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Use of ureteric stent related mobile phone application UROSTENTZ App (free of cost) in COVID-19 for improving patient communication and safety: A prospective pilot study from a university hospital

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Introduction & Objectives: During COVID-19 led lockdown, a reliable system to monitor ureteral stent insertion and timely removal became an important facet of their use. This study looks at the use of 'Urostentz' smart- phone application (App) for stent procedures and whether it improved patient communication and safety during the lockdown.

Materials & Methods: The 'Urostentz' app was used for patients who underwent ureteric stent after ureteroscopy (URS) or percutaneous nephrolithotomy (PCNL) procedure. It is a smartphone app developed by the authors to improve patient safety, facilitate data collection, and provide an efficient interface to simplify ureteral stent tracking and patient communication. It also helps clinicians track stent related symptoms (SRS) and provide digital remote assistance. This App is available on Google Play store and an online version at www.urostentz.com for free of cost for the urologists and patients.

Results: A total of 33 patients registered with a mean age of 47.8 years (range: 18–80) and a male: Female ratio of 4.5:1. Of these, 29 (87.9%) used the Urostentz App, and 55.2% had SRS. The number of effective communication episodes ranged from 1–7/patient. Based on the symptoms and communication, stent was removed during lockdown (n=2), within 1 week of lockdown lifted (n=24) and within 2 weeks of lockdown lifted (n=5). None of the patients suffered any stent-related complications and there were no cases of forgotten stents or readmissions despite the lockdown and lack of communication using standard practices.

Conclusions: The Urostentz App proved to an effective medium of communication to provide guidance and personalized digital remote healthcare. It also allowed prompt removal of stents avoiding prolonged stent symptoms or forgotten stents. Such apps can have a much wider application in the post-COVID-era to reduce unnecessary post-procedural visits and reduce health care costs.