

Assessment of Urinary Complications and Drug Induced Effects in the Department of Urology in Tertiary Care Teaching Hospital

Lakshmi Priya¹, Konduru Manasa¹, Gummadi Rishitha Sharon¹, A. Sri Tanvi¹,
Kudipudi Harinadha Baba², Kanamala Arun Chand Roby³

¹Intern Doctor of Pharmacy, Department of Pharmacy Practice Narayana pharmacy college, Nellore, Andhra Pradesh, India, ²Principal, Narayana Pharmacy College, Nellore, Andhra Pradesh, India, ³Assistant Professor, Department of Pharmacy Practice, Narayana Pharmacy College, Nellore, Andhra Pradesh, India

Abstract

Urology: The branch of medicine and physiology concerned with the function and disorders of the urinary system. It deals with disease of the male and female urinary tract i.e., kidneys, ureters, bladder and urethra. It also deals with male organs such as penis; testes; scrotum; prostate. The Urinary system consists of two kidneys, two Ureters and one Urethra. **Urology Department:** A urologist is a physician who specializes in diseases of the urinary tract and the reproductive system. It has seven sub specialist areas: 1. Pediatric Urology 2. Urological Oncology 3. Renal Transplantations 4. Male infertility 5. Calculi 6. Female Urology 7. Neuro Urology.

Materials and Methods : Place of Study: The study “Assessment of Urinary Complications and Drug Induced Effects in Department of Urology in a Tertiary Care Teaching Hospital” which was carried in patient wards of “Urology Department” IP at Narayana Hospitals, Nellore, in collaboration with a 1440 bedded multidisciplinary teaching hospital.

Discussion: In our study, out of 510 patients 450 are willing to provide the information in which maximum are females 275(61.1%) and minimum were males 175(38.8%) **Conclusion:** Our study concluded that most of the people (or) patients in the urology department due to urinary complications were arisen by using urology questionnaire and drug induced complaints are also estimated. Out of this the mainly some of the drugs are inducing urology problems in the patients. Some methods and surgical procedures are performed. It is cluster for the health care professionals and clinical pharmacist to reduce the patient in view of health condition in which, it is beneficial for the health outcome. Mostly, Clinical pharmacist should educate the patients regarding conditions and treatment to be effective.

Key words: Urinary Complications, hyperplasia, renal calculi, renal transplantation.

Introduction

Urology: The branch of medicine and physiology concerned with the function and disorders of the urinary system. It deals with disease of the male and female

urinary tract i.e., kidneys, ureters, bladder and urethra. [1,2] It also deals with male organs such as penis; testes; scrotum; prostate. The Urinary system consists of two kidneys, two Ureters and one Urethra [1]

Urology Department: A urologist is a physician who specializes in diseases of the urinary tract and the reproductive system. [3,4]

Assessment: It is the evaluation of the health status by performing a physical exam after taking a health

Corresponding author:

Kanamala Arun Chand Roby
arunchandrobby@gmail.com

history.

Complications: A secondary disease or a condition that develops in course of a primary disease or condition and arises either as a result of it or from independent causes.

Drug Induced Effect: The unintended effect of a drug that results in mortality or morbidity with symptoms sufficient to prompt a patient seek medical attention and to require hospitalization and may persist even after the offending drug has been withdrawn.^[4,5]

Tertiary care Hospital: It is a hospital that provides tertiary care from specialists in a large hospital after referral from primary care and secondary care.

Materials and methods

Place of Study: The study “Assessment of Urinary Complications and Drug Induced Effects in Department of Urology in a Tertiary Care Teaching Hospital” which was carried in patient wards of “Urology Department” IP at Narayana Hospitals, Nellore, in collaboration with a 1440 bedded multidisciplinary teaching hospital,

Study Design: The study was prospective observational study conducted in the inpatients ward of Urology Department of tertiary care teaching hospitals.

Study Population: This study was conducted in 450 patients who are suffering with Urological Complications and Drug Induced Effects in Department of Urology.

Study Duration: This study was conducted for a period of 6 months.

Study Criteria: Patients are considered for the study based on inclusion and exclusion criteria.

Inclusion Criteria:

1. All the patients suffering with different types of

Urological Complications and Drug Induced Effects in Department of Urology.

2. Patient age group in between 20 to above 60yrs.
3. Patients with co-morbid conditions.
4. Who are willing to provide the information?
5. Past history of renal problems.
6. Patient dependent upon medication.

Exclusion Criteria:

- Pregnancy women.
- Lactating women
- Lack of interest to provide information.
- Pediatrics.
- Whose verbal communication was poor.
- Unconscious patients.
- Mentally retarded patients.

Study Material:

- Patient informed consent form.
- A specially designed Urology questionnaire

STUDY METHOD: The study was conducted after obtaining the permission from Head of the institution and Head of Department of Urology.

The data for the study will be collected by “**Patient Chart Review Method**”, which is well suited to identify all the necessary and relevant baseline information, which will be collected on a specially designed patient data questionnaire on respiratory tract infections.

Results

Table-1 Shows Reasons for admission in the Department of Urology for their condition

Reasons for admission	No of Patients	Frequency
1. Blood in urine:		
a) Bladder infection	20	4.4%
b) Kidney infection	20	4.4%
c) kidney stones	140	31.1%
d) Bladder cancer	10	2.2%
e) kidney cancer	5	1.1%
g) prostate cancer	5	1.1%
2. poor bladder control	10	2.2%
3. Painful Urination:		
* Bladder stones	40	8.8%
* Chlamydia	5	1.1%
* Cystitis	5	1.1%
* STDS	5	1.1%
* Prostate	5	1.1%
Inflammation	15	3.3%
* Vaginal infection	5	1.1%
* Yeast Infection		
4. Pain in Lower stomach, side of back or groin region		
♦ Severe pain;	40	8.8%
♦ Moderate & mild	20	4.4%
♦ Nausea, Vomiting	15	3.3%
Fever		
5. Fallen Bladder Protrusion:		
1) Age:	5	1.1%
2) Obesity:	5	1.1%
3) Vaginal child birth	0	0%
4) Weakened muscles	0	0%
6. Hernia	10	2.2%
7. Male sexual problems	0	0%
8. Over active bladder	15	3.3%
9. HTN, DM	35	7.7%
10. other disease condition	5	1.1

Table-2 Shows Drug Induced Urinary complications in the patients of Urology department

Drug induced Urinary Complications	No of Patients	Frequency
1. Phenothiazine		
a.Perphenazine (Irilafon)	25	5.5%
b.Mesoridazine (Serentil)	20	4.4%
c.Promazine (Robinnl)	5	1.1%
2. Cyclophosphamide (Cytosan)	70	15.5%
3. Ifosfamide	10	2.2%
4. Cocaine	15	3.3%
5. Papaverine induced priapism	10	2.2%
1. Risperidone (Risperidol)	25	5.5%
2. Clozapine (Clozaril)	30	6.6%
3. Disopyramide (Norpace)	35	7.7%
4. Flecainide (Tambacor)	10	2.2%
5. Hyoscine Butyl Bromide (Buscopan)	15	3.3%
6. Amantidine (Symmentrel)	20	4.4%
Astemizole (Hismanal)	15	3.3%
7. Ipratropium (Atrovent)	15	3.3%
8. Fluoxetine (Prozac)	10	2.2%
9. Atropine (Atropen)	20	4.4%
10. Benztropine Mesylate (Cogentin)	15	3.3%
11. Fesoterodine (Toviaz)	10	2.2%
12. Clonazepam (Klonopin)	25	5.5%
13. Diazepam (Valium)	10	2.2%
14. Methylenedioxymetamphetamine (Ecstasy)	15	3.3%
15. Pramipexole (Mirapex ER)	10	2.2%
16. Morphine (Avinza)	15	3.3%

Table 3: Shows urinary complications in the patients of Urology department

Urinary Complications	No of Patients	Frequency
1.Acute kidney disease	20	4.4%
2.Chronic kidney disease	30	6.6%
3.Urinary incontinence	10	2.2%
4.Urolithiasis	40	8.8%
5.Kidney stones	140	31.1%
6.Urinary tract infections		
a. Cystitis	20	4.4%
b. Urethritis	10	2.2%
c. Pyelonephritis	5	1.1%
7. Prostatitis	10	2.2%
8. Vaginal Candidiasis	20	4.4%
9.Fallen bladder protrusion	5	1.1%
10.Over active bladder	10	2.2%
11.Fascia (Hernia)	10	2.2%
12.HTN, DM	35	7.7%
13.CKD with Palmar Psoriasis	5	1.1%
14.Atrophic Rt kidney with Endometrial polyp	5	1.1%
15.PUJ Obstruction With Congenital Hydronephrosis	10	2.2%
16.CKD -v stage with chronic alcoholism	5	1.1%
17.Distal Penile hypospadias	5	1.1%
Renal cell carcinoma/ Kidney cancer	5	1.1%
Obstructive Uropathy with Grade-II prostomegaly	5	1.1%
20.Bladder cancer	25	5.5%
21. Prostate cancer	5	1.1%
22. Congenital Urological Anomalies	10	2.2%
23.Bladder stones		

Table 4 Shows Drug used in Department of Urology for Better outcomes

Drugs for urinary complications	No of patients	Frequency
1.Tab.staphenex (Flucloxacillin)	100	22.2%
2.Tab.Rantac(Ranitidine)	250	55.5%
3.Tab. Calpol(Paracetamol)	375	83.3%
4.Tab.Chymorol forte(Multi vitamins)	275	61.1%
5.Tab.Cifran-TZ(Ciprofloxacin)	50	11.1%
6.Tab.Mucomix-ET(Acetyl cysteine)	75	16.6%
7.Tab.Rabium-DSR(Rabiprazole)	300	68.8%
8.Tab.Clopidab(Clopidogrel)	250	55.5%
9.Tab.Sevelamer(Sevelamer)	100	22.2%
10.Tab.Febugut(Febuxostat)	175	38.8%
11.Tab.Fexofenadine(Allegra)	100	22.2%
12.Tab.Reclide(Gliclazide)	200	44.4%
13.Inj.cefglobe(Cefoperazone &Sulbactam)	350	77.7%
14.Tab.Cilacar(Cilnidipine)	250	55.5%
15.Tab.Shelcal(Calcium carbonate and vitamin D2)	200	44.4%
16.Tab.Metrogyl(Metronidazole)		
17.Syrup.Cremafine(Magnesium hydroxide+Paraffin)	350	77.7%
18.Syrup.Reswal(chlorpheniramine malate)	125	27.7%
19.Tab.Amlong(Amlodipine)	50	11.1%
20.Tab.Sobosis(sodium bicarbonate)	250\	55.5%
21.Tab.Veltam(Tamsulosin hydrochloride)	325	72.2%
22.Tab.Telma kind (Telmisartan)	60	13.3%
23.Inj.Tramadol(Ultram)	210	46.6%
24.Inj.Emeset(Ondansetron)	260	57.7%
25.Inj.Amikacin(Amikin)	275	61.1%
26.Syrup.Taxim(Cefotaxime)	310	68.8%
27.Syp.P125(Paracetamol)	220	48.85%
28.Syrup.Ibuprofen plus (Ibuprofen)	75	16.6%
29.Tab.Faronem(Fraenum)	50	11.1%
30.Tab.Nicardia-R(Nicardipine)	65	14.4%
31.Tab.Voglistar(Voglibose)	175	38.8%
32.Tab.Supradyn(Multi vitamin)	200	44.4%
	175	38.8%

Table: 5 Shows Class of Drugs used in Department of Urology

Classes of drugs for urinary complications	No of patients	Frequency
1.Drugs with anti - cholinergic properties	20	4.4%
2.Alpha-adrenergic Blockers	5	1.1%
3.Calcium channel blockers	100	22.2%
4. Anti-neoplastic	50	11.1%
5. Anti-depressants	10	2.2%
6. Diuretics	0	0%
7. Antibiotics	75	16.6%
8. Anti-viral drugs	10	2.2%
9.Anti hypertensives	75	16.6%
10. (NSAIDS) Non-steroidal anti-inflammatory drugs	10	2.2%
11. Fluoroquinolone's	5	1.1%
12. Anti-epileptics	0	0%
13. Calcium supplements	10	2.2%
14. Proton pump inhibitors	25	5.5%
15. Statins	0	0%
16. Anti-anginal drugs	0	0%
17.Anti-coagulants	0	0%
18. Anti-platelets	0	0%
19. Anti-psychotics	5	1.1%
20. Anti-diabetics	50	11.1%
21. Anti- histamines	0	0%

Table: 6 Shows Surgical procedures performed in Urology Department to Overcome the Urinary Complications

Surgical procedure	No of patients	Frequency
1.Urethral Catheterization	75	16.6%
2.Endoscopic Procedures		
a. Bladder	25	5.5%
b. Prostate	30	6.6%
c. Urethra	25	5.5%
d. Ureter	25	5.5%
3.Open procedures on the Foreskin		
a. Vas	15	3.3%
b. Bladder instillation	15	3.3%
c. Prostatic biopsy	20	4.4%
4. Laser therapy		
a. BPH cancer	10	2.2%
b. Kidney Stones	25	5.5%
5. Laparoscopy	20	4.4%
6. Urodynamic Evaluation	25	5.5%
7. TRUS/BX of Prostate	35	7.7%
Endoscopy		
8.SWL and other Lithotripsy Techniques	25	5.5%
9.Cystectomy	10	2.2%
10.Anti-Incontinence Procedures	25	5.5%
11.Urinary Diversion	10	2.2%
12.Prosthetics	25	5.5%
13.Micro Surgical technique	10	2.2%

Discussion

In our study, out of 510 patients 450 are willing to provide the information in which maximum are females and minimum were males and with different age groups are considered for the study out of which more than year old are suffered with Urinary tract problems, 51-60yrs suffered equal to that of older and rest was found to be 1-30 yrs. Environmental factors of the patient was and least was found to be Better and Nutritional status of the patient was found to be and minimum was Better and also Hygienic conditions also analysed by using Questionnaire which shows maximum were Poor and minimum were better and all the people belongs to Indian , Employment rate was found to be maximum was Employed and Un employed with marital status of Married were and last was unmarried. Reasons for admission in the hospital is mainly due to different types of problems like Kidney stones, Burning micturition, Prostate inflammation, Pain in lower stomach, side of back or groin region.

Different types of drugs induced urinary complications in the patients are many due to cyclophosphamide, Disopyrimide, Clozapine, perphenazine, Clonazepam, Mesoridazine, Amantadine, Atropine, Cocaine, Hyoscine, Astemizole, Ipratropium, Bzotropine, Amphetamine, Morphine, and the least

were found to be Ifosfamide, Papaverine, Flecanide, Fluoxetine, Fesoterodine, Diazepam, Pramipexole.

Complaints observed in the department of Urology with different diseases were identified in which maximum were kidney stones Urolithiasis HTN, DM, Chronic kidney disease, Prostate cancer, Acute kidney disease, Cystitis, Vaginal candidacies, Urinary incontinence, Urethritis, Prostatitis, Overactive bladder, Fascial PUG obstruction with congenital hydronephrosis, Bladder stones , and the least were Pyelonephritis, Fallen bladder protusion, CKD with palmar psoriasis, Atrophic right kidney with endometrial polyp, CKD carcinoma or kidney cancer, Obstructive uropathy with grade2-prostomegaly, Bladder cancer, Congenital urological anomalies and different drugs used in the department of urology and different drugs used in the department of urology for better outcomes were maximum Tab. Paracetamol, Tab. Cefoperazone, sulbactam, Tab.Metronidazole, Tab.Sodiumbicarbonate, Inj.Amikacin, Tab.Rabeprazole, Inj.Ondansetron, Tab.Chymoral, Inj.Tramadol, Tab.Ranitidine, Tab. Clopidogrel, Tab.Cilnidipine, Tab.Amlodipine, Syb. Cefotaxime, Tab.Telmisartan, Tab.Voglibose, Tab. Glicazide, Tab.Calciumcarbonate&vitaminD2, Tab. Febuxostat, Tab.Nicardipine, Tab.Multivitamin, Syb. Magnesiumhydroxide¶ffin, Tab.Flucloxacillin,

Tab. Sevelamer, Tab. Acetylcysteine, Syp. Paracetamol, Tab. Fraenum, Tab. Tamsulosin hydrochloride and the least were found to be Tab. Ciprofloxacin, Tab. Chlorpheniramine maleate, Syp. Ibuprofen.

Different types of surgical procedures performed in the department for Urinary complications are Urethral Catheterization, TRUS/BX endoscopy, prostate endoscopy, Bladder endoscopy, Urethra endoscopy, Ureter endoscopy, Kidney stones, Urodynamic evaluation, SWL and other lithotripsy, Anti incontinence procedure, Prosthetics, Laparoscopy, Prostatic biopsy, vas, Bladder instillation and the least were found to be BPH cancer laser therapy, Cystectomy, Urinary diversion, Micro surgical technique.

Conclusion

Our study concluded that most of the people (or) patients in the urology department due to urinary complications was arise by using urology questionnaire and drug induced complaints are also estimated. Out of this the mainly some of the drugs are inducing urology problems in the patients. Some methods and surgical procedures are performed. It is cluster for the health care professionals and clinical pharmacist to reduce the patient in view of health condition in which, it is beneficial for the health outcome. Mostly, Clinical pharmacist should educate the patients regarding conditions and treatment to be effective.

Acknowledgement: All thanks and praises to God Almighty for his countless, abundant and never-ending blessings in complicating this Work. It is a proud privileged honour for us to express our hatful thanks and gratefulness to all the persons who backed us directly or indirectly through out of this research work as magnitude. Most importantly authors are thankful to patients and health care professionals.

Conflict of Interest: Yes

Funding: Self

Ethical Committee Approval: We have Memorandum of Understanding with Narayana Medical College and Hospitals to conduct the Study.

References

1. Gerard Tortora, Bryan Derrickson; Principles of Anatomy and physiology, 11th edition, chapter 26 - page no: 992-1035, ISBN-978-0-471-71871-0.
2. Leon shangel, Alan.H. Mutnick, Paul.F. souney, Larry, Swanson, Comprehensive pharmacy Review, 8th edition, Chapter 48 -page no: 978-991, ISBN- 978-81-8473-850-6.
3. Harshmohan, Textbook of pathophysiology, 8th edition, chapter 22 – page no: 677-734, Jaypee brothers' Medical publishers. ISBN -978-93-5270-547-4.
4. Gutyon and Hall, Textbook of Medical physiology, A south Asian edition – Section vii-Renal physiology – page no: 460-532, ISBN: 978-81-312-3019-0.
5. Eric.T. Herfindil, Dick R. Gouley, Lind lloyd Hart, Clinical pharmacy and Therapeutics, Fourth Edition – Renal diseases, section 4, Chapter-10, page no: 207-228. ISBN – 13: 978-81-8473-561-1.
6. Lange, Basic and clinical pharmacology, 13th edition, Chapter -15, Diuretic agents, Page no -249-269, ISBN-13:978-93-392-2077-8. ISBN – 10:93-392-2077-3.
7. Joseph T. Dipiro, Robert I. Talbert, Gary R. Matzke, Barbara G. Wells, L. Michael Posey, Pharmacotherapy A Pathophysiologic Approach ,10th Edition, Section 5, Renal disorders, Page no : 587 -784, ISBN – 978-1-259-58748-
8. Harrison's, Principles of Internal medicine, 18th Edition, Part 2, section 7 ,Page no :334-373. ISBN -978-0-07-163244-7. MHID – 0 – 07-163244-1.
9. Kevin T. McVary and Claus G. Roehrborn: UROLOGY 111: 1–9, 2018. © 2017 The Author(s). Published by Elsevier Inc; doi.org/10.1016/j.urology.2017.10.023 10090-4295.
10. Cynthia A. Naughton; pharm. D; BCPS; Drug induced Nephrotoxicity; (Am Fam Physician. 2008;78(6):743-750. American Academy of Family Physicians. (Am Fam Physician. 2008;78(6):743-750. American Academy of Family Physicians Volume 78, Number 6; September 15, 2008 .aafp.org/afp.
12. Joana Dos Santos,* Rulan S. Parekh,* Tino D. Piscione, et al : Clin J Am Soc Nephrol 10: 1783–1790, 2015. doi:10.2215/CJN.12861.
13. Pfeferman Heilberg ,Nestor Schor: Renal Stone Disease: Causes, Evaluation and Medical Treatment: (Arq Bras Endocrinol Metab 2006;50/4:823-831.

1. Gerard Tortora, Bryan Derrickson; Principles of

14. Tilahun Alelign 1,2 and Beyene Petros: Review Article Kidney Stone Disease: An Update on Current Concepts :Advances in Urology Volume 2018, Article ID 3068365,12pages doi.org/10.1155/2018/3068365.
15. Drug-induced renal Fanconi syndrome: The Author 2013. Published by Oxford University Press on behalf of the Association of Physicians. doi:10.1093/qjmed/hct258.
16. Khashayar Sakhaee, Naim M. Maalouf, and Bridget Sinnott: Kidney Stones2012; (J Clin Endocrinol Metab 97: 1847–1860, 2012.
17. Yavuzer Koza: Department of Cardiology, Yakutiye, Erzurum, <http://www.jivresearch.org>; doi: 10.5249/jivr.v8i1.610.
18. Fatemeh Ghane Shahrbafl, Farahnak Assadi2: Prev. 2015; 4(3): 57-60. *Corresponding author: Prof. Farahnak Assadi DOI: 10.12861/jrip.2015.
19. Malvinder S Parmar: Kidney stones;Medical Program (Internal Medicine), BMJ 2004;328:BMJ VOLUME 328 12 JUNE 2004 bmjs.
21. Woonyoung Choi,1 Sima Porten,1 Seungchan Kim, et.al; Cancer Cell 25, 152–165, February 10, 2014 *2014 Elsevier Inc. 153;Correspondence dx.doi.org/10.1016/j.ccr.2014.01.009.
22. Panagiotis I. Mourmourisa, c, Theodoros Chirasb, et.al; Journal compilation © World J Nephrol Urol and Elmer Press Inc™ www.wjnu.elmerpress.com; doi: doi.org/10.14740/wjnu154w:patients.
23. Rashad S. Barsoum, M.D.: The New England Journal of Medicine. 2006 Massachusetts Medical Society. All rights reserved engl j med 354; 10 nejm.org i.e.; march 9, 2006.
24. Lynda Frassetto.Md, Ingrid Kohlstadt: An Update December 1, 2011; Volume 84, Number 11 www.aafp.org/afp.