

Introduction:

Telemedicine emerges as a powerful tool for improving healthcare accessibility, connecting remote areas with central healthcare services. In Brazil, telemedicine regulations were implemented in response to the Covid-19 pandemic, aiming to reduce in-person visits and minimize virus transmission. The widespread adoption of telemedicine during the pandemic, driven by the goal of ensuring safety, reveals its broader potential beyond the crisis.

Purpose:

This paper focuses on evaluating telemedicine in urology during the pandemic, analyzing data from 420 virtual consultations to assess effectiveness, challenges, demographic characteristics, encountered obstacles, and the need for in-person care.

Methods:

We performed a retrospective review of 420 urological telemedicine consultations during the COVID-19 pandemic at a tertiary cancer hospital, conducted from June 3rd, 2020, to July 14th, 2021, after ethic institutional review board approval. The study focused on a single urologist assessing patients with urological cancer diagnoses. Data collected included age, gender, distance from the hospital, neoplasm diagnosis, encountered difficulties, unsuccessful calls, and conversions to in-person care when required physical examination or technical difficulties.

References:

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Telemedicine n=420 (100%)

Lack of laboratory exams	36 (8.6%)
Lack of imaging exams	17 (4.1%)
Unsuccessful phone call	24 (5.7%)
Not found at home	8 (1.9%)
Not answered phone call	12 (2.9%)
Technical problems	4 (1%)
Not found at home	2 (0.5%)

Table 2 – Difficulties observed during Telemedicine assessment
Data are expressed as absolute number (%)

Results:

Results show that most patients were male (92.1% vs 7.9%), aged 71 (67 – 78) years, with prostate cancer as the predominant diagnosis (78.3%), follow by bladder cancer (8,8%) and kidney cancer (6,9%). They were primarily undergoing post-treatment follow-up (92.4% vs 7,6%) and residing at a median distance of 74 (15 – 96) km from the hospital. Challenges included the lack of laboratory (8,6%) and imaging exams (4,1%), along with unsuccessful phone calls (5,7%) and technical issues (1%). Nine patients (2.14%) required a conversion to in-person care, mainly due to the need for physical examinations or medical procedures. Just one patient opts to conversion for in-person care.

Conclusion:

Telemedicine successfully provided urological care to oncologic patients, with technical difficulties and the need for physical examinations being the main reasons for conversion to in-person assessments.