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Nephrectomy for calculous disease: Analysis of United States trends and outcomes from 2001 to 2014

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Since the advent of non-invasive techniques, the utilization of simple nephrectomies for calculous disease has not been characterized. This study sought to investigate United States nationwide trends in the use of simple nephrectomy for calculous disease from 2001 to 2014 using the Nationwide Inpatient Sample databases. Adults hospitalized with a principal diagnosis of kidney or ureteral stones that underwent nephrectomy during hospitalization were identified along with those hospitalized for kidney or ureteral stones that underwent inpatient surgery other than nephrectomy. Cochran-Armitage trend tests were used to identify nephrectomy as a proportion of all surgical interventions for calculous disease. Chi-squared and Wilcoxon rank sum tests were used to analyze patient characteristics, hospital type and region, perioperative outcomes, and complications of nephrectomies versus other procedures for calculous disease. Our analysis showed an

overall decrease in the percent of simple nephrectomies for calculous disease during the 14-year period. Additionally, complication rates for calculous nephrectomy varied based on hospital type with rural teaching hospitals having the highest rates at 45.9% and non-teaching hospitals with the lowest at 35% ($p < 0.0001$ for all), possibly due to better outcomes in higher volume hospitals. Hemorrhage was the most common complication of calculous nephrectomy compared to UTIs being the most common complication for other inpatient stone surgeries. Median length of stay decreased overtime from 5 days in 2001 to 4 days in 2014 ($p < 0.0001$). Lastly, nephrectomies for calculous disease were more frequently performed in females in the South and Western regions of the USA and in urban teaching hospitals.

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