In-Hospital Stays for Urolithiasis: Analysis of French National Data

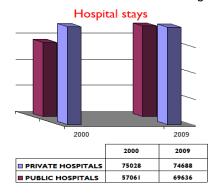
Introduction and Objectives: Urolithiasis is of health economics concern since it is very frequent. However, there are few data upon its issue in France.

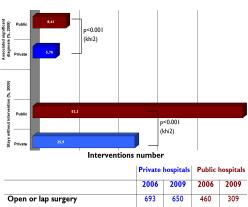
Materials and Methods: We have analyzed the data issued from the national coding system for inhospital stays and interventions, using urolithiasis CIM-10 codes and compared between public and private sectors. We have observed evolution of procedures and stays until 2009.

Results: Public and private sectors were quite similar in terms of stays numbers (144,324 in 2009, and an evaluated total cost of more than 168 millions of euros). Since 2000, there has been an increase of more than 20% in the number of stays in the public sector and a stagnation in the private one. Public and private sectors appeared different in terms of:

- (1) stays without intervention (53 vs 26%; p < 0.0001);
- (2) stays without associated diagnosis (5.78 vs 8.41%; p < 0.0001). Since 2006, there has been a stagnation for percutaneous and surgical interventions (less than 5% of the number of interventions) whereas there has been a clear increase in endoscopic (\pm 29% in private sector and \pm 16% in public one) and lithotriptic (\pm 19 and \pm 5%) interventions.

Conclusion: There were strong disparities between public and private sectors. Endoscopic interventions and lithotrity sessions have shown a sustained increase. Surgical and percutaneous interventions have shown a stagnation.





	Private hospitals		Public hospitals	
	2006	2009	2006	2009
Open or lap surgery	693	650	460	309
Perc. Surgery (or anterograde URS)	1436	1334	1489	1633
Endoscopy	15 666	20 152	8767	10 188
Evolution 2006–2009 (%)		+28,64		+16,21
SWL	27 153	32 428	13 074	13 772
Evolution 2006–2009 (%)		+19,43		+5,34