of ER visits and urgent PCN exchanges at different level trauma centers.
- It is possible that the difference in how often patients receive scheduled exchanges impacts how often they have to visit the ER or undergo urgent procedures.
- Therefore, more frequently scheduled PCN exchanges could improve the quality of life and decrease morbidity in this vulnerable patient population.