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URS–SM procedure using Pneumatic lithotripter for the management of ureteral stones—our experience

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Abstract

Introduction: We assessed the effectiveness of URS–SM procedure for ureteral stones located in different parts of ureter and to determine outcomes in terms of success rate, complications, and operation time.

Methods: After obtaining approval of the Institutional Clinical Board of urology, we reviewed data of consecutive 102 patients treated at our Urology Department with URS–SM procedure in cohort study January 2023–May 2023.

Results: There were 44 (43,2%) men and 58 (56,8%) women with a mean age of 43.7 (range 7–78) years old. Most patients had stone on left side 46 ppts (52%), 39 ppts. on right side (38,2%) and on both sides in 10 ppts. (9.8%). The overall success rate after session of URS–SMs was 87,3%. Postoperative complications we had only in one case, urosepsis in a diabetic old man (75 years). Operation time was 36 (\pm 13) min.

Conclusions: The URS–SM procedure is an effective treatment with a low rate of complications.

Keyword: URS–SM, ureter stones, pneumatic device.

Introduction:

Urinary stone disease is a major health problem that concerns millions of patients worldwide affecting 2–3% of the human population with a high recurrence rate of almost 50%. Ureteric colic is a urological emergency in terms of the severe pain experienced by the patient. They occur most commonly in men aged between 30 years and 60 years. Urologic management of urinary calculi has immensely changed in the past 30 years^(1,2). Various endourological treatment modalities are available for urinary calculi including and ureteroscopic stone manipulation (URS–SM)^(3,4). By some authors with goal to increase the success rate of URS–SM and to minimize postoperative complications the preoperative ureteral stenting (by DJ) has previously been applied in some selected cases⁽⁵⁻⁷⁾. We assessed the effectiveness of URS–SM procedure in ureteral stones performed in our single center and to determined outcomes in terms of success rate, postoperative complications and operation time.

Materials and methods

After obtaining approval of the Institutional Clinical Board of urology, we reviewed data of consecutive 102 patients treated by URS–SM procedure in our Urology Department, in cohort study January 2023–May 2023. All patients were performed preoperatively

kidney function tests, urinalysis, a plain kidney–ureter–bladder (KUB) radiography, computerized tomography (CT) scan, intravenous urography (IVU), and sonography. The treatment decision was taken according to stone size. URS–SM procedure was performed in all patients, in the lithotomy position under spinal anesthesia and only in one case (child 7 years old) was used general anesthesia. In all cases was using Wolf rigid ureteroscope pneumatic lithotripter. Success rates, operation time and complications were documented.

Results

There were 44 (43,2%) men and 58 (56,8%) women with a mean age of 43.7 (range 7–78) years old. Most patients had stone on left side 46 ppts (52%), 39 on right side (38,2%) and on both sides 10 (9.8%). Preoperatively, unilateral DJ stenting was used in 43 (42,1%) of patients. In one case with bilateral stones the bilateral DJ stenting was used preoperatively and in one side postoperatively. The mean stone size was 8,7 (range 7,5–12) mm. Majority of the stones treated were from the lower ureter 62 ppts (60,7%). Operation time was 36 (\pm 13) min. The overall success rate was 87,3%.

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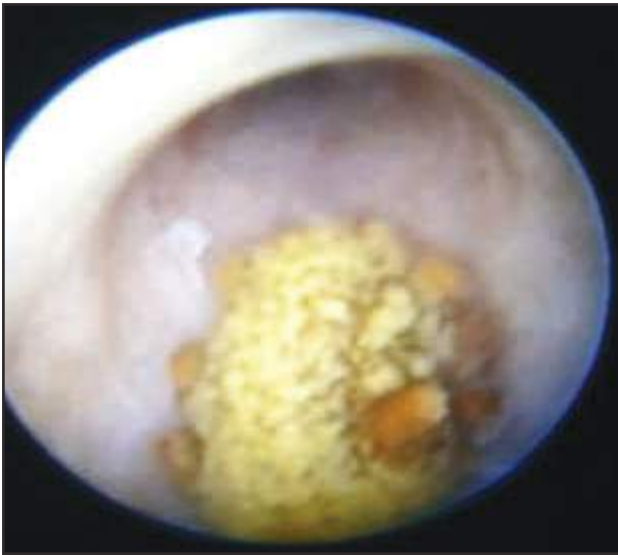


Fig.1. Image from endoscopic presentation

The most common cause of this procedure's failure was in 12 pts (13%), for stone migration in 11 pts and in one case who had ureteral orifice oedema. In group of patients with stone migration in the end of treatment was used the DJ stenting (4,7ch / 6ch). In the case with distal ureteral stone who had ureteral orifice oedema the URS–SM procedure failed and was applied only a DJ stent 4,7ch. Transient hematuria was observed in some treated patients, which resolved within a few hours. Postoperative complications 1 case (0,9%), urosepsis in one a diabetic old man (75 years) with DM type 1, even he was for three days under antibiotic therapy in Clinic of Infective Disease. The patient had uncontrolled glycemia, decompensated cardiac insufficiency with one kidney and ureter stone in the pelvic part of the ureter with a diameter of about 8.6 mm.

The mean hospital stay was 1.6 days (range 1–5).

All the patients after URS–SM procedure we recommended to drink more than 1,5 liters of fluids daily throughout the day to check the spontaneous elimination of stones fragments. The Alpha blockers (Tamsulosin) have been described by some urologist to facilitate stone passage⁽⁵⁾.



Fig.2. Image from Endourology theatre

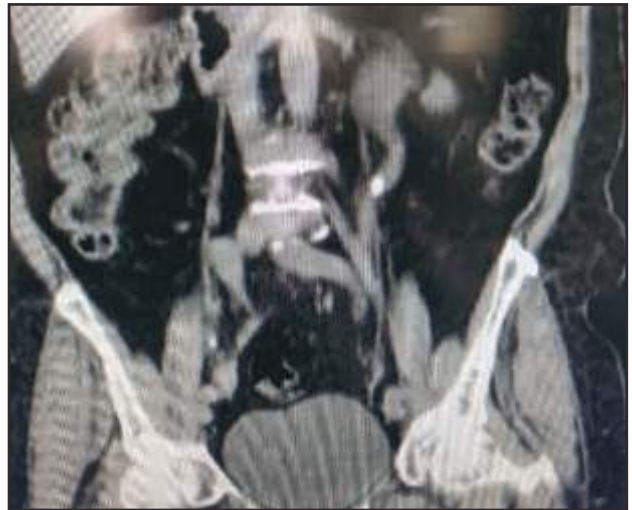


Fig.3. CT scan image from patient with ureteral stone in left side

Age	43.7y (7–78)
Gender	
Men	44 (43.2%)
Women	58 (56.8%)
The man stone size	8.7 mm (range 7.5–12)
Stone side:	
Both sides	10 (9.8%)
Right	39 (38.2%)
Left	46 (52%)
Complication rate	1 (0.9%)
Success rate	87.3%
Operation time	36 (±13) min
Stone migration	12 (12%)
Ureteral orifice oedema	1 (0.98%)
Mean hospital stay	1.6 days (range 1–5)

Table 1. Characteristics of patients treated by URS–SM

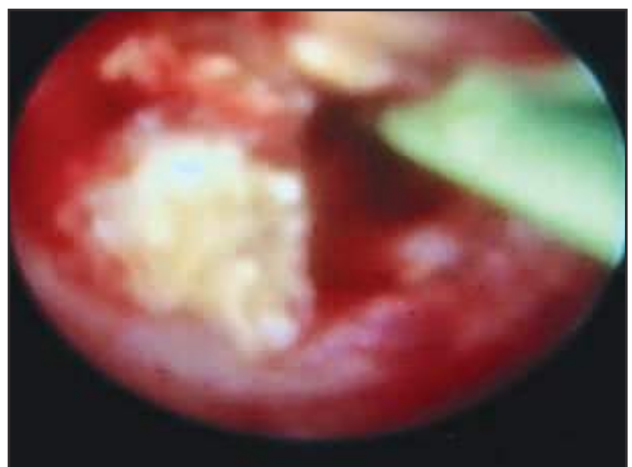


Fig.4. Image during URS–SM procedure

Radiologic investigations were performed in routine on 5–10 days postoperatively to confirm the stone-free status. The stent was removed after 3 to 6 weeks after URS–SM procedure under local anesthesia. Only in one

case we have done under intravenous anesthesia. The URS–SM procedure was performed by different team of urologist. The URS–SM has been shown to be an effective procedure with a low rate of complications.

Discussion:

Our approach to the selection of surgical modality, is largely consistent with the American Urological Association, Endourological Society and European Association of Urology guidelines. So based in American Urological Association and the European Association of Urology (AUA/EAU) published guidelines for managing ureteral stones the authors concluded that URS–SM can considered in appropriate first–line therapies in healthy, nonpregnant adults who have unilateral ureteral calculi with no other stones that require treatment and who have normal contralateral renal function [\[14\]](#). Based on our experience with the treatment of the above mentioned cases, pneumatic ureteroscopy has been shown to be quite efficient and safe in the treatment of patients with stones in the ureter.

Conclusion:

URS–SM procedure has been shown to be an of the successful urologic option for the treatment of certain stones at different levels of the ureter. The experience of urologists had an impact on the success of the procedure because all urologists had more than five years of work experience in endourology.

Funding and Conflict of interest

The authors have no conflicts of interest to declare. All co–authors have seen and agree with the contents of the manuscript and there is no financial interest to report.

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