

AUTHOR'S REPLY

Reply to: Antoniewicz AA. More aggressive intrarenal endoscopic maneuvers are assuring a stone free outcome and safety. Cent European J Urol. 2015; 68: 197-198.

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We would like to thank the reviewer for his comments. We agree that ureteroscopy and laser stone fragmentation (URSL) seems to be a new gold standard for modern management of most stones [1, 2, 3]. Also, as our bilateral simultaneous ureteroscopy (BS-URS) paper demonstrates, most patients do not need to be pre-stented in order to have good outcomes, as was believed previously [4].

Multiple, bilateral and large renal stones can be treated with very low complication rates and with good stone free rates (SFR). Although we used gen-

tamicin for most of our cases, all patients routinely had a pre-operative urine culture, and if needed, additional antibiotics were given as per the antibiotic sensitivity results. We agree that our simple classification of SFR can help standardize its reporting and for comparison of results with different modalities of post-operative imaging [5].

However, the surgeons performing these procedures and pushing the traditional boundaries of FURSL should audit their outcomes and counsel their patients accordingly. It seems that the modern day ureteroscopy knows no limits.

References

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