

Commentary

Potential complications and considerations in ureteroscopy

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ABOUT THE STUDY

Ureteroscopy is a minimally invasive surgical procedure used to diagnose and treat various conditions of the urinary system, particularly those affecting the ureters and kidneys. It involves the insertion of a flexible or rigid ureteroscope into the urethra, passing through the bladder and into the ureters, allowing visualization and intervention within the urinary tract. Ureteroscopy has become a preferred approach for managing a wide range of urological conditions, including kidney stones, ureteral strictures, and urothelial tumors (Atis et al., 2013).

Indications

Ureteroscopy is indicated for various urological conditions, most notably for the management of kidney stones. It allows direct visualization of the stone and facilitates its fragmentation or removal using laser lithotripsy, basket extraction, or other techniques (Danilovic et al., 2021).

Ureteroscopy is also used for the evaluation and treatment of ureteral strictures, which are abnormal narrowings in the ureter that can cause urinary obstruction. Additionally, it is utilized in the diagnosis and management of urothelial tumors, such as transitional cell carcinoma, which may involve the renal pelvis, ureters, or bladder (de Coninck et al., 2020).

Technique

This technique is typically performed under general or regional anesthesia. The procedure begins with the insertion of a cystoscope through the urethra into the bladder, allowing the identification of the ureteral orifice. A guidewire is then advanced through the ureteral orifice and into the ureter under fluoroscopic guidance (Gauhar et al., 2023). Once the guidewire is in place, the cystoscope is exchanged for the ureteroscope, which is advanced over the guidewire into the ureter. The ureteroscope allows the urologist to visualize the ureteral lumen, as well as any stones, strictures, or tumors present. During the procedure, irrigation fluid is continuously infused to maintain visualization and distend the ureter, improving the working space. Various instruments can be used through the working channel of

the ureteroscope, including laser fibres for stone fragmentation, biopsy forceps for tissue sampling, and retrieval devices for stone extraction or foreign body removal. The choice of instruments and techniques depends on the specific condition being treated (Geavlete et al., 2022).

Complications and considerations

While ureteroscopy is generally safe and effective, it is not without risks. Potential complications include urinary tract infections, ureteral perforation, bleeding, and injury to surrounding structures. In rare cases, ureteral stricture formation or ureteral avulsion may occur. It is crucial for urologists to carefully select patients, evaluate the anatomy, and employ proper technique to minimize these risks (Giusti et al., 2016).

Advancements and future directions

The significant advancements have been made in the field of ureteroscopy. Technological improvements have led to the development of smaller, more flexible, and higher-resolution ureteroscopes, enhancing visualization and maneuverability. Laser lithotripsy techniques have also evolved, allowing for more efficient stone fragmentation and reduced procedure times. Furthermore, the integration of robotics and artificial intelligence into ureteroscopy holds promise for further enhancing precision and safety (Huang et al., 2012). The future of ureteroscopy involves ongoing research and development aimed at improving patient outcomes. Novel technologies, such as advanced imaging modalities, nanotechnology, and drug-eluting stents, are being explored for enhanced stone detection, targeted therapy, and prevention of ureteral complications. Additionally, efforts are underway to optimize irrigation solutions, minimize post-operative discomfort, and refine patient selection criteria.

Ureteroscopy has emerged as a valuable tool in the diagnosis and treatment of urological conditions affecting the ureters and kidneys (Iremashvili et al., 2019). Its minimally invasive nature, combined with technological advancements, has revolutionized the field of endourology. Ureteroscopy offers excellent outcomes for kidney stone management, ureteral strictures, and urothelial tumors. While complications can occur, careful patient selection

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and meticulous technique help mitigate these risks. The further improvements in ureteroscopy benefit the patients worldwide (Peng et al., 2015).

REFERENCES

1. Atis G, Koyuncu H, Gurbuz C, Yencilek F, Arikan O, Caskurlu T (2013). Bilateral single-session retrograde intrarenal surgery for the treatment of bilateral renal stones. *Int Braz J Urol.* 39:387–392.
2. Danilovic A, Torricelli FC, Marchini GS, Batagello C, Vicentini FC, Traxer O, et al (2021). Prospective evaluation of bilateral retrograde intrarenal surgery: is it really safe? *J Endourol.* 35:14–20.
3. de Coninck V, Keller EX, Somani B, Giusti G, Proietti S, Rodriguez-Socarras M, Rodríguez-Monsalve M, et al (2020). Complications of ureteroscopy: a complete overview. *World J Urol.* 2020; 38:2147–2166.
4. Gauhar V, Chew BH, Traxer O, Tailly T, Emiliani E, Inoue T, Tiong HC, et al (2023). Indications, preferences, global practice patterns and outcomes in retrograde intrarenal surgery (RIRS) for renal stones in adults: results from a multicenter database of 6669 patients of the global FLEXible ureteroscopy Outcomes Registry (FLEXOR). *World J Urol.* 41:567–574.
5. Geavlete B, Popescu RI, Multescu R, Lordache V, Popa GA, Georgescu D, Geavlete P(2022). Bilateral same-session flexible ureteroscopy for renal stones: a feasible method. *J Med Life.* 15:284–291.
6. Giusti G, Proietti S, Villa L, Cloutier J, Rosso M, Gadda GM, Doizi S, et al (2016). Current standard technique for modern flexible ureteroscopy: tips and tricks. *Eur Urol.* 70:188–194.
7. Huang Z, Fu F, Zhong Z, Zhang L, Xu R, Zhao X (2012). Flexible ureteroscopy and laser lithotripsy for bilateral multiple intrarenal stones: Is this a valuable choice? *Urology.* 80: 800–804.
8. Iremashvili V, Li S, Best SL, Hedican SP, Nakada SY (2019). Clinical and demographic predictors of repeat stone surgery. *BJU Int.* 124 :836–841.
9. Peng Y, Li L, Zhang W, Chen Q, Liu M, Shi X, Gao X, et al (2015). Single-stage bilateral *versus* unilateral retrograde intrarenal surgery for management of renal stones: a matched-pair analysis. *J Endourol.* 29:894–898.