

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 in-hospital 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 (+29% in private sector and +16% in public one) and lithotriptic (+19 and +5%) interventions.

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

