

UROLOGY SERVICES

CHAPTER 19

Public hospital aspects of urological service include the treatment of obstruction to the urinary tract, urological malignancies, evaluation and treatment of urinary incontinence, urinary infections and andrology. In the public hospital system 25 – 30 percent of urological patients are admitted through the Emergency Department. In order of decreasing frequency the clinical situations are renal colic, urinary retention, urinary infection, haematuria and testicular pain

General inpatient urological care, including day only care, is provided at all hospitals in SWSAHS, excluding Bowral Hospital. Liverpool Hospital provides higher-level urological services and outpatient care for the Area, with genito-urinary malignancies amounting to 25% of the workload.

Of the 32% of public patients from SWS who seek urological treatment outside of the Area, 29% of them do so for stone surgery, such as lithotripsy treatment. Prince of Wales Hospital has the only public lithotripsy unit in the State and captures 7% of total demand for urology services in SWS. Patients also seek outpatient treatment outside the Area for superficial bladder cancer. A total of 8% of demand is met by Concord Hospital, while Auburn and Royal Prince Alfred Hospitals' capture 4% and 3% of total resident demand, respectively. The private sector plays a significant role in the provision of urology services to residents of SWS, catering for almost 40% of total public and private demand.

The inpatient urology workload of SWSAHS is projected to increase by 24% between 2001 - 2011.

The percentage of emergency admissions is likely to remain the same but with increasing age of the population more admissions from the community for rehabilitation and aged care services would be expected. This would include an increase in the number of oncological cases, particularly prostate cancer.

In 2006, at a planned 85% occupancy, assuming no changes in flows that for adult patients there will be a need for approximately 28 beds in SWSAHS hospitals. The demand for urology services is forecast to grow by 12.1% to 2006 and by a further 11.4% to 2011.

Current Services

Bankstown Hospital

In 2002/03, there were 1,194 separations; average LOS was 2.4 days (4.3 days excluding day only). At 95% occupancy this is equivalent to 8.3 beds.

Fairfield

In 2002/03, there were 489 separations; average LOS was 2.4 days (4.2 days excluding day only). At 95% occupancy this is equivalent to 3.5 beds.

Liverpool

Urodynamic studies are performed.

In 2002/03, there were 671 separations; average LOS was 3.2 days (3.6 days excluding day only). At 95% occupancy this is equivalent to 6 beds.

Non-Inpatients

Outpatient services, available only at Liverpool. A multi-disciplinary clinic for oncological case discussion with development of treatment guidelines and protocols.

Campbelltown Hospital

Urodynamic studies are performed.

In 2002/03, there were 292 separations; average LOS was 3.2 days (3.6 days excluding day only). At 95% occupancy this is equivalent to 3 beds.

Camden Hospital

In 2002/03, there were 573 separations; average LOS was 1.0 days. At 95% occupancy this is equivalent to 2 beds.

Research and Teaching

Teaching for staff, students and trainees is integral to the provision of urological services in SWSAHS.

RECOMMENDATIONS

- Urology be developed as an Area-wide service with cross appointments to facilitate this.
- Day only services be provided at Bankstown, Fairfield, and Camden/Campbelltown hospitals, including surgery for benign prostate disease. There will be a limited day only service at Liverpool. Emergency admissions for these services will be triaged accordingly.
- Complex surgery such as radical prostatectomy, cystectomy and major nephrectomies, reconstructive and malignancy surgery be performed at Liverpool and Bankstown.
- Clinics for treatment of superficial bladder cancer be developed at Bankstown and Campbelltown.
- A CNC in Urology be appointed to coordinate inpatient and outpatient services.
- Campbelltown be developed as a site for the treatment of urological cancer.
- Services at Bowral be developed over time, assisted by a stronger base developing at Campbelltown.