EDITORIAL

UROLITHIASIS

Editorial comment to: Tinoco CL, Martins L, Costa F, et al. Single-J versus double-J stents after ureterorenoscopy for renal stones: A randomized comparison of safety and tolerability. Cent European J Urol. 2025; doi: 10.5173/ceju.2024.0212

Another step toward a better understanding of urinary drainage after upper tract endoscopy

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Article history
Submitted: May 11, 2025
Accepted: May 17, 2025
Published online: May 26, 2025

Citation: Durante J. Another step toward a better understanding of urinary drainage after upper tract endoscopy. Cent European J Urol. 2025; 78: 199.

This prospective randomized study addresses with objective data a long-standing issue in upper tract endourology: the choice of urinary drainage following endoscopic treatment. This topic is characterized by significant variability among centers and individual surgeons, a variability also mirrored in the still inconclusive literature on the subject.

Despite some methodological limitations, the study enables a comparison between two homogeneous groups of patients receiving either a single-J (SJ) or a double-J (DJ) stent. In my view, the most clinically relevant finding is the absence of statistically significant differences in reintervention and emergency readmission rates between the two groups, suggesting that, in the management of renal stone disease, the use of SJ stents may reasonably be favored.

The inclusion of a third, tubeless group – patients discharged without any form of postoperative drainage – would have added further value and completeness to the study design.

While stent-related symptom questionnaires provide useful data, their practical relevance may be limited, particularly when early stent removal is planned. In most cases, the decision to place a stent is driven not by patient comfort, but by the need to prevent infectious complications or to manage ureteral trauma identified during the procedure. In such contexts, the risk-benefit ratio generally supports stent placement despite the associated discomfort.

It would be highly valuable to see an expanded version of this study in the future, including a tubeless arm and a longer follow-up period, particularly aimed at assessing the potential development of ureteral strictures – an outcome that remains underexplored in the long-term safety evaluation of different drainage strategies.

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