

Management of kidney stone disease in New South Wales

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TO THE EDITOR: Macneil and colleagues¹ present evidence of how inadequate resourcing of acute kidney stone care for public patients in New South Wales is compromising their surgical outcomes compared with private patients. In our experience, the same difference exists elsewhere in Australia.

Macneil and colleagues show how poorly planned, under-resourced and badly coordinated acute surgical services lead directly to adverse surgical outcomes. All too often, a lack of appropriate modern lasertripsy equipment, staff trained to operate it, or provision of adequate emergency theatre time leaves public patients languishing with a double-J stent (inserted as a temporising measure) for an extended period. Not treating stones definitively at presentation (in cases where surgery is appropriate) adds unnecessary morbidity and necessitates readmission, further compounding the inefficiencies of an already overstretched public system.

Given such important findings, it is disappointing that the Journal chose only to publish Macneil's study as a letter. The conclusions of this study should provide an impetus for addressing proper coordination and resourcing of surgical services in the public system throughout Australia.

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1 Macneil F, Macneil JWH, Fraser KL, Brooks AJ. Management of kidney stone disease in New South Wales: an observational study [letter]. *Med J Aust* 2008; 189: 596-597. □

ment episodes is unlikely to be documented.

The assessment of kidney stone management by the Greater Metropolitan Clinical Taskforce reported by Macneil and colleagues highlights the types of problems that are endemic in NSW,¹ and is based on strong input from clinicians who are not under pressure to manipulate data to give the most favourable assessment of the state of health care delivery. It has broader implications regarding appropriate and timely management of staged treatment of other acute conditions that require surgery — in particular, the treatment of urinary retention due to benign prostatic obstruction. Until now, the saving grace for the NSW Department of Health with respect to these issues has been a lack of resources and will to capture this information. Such information creates embarrassment regarding an inadequately resourced and organised approach to the staged care of acute conditions requiring surgery.

Inadequate basic access to kidney stone treatment in the public hospital system is just the “tip of the iceberg”, and is one of many examples of the substantial divide that exists between access to optimal health care in public versus private hospital systems. The real state of health in NSW has been spared from exposure by a lack of resources and will to define the true extent of problems. It seems unlikely that the problems

that have been exposed in the public hospital system are isolated to NSW.

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1 Macneil F, Macneil JWH, Fraser KL, Brooks AJ. Management of kidney stone disease in New South Wales: an observational study [letter]. *Med J Aust* 2008; 189: 596-597. □

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TO THE EDITOR: Access to timely, definitive management of kidney stones after initial short-term management in the New South Wales public hospital system has long been a source of frustration for urological surgeons and their patients. These patients will, for the most part, ultimately receive treatment that is successful. Although this may be reflected in final outcome data, the financial and personal costs associated with unacceptable delays between staged treat-