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Introdução e Objetivo

This study examined and compared uro-oncologic outpatient telemedicine (TM) and in person assessment during COVID-19 pandemic.

Método

We retrospectively reviewed the medical records of uro-oncologic outpatients treated in our hospital during the COVID-19 pandemic, from June 3rd, 2020, to December 30th, 2020. Patients were evaluated for a single urologist in both pre and postoperative assessment.

Figuras

Table 1 – Baseline characteristics

	In person n = 676 (78%)	Telemedicine n = 193 (22%)	P
Age, yr, median (IQR)	71 (57 – 85)	73 (61 – 88)	0.005 ^c
Gender			
Male	568 (84.1%)	179 (92.7%)	0.002 ^a
Female	107 (15.9%)	14 (7.3%)	
Diagnosis			
Prostate cancer	390 (57.9%)	154 (79.8%)	<0.001 ^a
Bladder cancer	106 (15.7%)	15 (7.8%)	
Kidney cancer	71 (10.5%)	12 (6.2%)	
Testicular cancer	23 (3.4%)	1 (0.5%)	
Penile cancer	6 (0.9%)	0 (0%)	
Other	78 (11.6%)	11 (5.7%)	
Reason			
Pretreatment	177 (26.3%)	17 (8.8%)	<0.001 ^a
Posttreatment	497 (73.7%)	176 (91.2%)	
Distance, km, median (IQR)	73 (20 – 121)	65 (20 – 107)	0.167 ^c

IQR = interquartile range
Data are expressed as absolute number (%) unless otherwise indicated.
^aChi-Square test ^bt-student test ^cMann-Whitney U test ^dFisher exact test

Table 2 – Difficulties observed during In Person and Telemedicine assessment

	In person n = 676 (78%)	Telemedicine n = 193 (22%)	p
Lack of laboratory exams	28 (4.1%)	12 (6.2%)	0.242 ^d
Lack of imaging exams	23 (3.9%)	3 (1.6%)	0.234 ^d
Absence or Unsuccessful phone call	86 (12.8%)	14 (7.2%)	0.035 ^d

Data are expressed as absolute number (%) unless otherwise indicated.
^dFisher exact test

Table 3 – Unsuccessful phone call and need for conversion during Telemedicine assessment

	n = 193
Unsuccessful phone call	14 (7.2%)
Not found at home	2 (14.3%)
Not answered phone call	8 (57.1%)
Technical problems	4 (28.6%)
Need for conversion	9 (4.7%)
Physical examination	2 (22.2%)
Procedure	6 (66.7%)
Desire of patient	1 (11.1%)

Data are expressed as absolute number (%)

Resultados

869 urological outpatients were evaluated in this period, while 193 (22%) through TM modality. The majority was man (n=747; 85.9%, p=0.002), with prostate cancer disease (n=544; 62.6%, p<0.001) at posttreatment follow-up (n=673; 77.4%, p<0.001). Faults were higher at in-person assessment (12.8% vs 7.2%, p=0.035).

Conclusão

Telemedicine emerges as a substitute for traditional clinic visits and its expansion will allow ease of access for health services. Our study provides insights into the efficacy of postoperative care offered through TM.

Referências

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