

From the Operating Room to the Office: A Prospective Evaluation of Patient-Reported Outcomes Following In-Office Procedures Under Sedation

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Introduction:

In-office sedation may help reduce surgical backlogs and patient wait times while maintaining effective pain control for certain urologic procedures. Sedation can be especially advantageous for older or anxious patients who may not tolerate general anesthesia or prefer more comfort than topical options in-office can provide. Our goal was to evaluate patient-reported outcomes, including pain and satisfaction, following in-office procedures performed under sedation.

Methods:

This is a prospective, single-center cohort study in patients undergoing urology procedures in the office under conscious sedation between 04/2025-10/2025. The facility meets QUAD A certification and adheres to rigorous standards and monitoring instructions. Procedures were performed in accordance with our operating room standard of care. Primary outcomes included the Decision Regret Scale (DRS) questionnaire in which patients compared their office-based procedure to their prior operating room experience, and VAS pain scores within two hours after procedure completion. 30-day postoperative complication rates were a secondary outcome.

Results:

17 patients underwent in-office procedures under sedation, most commonly stent exchange (n=11, 65%) followed by ureteroscopy with fulguration of a tumor (n=3, 18%) and cystoscopy with diagnostic ureteroscopy (n=3, 18%). The median age was 69 (65, 75), with a median BMI of 27.9 kg/m² (23.8, 30). 88% of patients (n = 14) had an ASA score of 2, and 40% of patients had a Charlson Comorbidity Index of 4 or below. Median DRS score was 0 [IQR 0-20.0] and median VAS pain score was 2.0 [IQR 0-3.0]. Median postoperative VAS score was highest in patients undergoing URS with tumor fulguration (4 [IQR 2-5]); procedure type was significantly

associated with postoperative pain scores (Spearman $\rho=0.52$, $p = 0.03$). Only one patient had a 30-day postoperative UTI complication. (6%).

Conclusions:

In-office procedures performed under sedation were well tolerated, with minimal pain and high satisfaction, compared to OR procedures. This approach can save time and costs for endoscopic procedures by eliminating the need for operating room resources.

Characteristic	N = 17¹
Age	69 (65, 75)
Sex	
Female	4 (24%)
Male	13 (76%)
BMI	27.9 (23.8, 30.1)
ASA Score	
1	0 (0%)
2	15 (88%)
3	2 (12%)
4	0 (0%)
Charlson Comorbidity	
0	1 (5.9%)
3	5 (29%)
4	6 (35%)
5	2 (12%)
6	3 (18%)
Procedure Type	
Cystoscopy with Diagnostic Ureteroscopy	3 (18%)
Stent Exchange	11 (65%)
Ureteroscopy with Fulguration of a Tumor	3 (18%)
DRS Total	0 (0, 15)
VAS Score	2 (0, 3)
Anesthesia Aborted	
No	17 (100%)
Cardiovascular History	12 (71%)
OSA	1 (5.9%)
Diabetes	1 (5.9%)
CKD	7 (41%)
30 Day Complications	
No Complications	16 (94%)
UTI	1 (5.9%)

¹ Median (Q1, Q3); n (%)

