



SWL is still Alive!

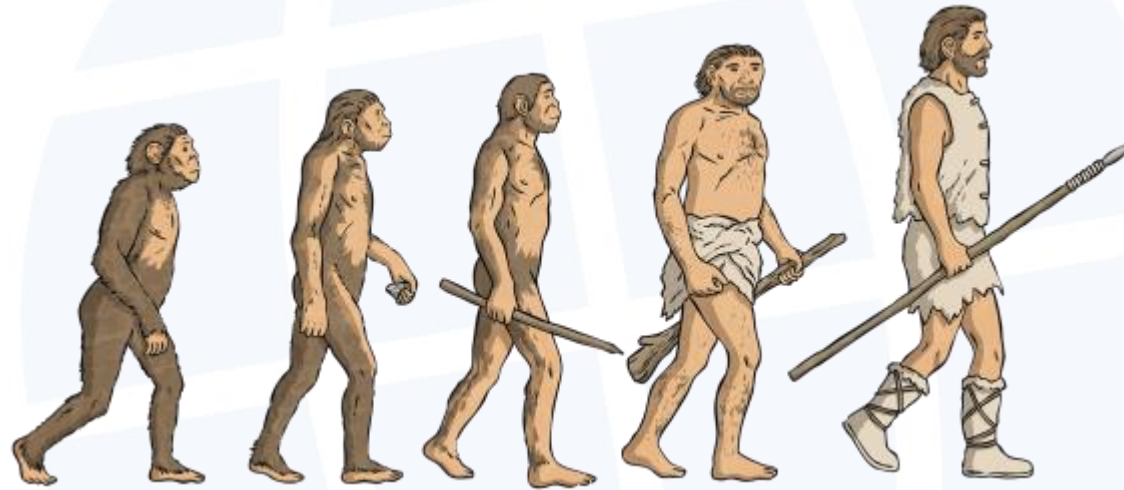
Jean de la Rosette

Istanbul Medipol University, Istanbul, Turkiye

President Société International d'Urologie

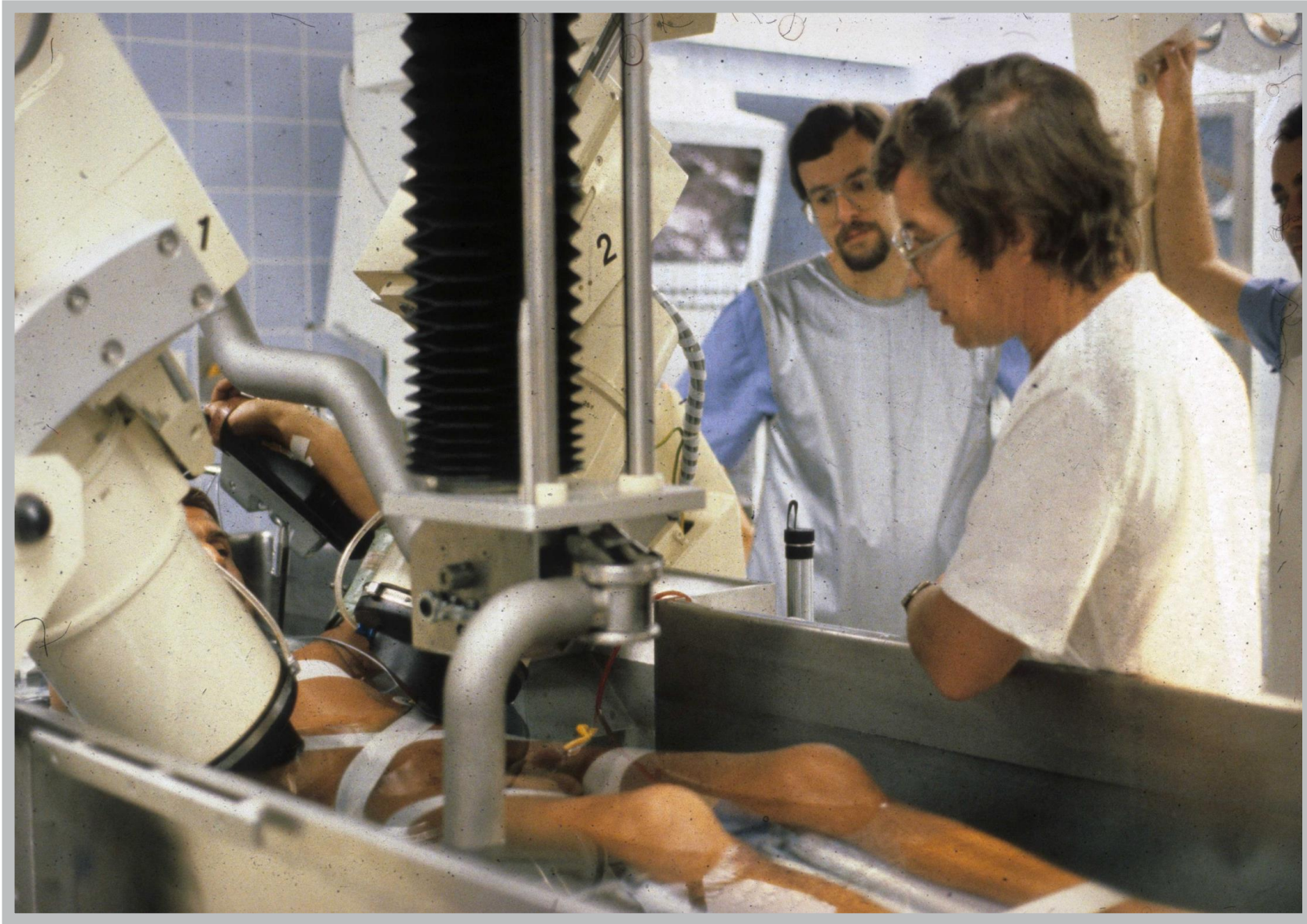


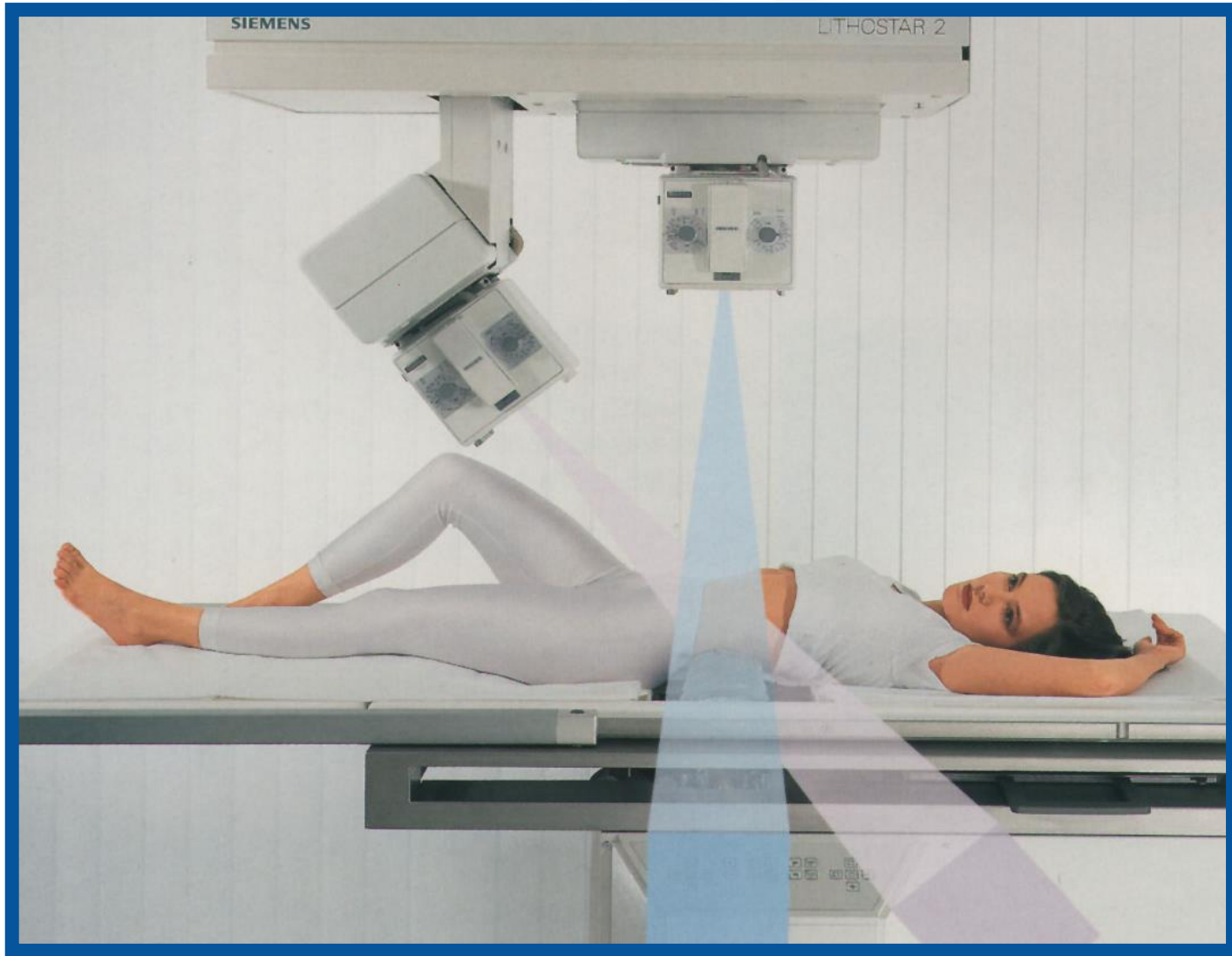
Evolution of ESWL Treatment



HM3 machine

Modern 3rd/4th generation machines
Fixed site vs Mobile





PLAYBOY

ENTERTAINMENT FOR MEN

APRIL 1986 • \$3.50

VICTORIA SELLERS

PETER'S
DAUGHTER IS
PHOTOGRAPHIC
CHIP OFF THE
OLD BLOCK

LINDA ELLERBEE
ON LIFE INSIDE
THE TUBE

"FATAL
VISION"
REVISITED

GREEN BERET
DOCTOR JEFFREY
MAC DONALD
INTERVIEWED

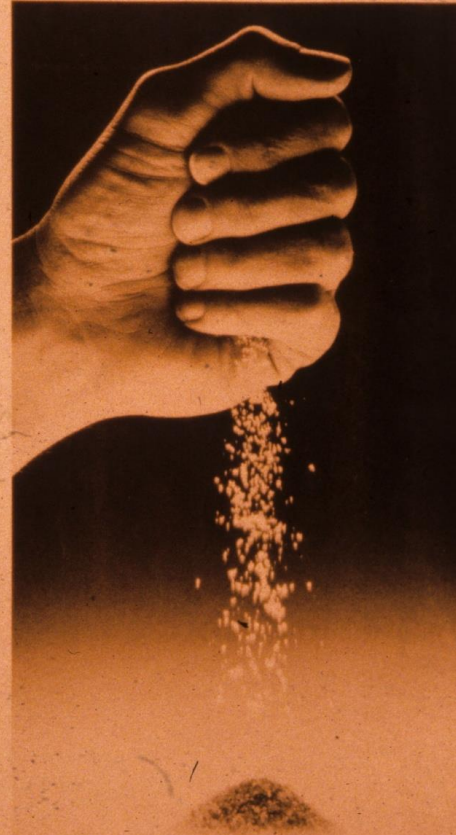
STALLONE VS.
SPRINGSTEEN!
WHICH ONE'S THE
WORKING-CLASS
HERO?

THE MERRY
MORTICIAN

A HARD-TO-BELIEVE
NUDE PICTORIAL

PLAYBOY

How to turn a painful problem into a pile of sand.



You crumble it with shock waves.

That's what the physicians at the Western Kidney Stone Center can do with a machine called a Dornier lithotripter. Revolutionary, hospital-based technology that can pulverize a kidney stone faster than you can blink your eye. No scalpel. No stitches. No flat-on-your-back. Just a short procedure and the former stone can be eliminated through normal urination.

Ordinary kidney stone surgery can be risky, very painful, and take up to six weeks before you're back on your feet. But with lithotripter technology, there's low risk, low pain, and as little as three-days of recovery.

It also can cost up to 50% less.

So you see, it's really quite an amazing breakthrough in kidney stone treatment, one that is highly approved by doctors as well as the Food and Drug Administration.

Ask your doctor or urologist. Or call the Western Kidney Stone Center for more information. Discover how easy it is to remove a rock from a hard place. 1-800-64-STONE.

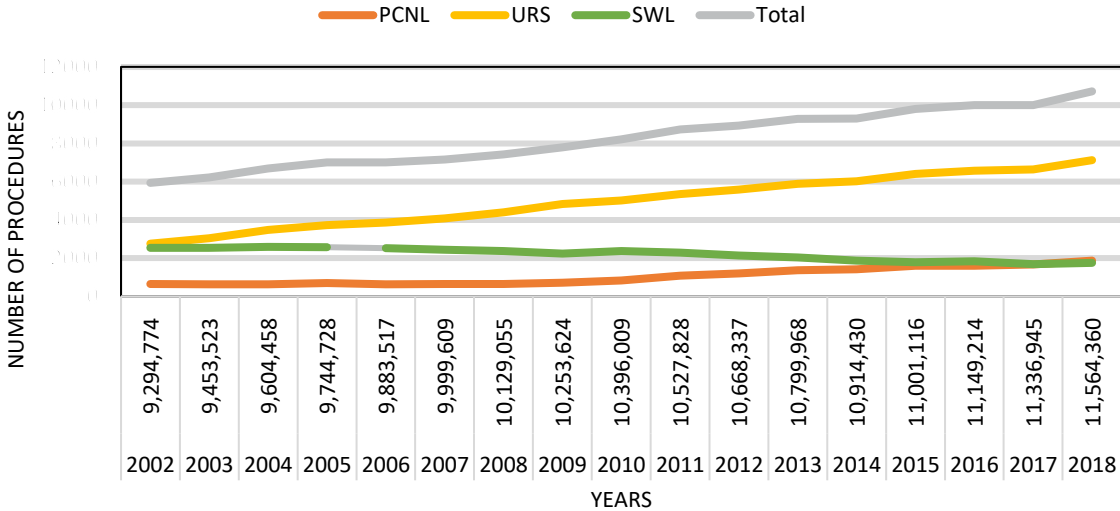
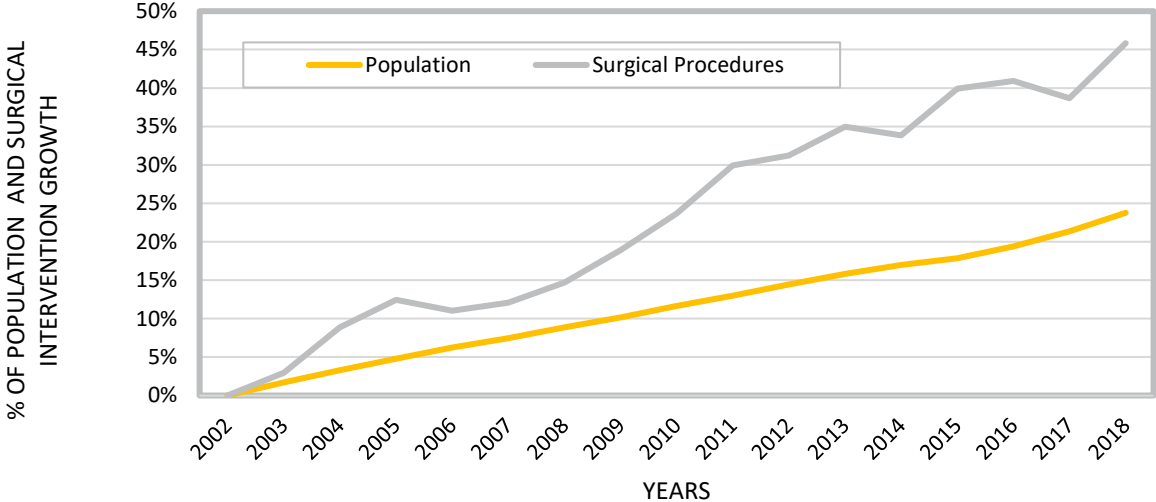
**Western Kidney
Stone Center**

At Community Hospital of Los Gatos
815 Pollard Road
Los Gatos, CA 95030

A NATIONAL MEDICAL ENTERPRISES FACILITY

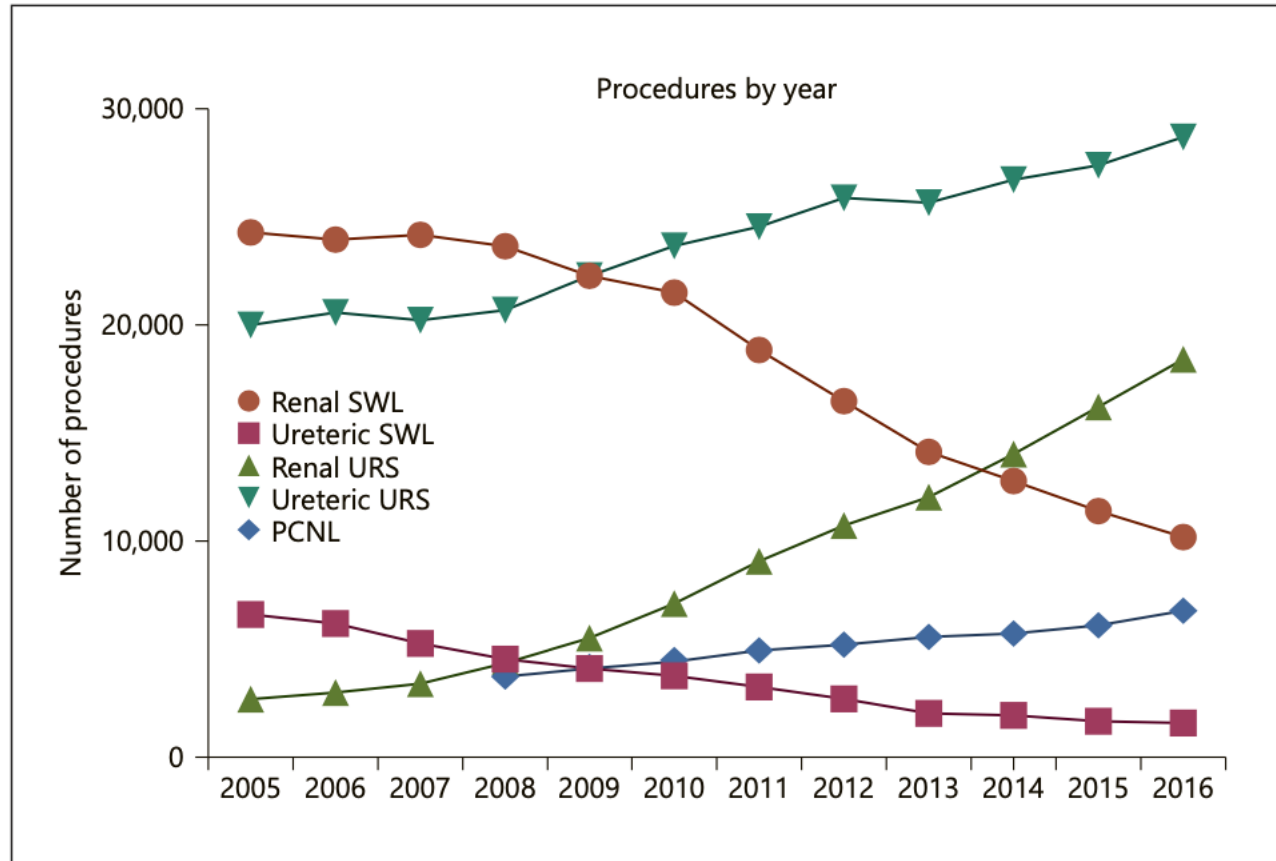


Canada



Golomb D. et al. *CUAJ*. 2021;16(4).
 Courtesy of H. Razvi.

Germany



Urologia
Internationalis

Research Article

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Urolithiasis in Germany: Trends from the National DRG Database

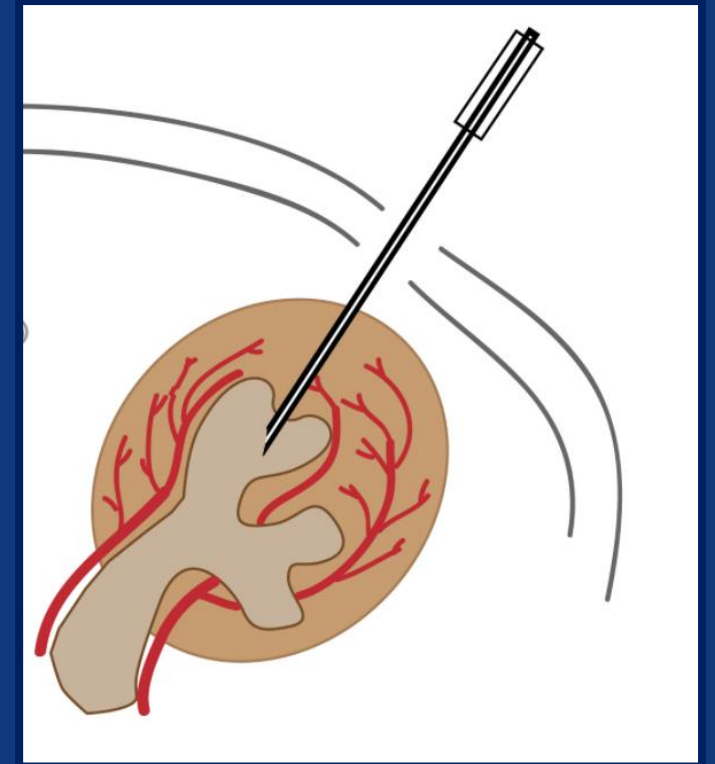
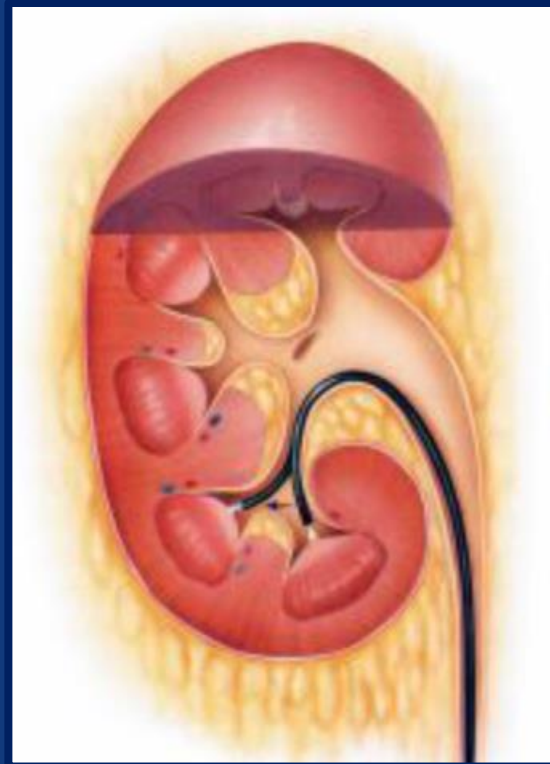
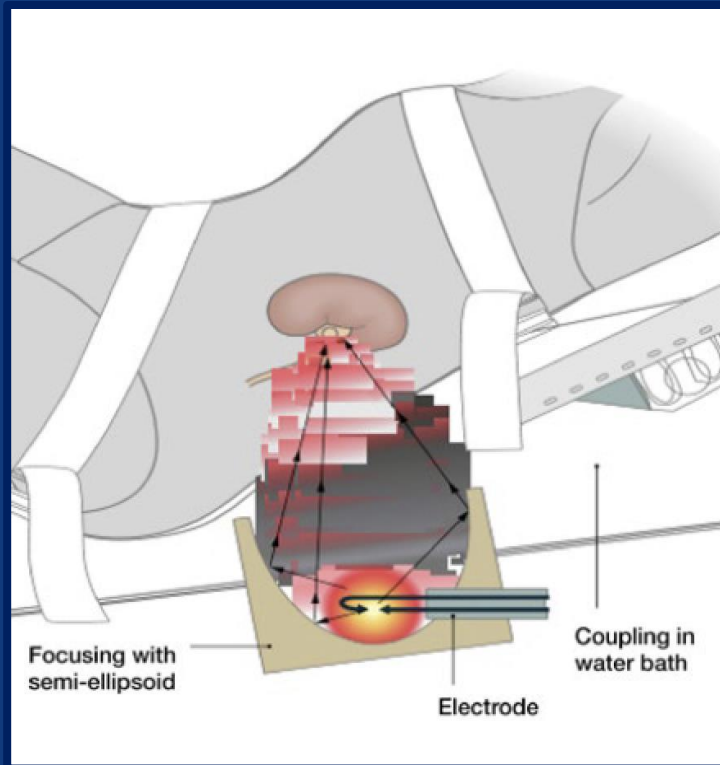
Hendrik Heers^a David Stay^b Thomas Wiesmann^b Rainer Hofmann^a

^aDepartment of Urology and Paediatric Urology, Philipps-Universität Marburg, Marburg, Germany; ^bDepartment of Anaesthesiology and Intensive Care Medicine, Philipps-Universität Marburg, Marburg, Germany

Global Status of SWL – Survey results

- Survey sent to > 10,000 SIU members
- Survey open for 6 weeks and reminders every week
- Response from 3761 from 110 countries

Treatment Options



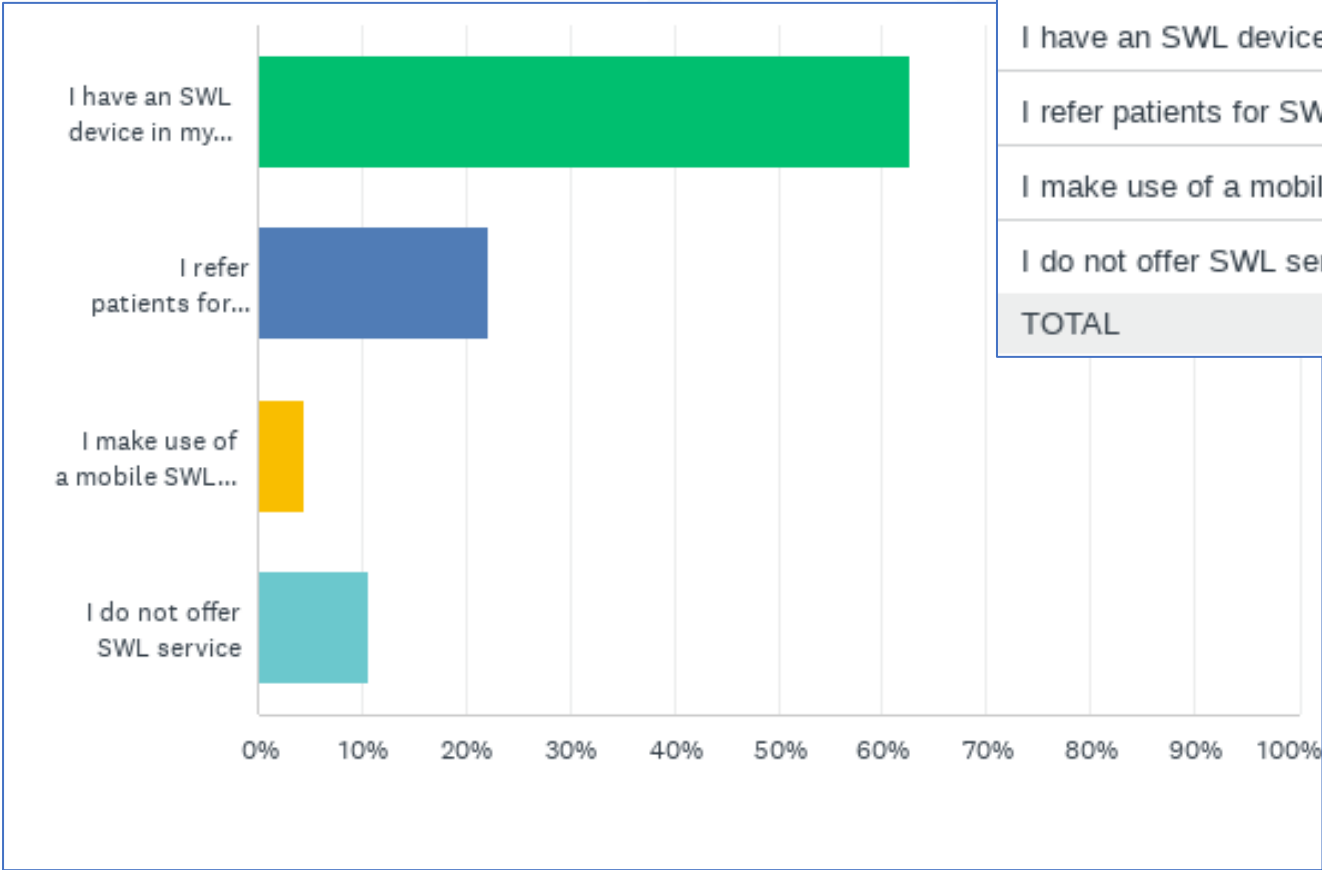
Do you treat patients for urolithiasis with the following approaches? (Please indicate any that apply)

	NO	<10 CASES PER YEAR	10-50 CASES PER YEAR	50-100 CASES PER YEAR	100-200 CASES PER YEAR	>200 CASES PER YEAR	TOTAL
SWL	20.61% 775	19.12% 719	30.36% 1,142	13.53% 509	6.70% 252	9.68% 364	3,761
URS	7.44% 280	7.34% 276	26.96% 1,014	26.30% 989	16.27% 612	15.69% 590	3,761
PCNL	23.29% 876	25.68% 966	27.76% 1,044	13.48% 507	5.26% 198	4.52% 170	3,761
Open Surgery	47.43% 1,784	35.71% 1,343	11.70% 440	2.61% 98	1.28% 48	1.28% 48	3,761
Laparoscopy/Robotics	56.77% 2,135	26.80% 1,008	10.66% 401	2.95% 111	1.81% 68	1.01% 38	3,761

Do you treat patients for urolithiasis with the following approaches? (Please indicate any that apply)

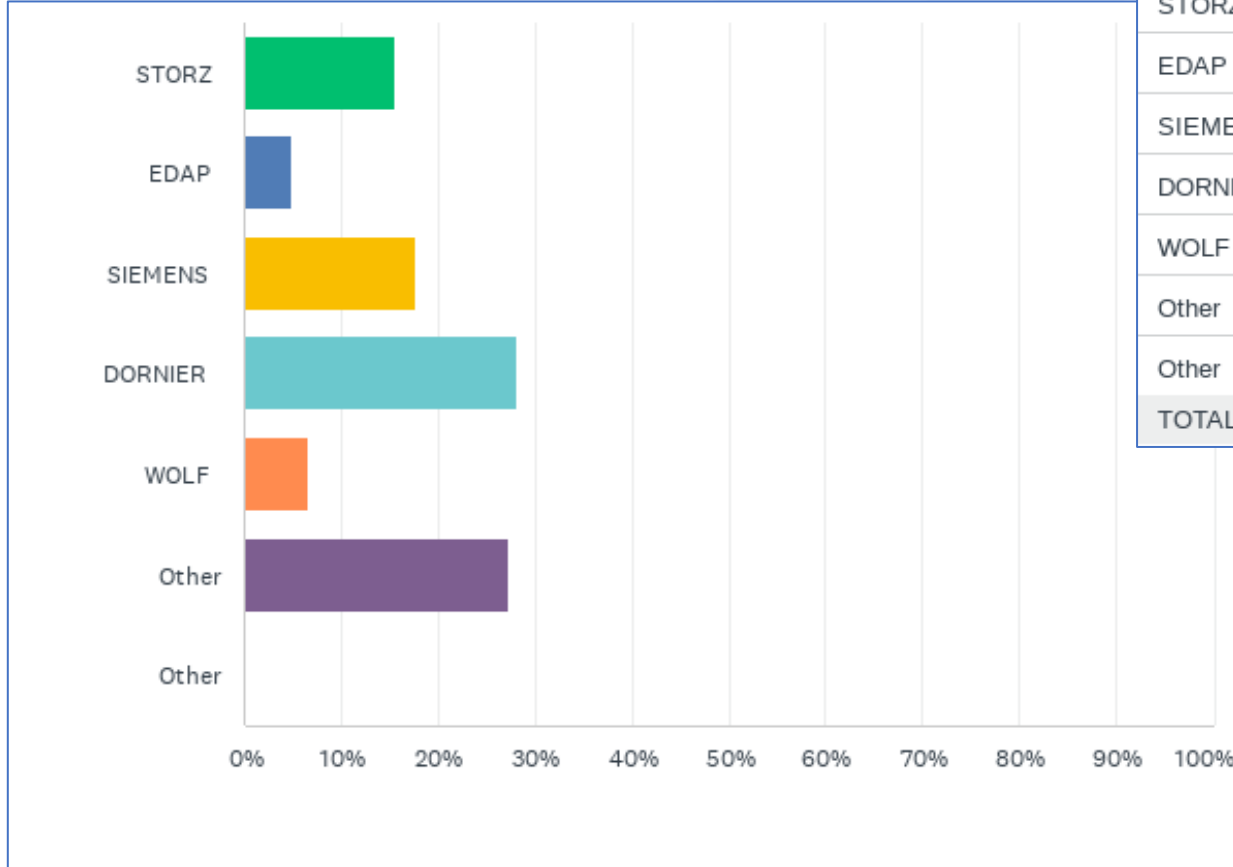
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Laparoscopy/Robotics	56.77% 2,135	26.80% 1,008	10.66% 401	2.95% 111	1.81% 68	1.01% 38	3,761

How do you provide SWL service to your patients?



ANSWER CHOICES	RESPONSES
I have an SWL device in my hospital	62.70% 2,358
I refer patients for SWL to another hospital	22.17% 834
I make use of a mobile SWL service	4.49% 169
I do not offer SWL service	10.64% 400
TOTAL	3,761

Which SWL machine do you use for SWL treatment?

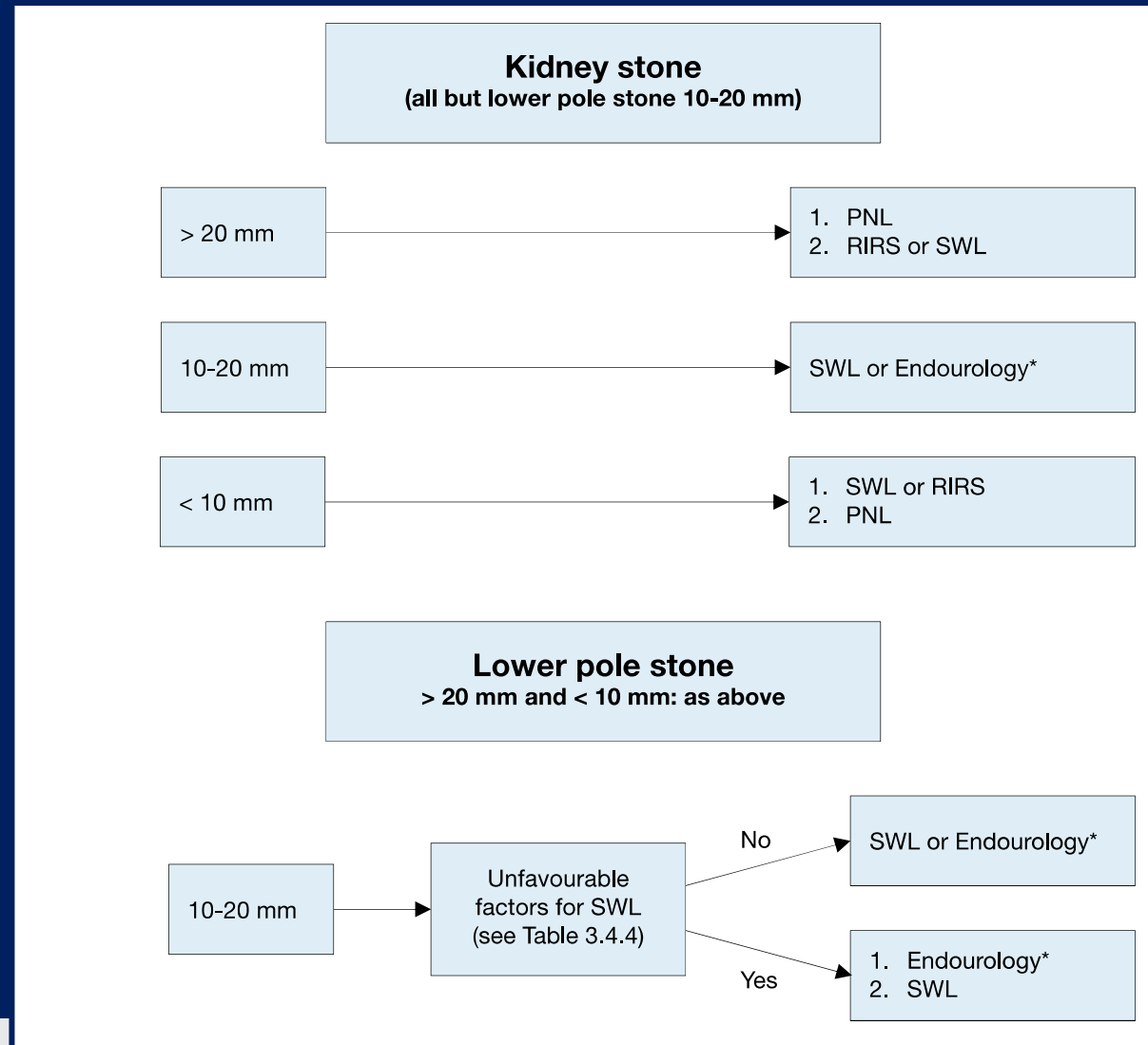


ANSWER CHOICES	RESPONSES
STORZ	15.55% 427
EDAP	4.92% 135
SIEMENS	17.66% 485
DORNIER	28.15% 773
WOLF	6.52% 179
Other	27.20% 747
Other	0.00% 0
TOTAL	2,746

Global Status of SWL

- Treatment ureteric versus renal stones: decline SWL versus increase in URS
- What are the drivers for this change?
- Differences across healthcare systems/countries: costs, technology advances

Treatment Options



The assessment of SWL includes different components. What do you use? (0=none, 10= always)

	0	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
Taking history	0.80% 22	0.36% 10	1.06% 29	1.64% 45	1.42% 39	4.59% 126	1.86% 51	3.79% 104	6.85% 188	3.97% 109	73.67% 2,023	2,746	10.01
Physical examination Abdomen	3.13% 86	1.78% 49	3.10% 85	3.71% 102	2.59% 71	10.49% 288	3.42% 94	4.88% 134	9.07% 249	4.01% 110	53.82% 1,478	2,746	8.83
Complete blood count	5.79% 159	2.11% 58	3.20% 88	3.42% 94	2.59% 71	8.45% 232	2.51% 69	3.28% 90	6.30% 173	3.20% 88	59.14% 1,624	2,746	8.80
Coagulation test	6.34% 174	1.93% 53	2.59% 71	2.88% 79	2.33% 64	8.19% 225	2.15% 59	2.48% 68	5.50% 151	3.46% 95	62.16% 1,707	2,746	8.93
Urine analysis	2.55% 70	0.91% 25	1.09% 30	1.38% 38	1.02% 28	5.03% 138	2.04% 56	2.37% 65	4.81% 132	3.42% 94	75.38% 2,070	2,746	9.88
Urine culture	6.30% 173	2.29% 63	3.79% 104	4.26% 117	3.28% 90	13.58% 373	3.35% 92	4.73% 130	6.08% 167	2.99% 82	49.34% 1,355	2,746	8.26
X-KUB	6.81% 187	2.08% 57	2.69% 74	2.88% 79	1.86% 51	9.58% 263	2.80% 77	3.61% 99	7.10% 195	4.70% 129	55.90% 1,535	2,746	8.72
Abdominal Ultrasound	6.26% 172	1.57% 43	2.18% 60	2.48% 68	2.11% 58	11.47% 315	3.42% 94	5.57% 153	8.81% 242	4.99% 137	51.13% 1,404	2,746	8.65
CT-urography	3.75% 103	1.78% 49	2.69% 74	3.42% 94	3.02% 83	12.60% 346	4.70% 129	7.65% 210	12.71% 349	6.70% 184	40.97% 1,125	2,746	8.46
MRI	71.23% 1,956	10.71% 294	5.97% 164	3.68% 101	2.04% 56	3.28% 90	1.13% 31	0.40% 11	0.73% 20	0.36% 10	0.47% 13	2,746	1.82

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Do you consider any of the following as a contraindication for SWL? (0=none, 10= always)

	0	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
Morbid Obesities (BMI>35)	5.43% 149	1.71% 47	3.90% 107	5.28% 145	3.93% 108	18.03% 495	5.79% 159	7.50% 206	13.84% 380	7.36% 202	27.24% 748	2,746	7.68
Pregnancy	6.96% 191	0.69% 19	0.66% 18	0.66% 18	0.40% 11	1.68% 46	0.76% 21	1.06% 29	2.15% 59	3.28% 90	81.72% 2,244	2,746	9.90
Patients using Anticoagulation medication	5.32% 146	0.98% 27	2.66% 73	2.29% 63	1.93% 53	10.63% 292	3.42% 94	4.88% 134	8.85% 243	6.01% 165	53.02% 1,456	2,746	8.84
Radiolucent stones	18.83% 517	3.50% 96	5.75% 158	5.54% 152	3.93% 108	17.88% 491	5.61% 154	6.81% 187	7.57% 208	4.33% 119	20.25% 556	2,746	6.20
Patients with recurrent UTI	11.00% 302	3.06% 84	7.36% 202	5.90% 162	5.10% 140	20.50% 563	5.46% 150	7.61% 209	9.65% 265	4.70% 129	19.66% 540	2,746	6.61
Patients with Struvite stones	12.42% 341	3.10% 85	5.83% 160	5.39% 148	4.84% 133	19.19% 527	5.54% 152	6.26% 172	9.94% 273	4.92% 135	22.58% 620	2,746	6.73
Patients with a solitary kidney	13.77% 378	3.86% 106	6.66% 183	5.64% 155	5.43% 149	18.50% 508	5.72% 157	6.96% 191	9.32% 256	4.70% 129	19.45% 534	2,746	6.43
Patients with an ileal conduit	19.85% 545	4.19% 115	5.79% 159	6.05% 166	5.10% 140	17.88% 491	4.99% 137	6.23% 171	7.28% 200	3.24% 89	19.41% 533	2,746	5.99
Previous obstructive nephropathy	18.28% 502	3.90% 107	7.06% 194	5.90% 162	5.68% 156	17.63% 484	4.84% 133	5.64% 155	8.99% 247	4.12% 113	17.95% 493	2,746	6.04
Patients with a pacemaker	19.52% 536	4.73% 130	5.79% 159	4.66% 128	4.30% 118	15.15% 416	3.97% 109	5.32% 146	6.59% 181	3.64% 100	26.33% 723	2,746	6.33
Patients with an Aorta Aneurysm	12.45% 342	2.44% 67	3.24% 89	3.61% 99	2.55% 70	10.42% 286	2.40% 66	3.79% 104	7.10% 195	5.28% 145	46.72% 1,283	2,746	7.95
Lower pole stones	14.53% 399	4.48% 123	8.05% 221	7.68% 211	6.88% 189	22.51% 618	6.41% 176	7.06% 194	8.92% 245	3.10% 85	10.38% 285	2,746	5.75

Do you consider any of the following as a contraindication for SWL? (0=none, 10= always)

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Pregnancy	6.96% 191	0.69% 19	0.66% 18	0.66% 18	0.40% 11	1.68% 46	0.76% 21	1.06% 29	2.15% 59	3.28% 90	81.72% 2,244	2,746	9.90
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Patients with recurrent UTI	11.00% 302	3.06% 84	7.36% 202	5.90% 162	5.10% 140	20.50% 563	5.46% 150	7.61% 209	9.65% 265	4.70% 129	19.66% 540	2,746	6.61
Patients with Struvite stones	12.42% 341	3.10% 85	5.83% 160	5.39% 148	4.84% 133	19.19% 527	5.54% 152	6.26% 172	9.94% 273	4.92% 135	22.58% 620	2,746	6.73
Patients with a solitary kidney	13.77% 378	3.86% 106	6.66% 183	5.64% 155	5.43% 149	18.50% 508	5.72% 157	6.96% 191	9.32% 256	4.70% 129	19.45% 534	2,746	6.43
Patients with an ileal conduit	19.85% 545	4.19% 115	5.79% 159	6.05% 166	5.10% 140	17.88% 491	4.99% 137	6.23% 171	7.28% 200	3.24% 89	19.41% 533	2,746	5.99
Previous obstructive nephropathy	18.28% 502	3.90% 107	7.06% 194	5.90% 162	5.68% 156	17.63% 484	4.84% 133	5.64% 155	8.99% 247	4.12% 113	17.95% 493	2,746	6.04
Patients with a pacemaker	19.52% 536	4.73% 130	5.79% 159	4.66% 128	4.30% 118	15.15% 416	3.97% 109	5.32% 146	6.59% 181	3.64% 100	26.33% 723	2,746	6.33
Patients with an Aorta Aneurysm	12.45% 342	2.44% 67	3.24% 89	3.61% 99	2.55% 70	10.42% 286	2.40% 66	3.79% 104	7.10% 195	5.28% 145	46.72% 1,283	2,746	7.95
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Do you offer stone treatment with SWL for the following conditions? (0=none, 10= always)

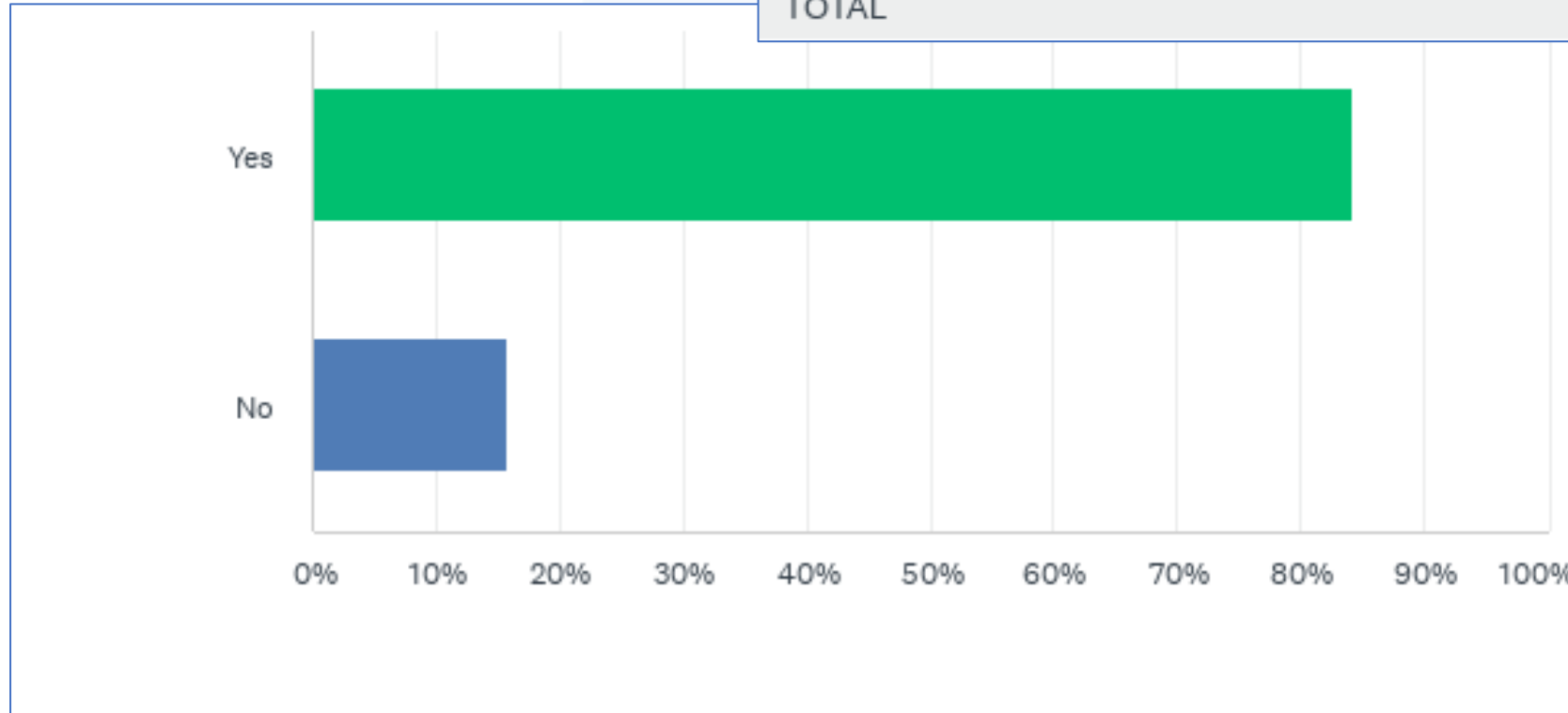
	0	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
Calyceal diverticulum stone	43.77% 1,202	6.88% 189	7.94% 218	5.83% 160	3.86% 106	13.66% 375	3.53% 97	4.01% 110	3.42% 94	1.24% 34	5.86% 161	2,746	3.70
Horseshoe kidneys	22.98% 631	4.33% 119	8.96% 246	7.65% 210	6.41% 176	20.90% 574	5.54% 152	6.52% 179	6.34% 174	1.86% 51	8.52% 234	2,746	5.07
Patients with obstructive/tight UPJ	46.98% 1,290	8.41% 231	9.03% 248	5.39% 148	2.99% 82	10.16% 279	3.02% 83	2.44% 67	3.13% 86	1.53% 42	6.92% 190	2,746	3.49
Stones in pelvic kidney	27.39% 752	6.41% 176	7.68% 211	6.26% 172	4.88% 134	16.35% 449	4.26% 117	4.41% 121	7.03% 193	2.84% 78	12.49% 343	2,746	5.05
Stones in children	27.39% 752	5.39% 148	5.97% 164	5.03% 138	3.82% 105	14.82% 407	4.77% 131	5.50% 151	8.23% 226	3.90% 107	15.19% 417	2,746	5.42

Do you offer stone treatment with SWL for the following conditions? (0=none, 10= always)

	0	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
Calyceal diverticulum stone	43.77% 1,202	6.88% 189	7.94% 218	5.83% 160	3.86% 106	13.66% 375	3.53% 97	4.01% 110	3.42% 94	1.24% 34	5.86% 161	2,746	3.70
Horseshoe kidneys	22.98% 631	4.33% 119	8.96% 246	7.65% 210	6.41% 176	20.90% 574	5.54% 152	6.52% 179	6.34% 174	1.86% 51	8.52% 234	2,746	5.07
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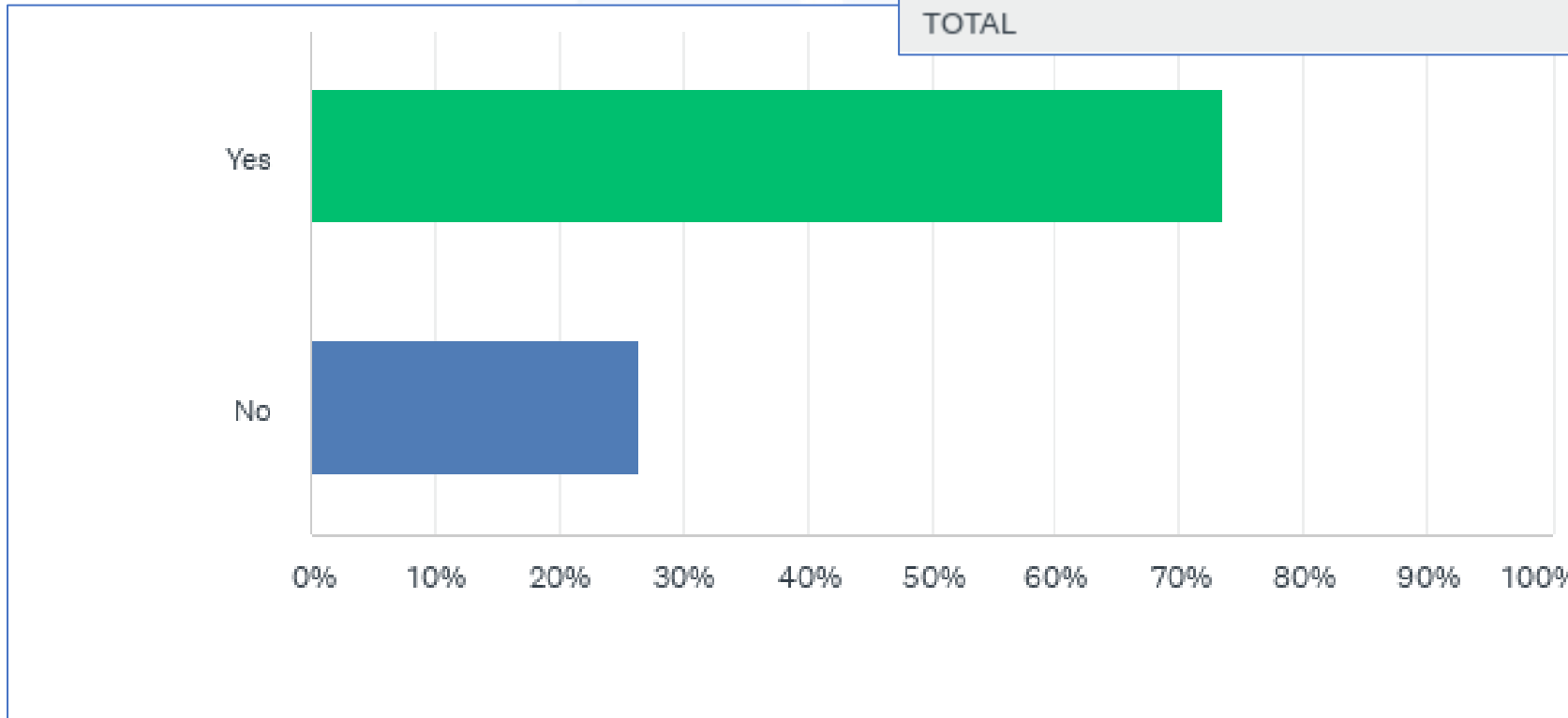
Do you recommend collecting stone fragments for analysis?

ANSWER CHOICES	RESPONSES	
Yes	84.30%	2,315
No	15.70%	431
TOTAL		2,746



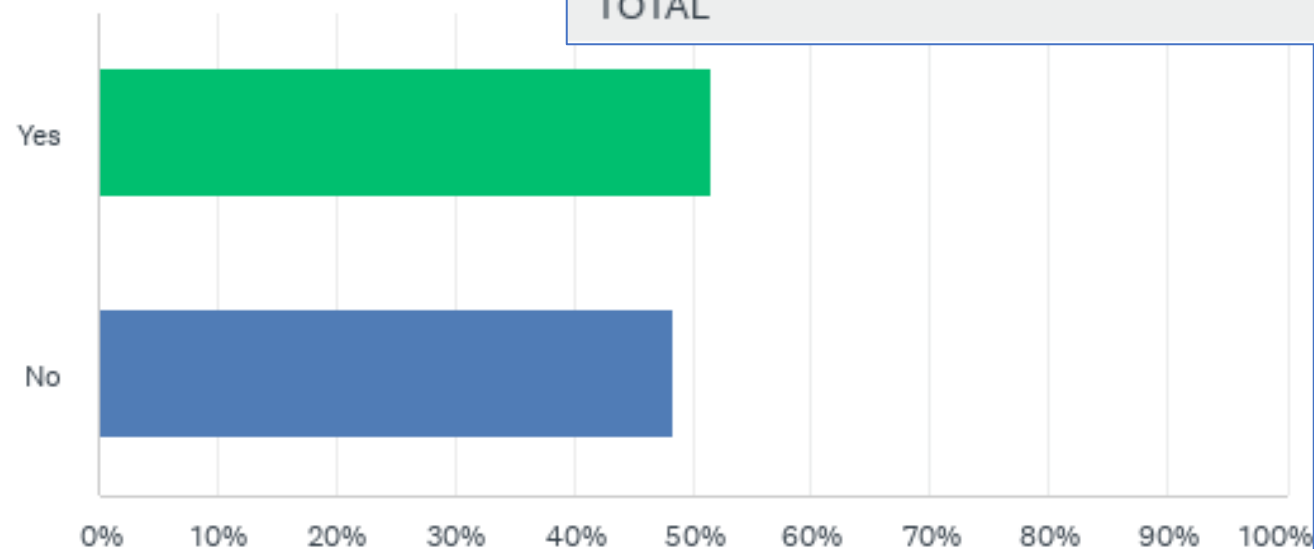
Do you recommend regularly (>50% cases) alpha-blockers for stone clearance following SWL for ureter stones?

ANSWER CHOICES	RESPONSES	
Yes	73.63%	2,022
No	26.37%	724
TOTAL		2,746



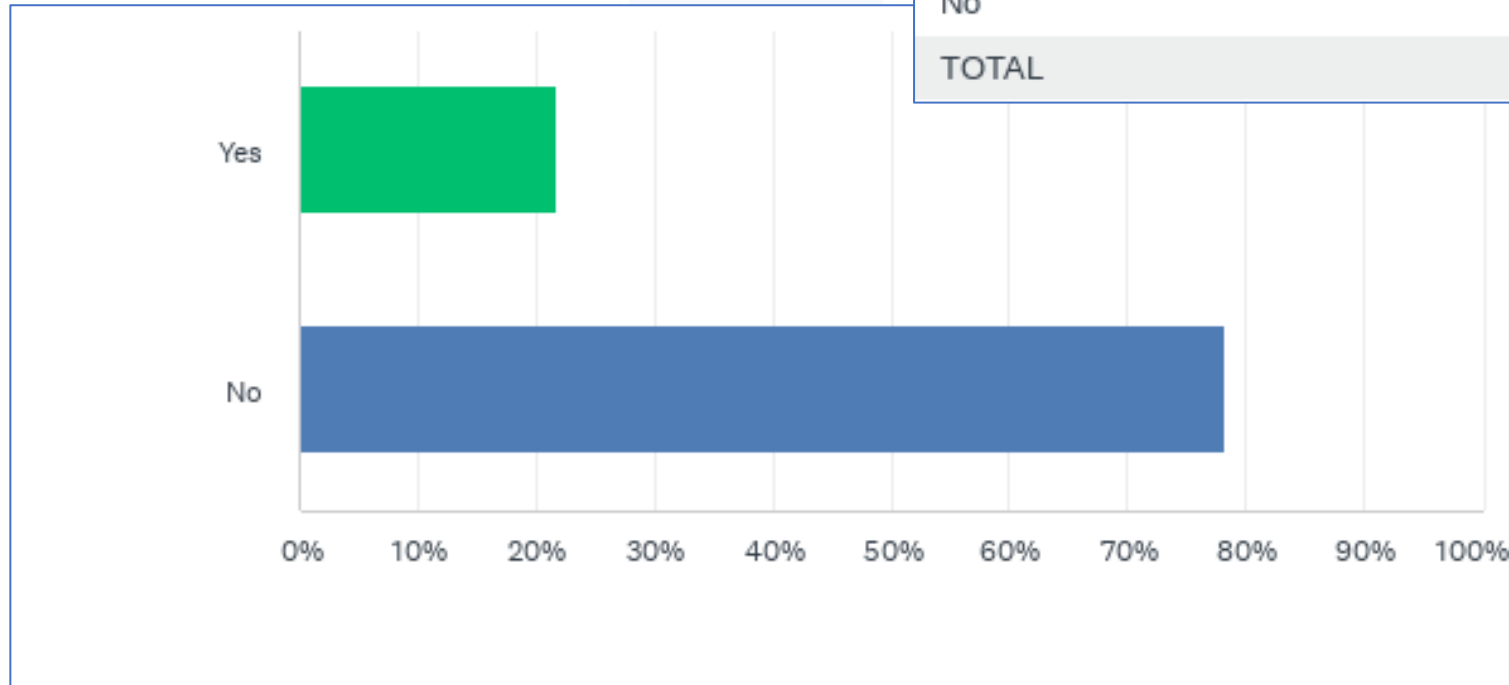
Do you usually (>50% cases) prescribe Antibiotic prophylaxis?

ANSWER CHOICES	RESPONSES	
Yes	51.64%	1,418
No	48.36%	1,328
TOTAL		2,746



Do you usually (>50% cases) insert a JJ stent to facilitate stone clearance and avoid complications following SWL?

ANSWER CHOICES	RESPONSES	
Yes	21.78%	598
No	78.22%	2,148
TOTAL		2,746



Observation

- Assessment recommendations are generally followed
- There is a significant variability between continents
- Contraindications and special situation are followed with an average score
- There is a considerable variability in post treatment adjuvant strategies



TRAINING

Urology residency training in Greece. Results from the first national resident survey

[Article in English, Spanish]

L Tzelves ¹, I Glykas ², L Lazarou ¹, C Zabaftis ³, C Fragkoulis ⁴, A Leventi ⁴, N Moulavasiliis ³, D Tzavellas ³, K Tsirkas ¹, K Ntoumas ⁴, P Mourmouris ¹, A Dellis ⁵, I Varkarakis ¹, A Skolarikos ¹, E Liatsikos ⁶, I Gkialas ⁷

Affiliations + expand

PMID: 34120774 DOI: [10.1016/j.acuro.2020.11.008](https://doi.org/10.1016/j.acuro.2020.11.008)

Abstract

Background and objectives: This is the first national survey assessing Greek Urology residency programs. The main objective of this study is to assess the level of confidence and perception of Greek Urology residents regarding their educational program and detect areas of improvement.

Material and methods: A 51-question survey was developed via an electronic platform and answered by 91 out of 104 Greek residents from March 2019 until May 2019. Fisher's exact test, chi-squared test and Kruskal-Wallis test were used with statistical significance set at $p=.05$.

Results: The median overall satisfaction regarding surgical training was 6/10 regardless of working schedule, working in a University Department, PGY or number of residents in clinic. Most residents have not performed any scrotal ultrasound or pressure-flow-studies; however, they are more familiar with KUB ultrasound. Double-J stent insertion and cystoscopy were common procedures for residents. Bureaucracy was reported as a major issue by 70.4% of residents. ESWL has not been performed by 80.2% of residents, 58.2% residents performed less than 10 ureteroscopies, and only the last year trainees performed more than 10 TURBT and TURP. Most residents mentioned to rarely perform basic steps in many open or laparoscopic urological procedures. Surprisingly, 59.3% of residents have not published any study in peer-reviewed journals. Regarding satisfaction, 44% rarely feel satisfied at work and 59.3% sometimes suffer from burnout. Response



The art of shockwave lithotripsy is an endangered species and is worth saving: the perspective of the European Association of Urology (EAU) Young Academic Urology (YAU) Urolithiasis group

Patrick Juliebø-Jones^{1,2}  · Etienne Xavier Keller³ · Thomas Taily⁴ · Mathias Sørstrand Æsøy¹ · Francesco Esperto⁵ · Ioannis Mykoniatis⁶ · Vincent de Coninck⁷ · Amelia Pietropaolo⁸

The recent multicentre randomised controlled non-inferiority trial comparing Shockwave Lithotripsy Versus Uretroscopic Treatment as Therapeutic Interventions for Stones of the Ureter (TISU) has re-awoken the urology community to the possible merits of SWL [7]. However, for its benefits to be maximised, patient selection is crucial. So too is the investment in time for training. Okada et al. improved their

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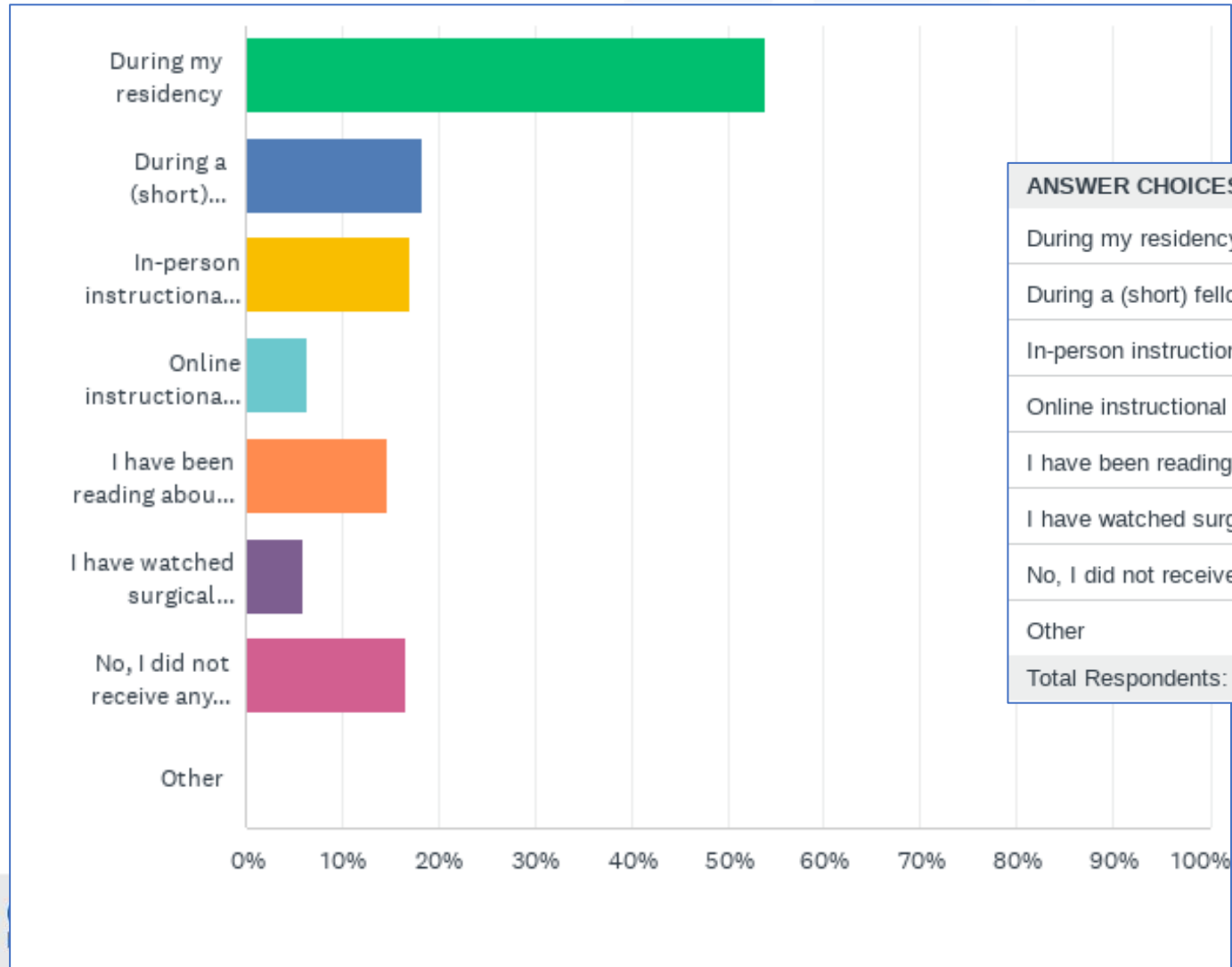
Stone Disease

Can a Dinosaur Think? Implementation of Artificial Intelligence in Extracorporeal Shock Wave Lithotripsy

Sebastien Muller^{a,b}, Håkon Abildsnes^c, Andreas Østvik^{a,b}, Oda Kragset^c, Inger Gangås^d, Harriet Birke^e, Thomas Langø^{a,b}, Carl-Jørgen Arum^{e,f,g,h,*}

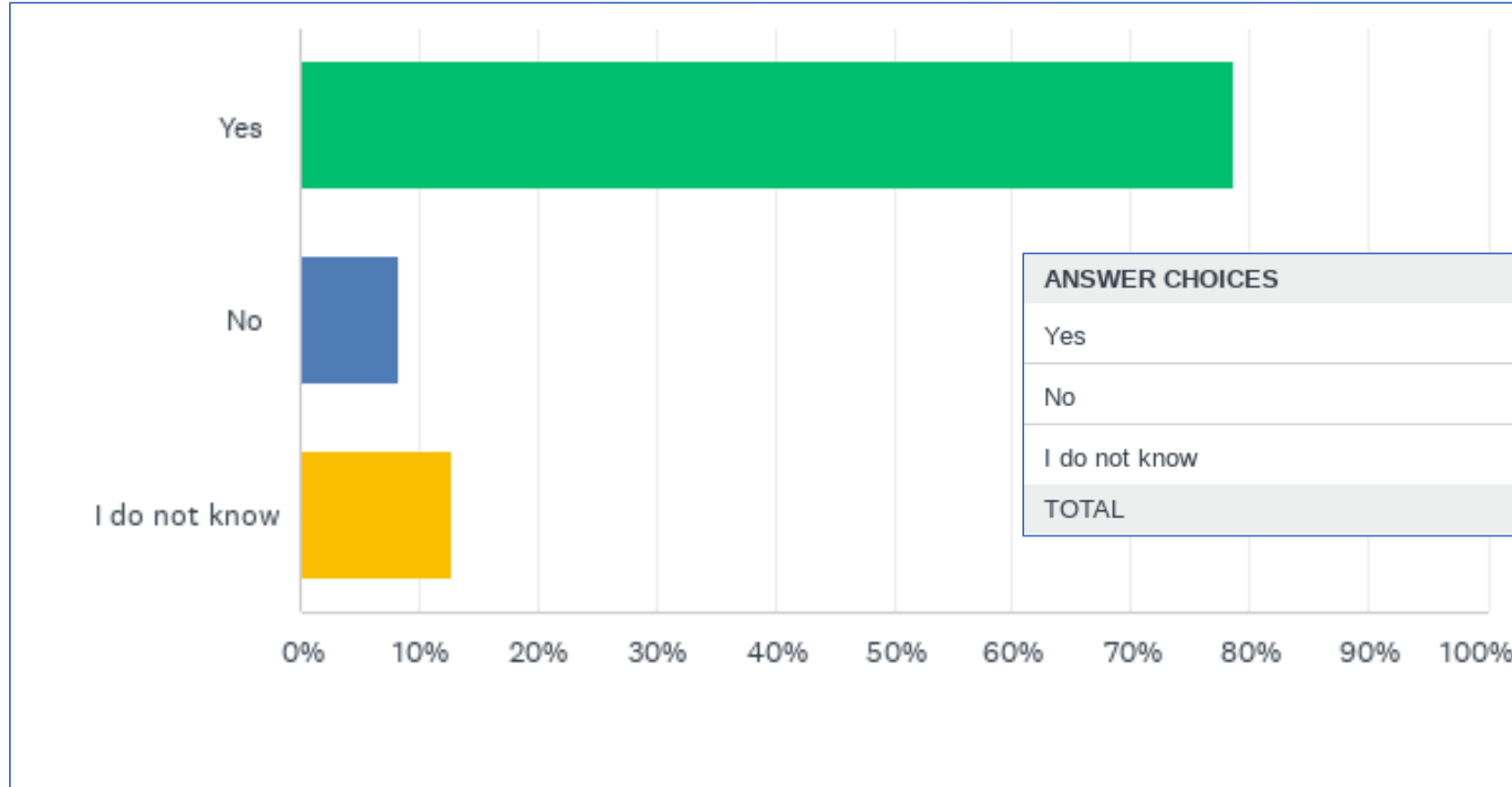
Conclusions: Our calculated ESWL hit rate of 55.2% (95% CI 43.2–67.3%) supports findings from earlier research. We have demonstrated that a machine learning algorithm trained on just 11 patients increases the hit rate to 75.3% and reduces mishits by 67.1%. When U-Net is trained on more and higher-quality annotations, even better results can be expected.

Did you follow specific training for SWL treatment? (Please indicate any that apply)



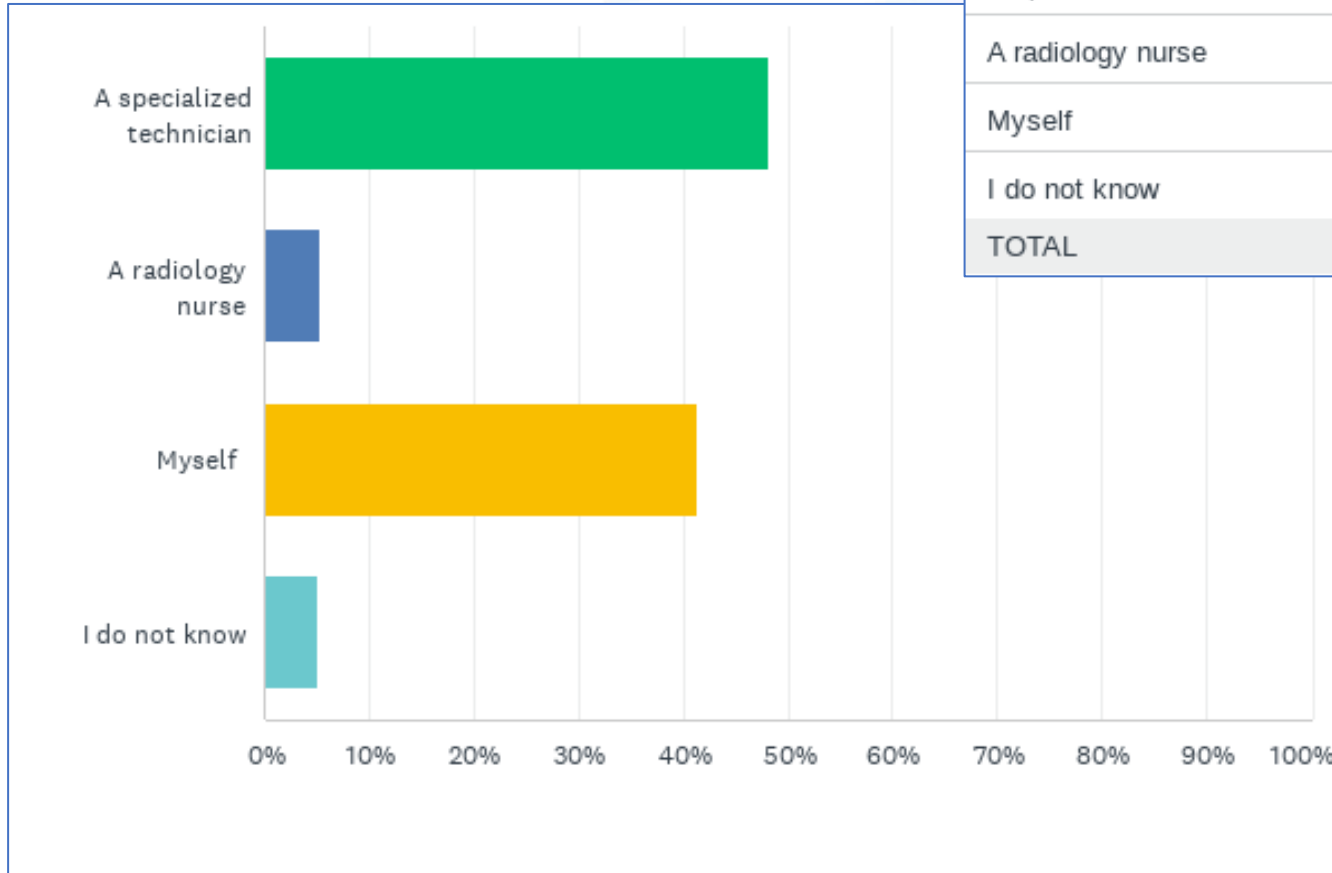
ANSWER CHOICES	RESPONSES
During my residency	53.84% 2,025
During a (short) fellowship	18.24% 686
In-person instructional courses	17.04% 641
Online instructional courses	6.43% 242
I have been reading about specific treatments	14.65% 551
I have watched surgical recordings on demand	5.98% 225
No, I did not receive any specific training	16.56% 623
Other	0.00% 0
Total Respondents: 3,761	

Do you use a coupling gel for SWL treatment?



ANSWER CHOICES	RESPONSES
Yes	78.77% 2,163
No	8.41% 231
I do not know	12.82% 352
TOTAL	2,746

Who performs the SWL treatment for your patients?



ANSWER CHOICES	RESPONSES
A specialized technician	48.14% 1,322
A radiology nurse	5.32% 146
Myself	41.33% 1,135
I do not know	5.21% 143
TOTAL	2,746

Observation

- There is a significant variability in training – some are not trained at all
- Most training during residency
- Majority of procedures not performed by urologists themselves
- Retreatment rate and evaluation are mostly in line with guidelines



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Thank you

