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Beyond the bypass: Unravelling the true patient burden of ureteral stent related symptoms in a Tertiary care setting.

Balagobi B[1], Neeranjali P[1], Thishanthini V[1], Jane Varmiya A[1], Thusinthan R[2], Shathana P[1], Gowribahan T[3], Thanusan V[3]

[1] Department of Surgery, Faculty of Medicine, University of Jaffna.

[2] Professorial surgical unit, Teaching hospital Jaffna.

[3] Urology unit, Teaching Hospital Jaffna.

Introduction: Double-J (JJ) ureteral stents play a vital role in managing obstructive uropathy and preventing postoperative complications. However, their use is often accompanied by distressing symptoms that can significantly impair patient quality of life and complicate clinical management.

Objective: This study aimed to assess the prevalence of ureteral stent-related symptoms and their associations among patients treated at the urology units of a tertiary care center.

Design and Setting: A descriptive, cross-sectional study was conducted at the urology units of Teaching Hospital Jaffna, evaluating patients who underwent JJ stent insertion.

Methods: Fifty patients with JJ stents placed for various urological indications were enrolled. Data collection involved a structured interviewer-administered questionnaire adapted from the validated Ureteral Stent Symptom Questionnaire (USSQ). Variables recorded included demographics, stent indications, symptom profiles, and follow-up outcomes. Statistical analyses were performed using SPSS version 23, with chi-square tests applied to identify significant associations. Ethical clearance was granted by Ethical Review Committee of Teaching Hospital Jaffna.

Results: The mean patient age was 48.92 years, with males were 64% (n=32). Urolithiasis accounted for 92% (n=46) of stent indications, with 94% (n=47) of stents placed electively and 66% (n=33) positioned in the right ureter. Storage lower urinary tract symptoms were common: urgency was reported by 66% (n=33), frequency by 56% (n=28), and dysuria by 92% (n=46), with 26% (n=13) rating it as severe. Hematuria and flank pain each affected 40% (n=20) of patients, while febrile episodes or chills occurred in 16% (n=8). Notably, fever was significantly more prevalent among male patients (p = 0.020. The duration of stent placement showed no statistically significant association with symptom severity (p> 0.05).

Conclusion: JJ stent-related symptoms like dysuria, urgency, and haematuria are common and impact patient comfort. Three months is the usual recommended maximal indwelling stent time, but six months should be the absolute maximum limit. Patients with stents that are lost to follow-up or "forgotten" are much more likely to encounter complications. Structured post-stenting follow-up and standardized protocols for symptom monitoring and stent tracking are essential to ensure timely management. Implementing these measures is especially important in resource-limited settings to enhance patient outcomes and reduce stent-related complications.

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Cardiometabolic Risk Profiles in Chronic Liver Cell Disease: Metabolic Dysfunction- Associated Steatotic Liver Disease (MASLD) and Metabolic Dysfunction-and Alcohol- Related Liver Disease (MetALD) Phenotypes in a Sri Lankan Cohort

Premawardana NP, De Silva GCV, Senadhira SDN, Warnasekara J, Umayanga HD, Fonseka HAN, Karunarathne YD, Karawita SS

Teaching Hospital Anuradhapura