Vice Admiral Jerome M. Adams, M.D.
United States Surgeon General
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

March 18, 2020

Dear sir:

The Council for Urological Interests (CUI) applauds your efforts to flatten the COVID-19 pandemic curve and its threat to our population, our health care facilities, and our health care providers. However, we are also very concerned about what we are already seeing: an inappropriate interpretation of what constitutes "elective surgery."

As providers of a majority of the shock wave lithotripsy services (SWL) provided to treat kidney stone patients in the US, we caution against an overly broad definition of "elective." SWL is an outpatient procedure and one that does not tie up critical hospital resources as a rule.

Initially, an overwhelming majority of these kidney stone patients present to emergency rooms acutely ill, require narcotic pain meds for control of pain, and are evaluated by urological surgeons for surgical need. While in some cases the surgery may be delayed several days to a week, many of these patients will be back in the hospital emergency room for uncontrolled pain, infection, or dehydration if untreated. Delaying their SWL for several weeks, much less for sixty to ninety (60-90) days, can have catastrophic results for the patient and create an unintended burden on the very facilities that you are trying to help stand ready for pandemic consequences.

There are multiple reasons delaying most SWL treatments for kidney stone patients may be dangerous:

1. If these patients are not treated timely, they will require the placement of a ureteral stent, raising the risk of serious infection, sepsis, complications, and unplanned admissions to the hospital,
2. If a stent is placed, 22-30% of these patients will be seen in the ER and perhaps admitted, the exact result an "elective surgery ban" is intended to avoid,
3. If a stent is placed, it may have to be replaced before definitive treatment, meaning that the patient has to have an additional cystoscopy & stent placement, often as an outpatient at the hospital …... again counterproductive,

4. All of these patients with kidney stones and deferred treatments will likely require periodic and/or persistent need of narcotic medications to control recurrent pain. The risk of creating an unnecessary addiction crisis is real in this vulnerable population.

SWL for kidney stones is almost universally treated in the outpatient setting of facilities, outside of the operating room and intensive care areas. If timely treated, more than eighty-five percent (85%) of patients do not have an indwelling stent placed. CUI members provide the technology and a professional technologist to operate the equipment under the expert guidance of a urological surgeon. While some kidney stone patients have asymptomatic stones and correctly can be labeled “elective”, eighty percent (80%) are in need of urgent intervention, to avoid both the dangerous complications for the patient and the undermining of the very intent of your “elective surgery” ban.

In acutely ill kidney stone patients, any decision to delay SWL intervention should be made by the patient and his/her urologist, with agreement of the facility on a case by case basis. Declaring all SWL cases “elective” is inconsistent with appropriate patient care and will likely boomerang on the very intent of reserving resources for pandemic patients.

Sincerely,

Joseph Jenkins MD, JD

Chairman

Council for Urological Interests