

Ureteroscopy for stones in solitary kidney: Preferred not just a standard option

Patrick Jones¹, Bhavan Prasad Rai², Anngona Ghosh³, Bhaskar K. Somani³

¹Royal Blackburn Hospital, Blackburn, United Kingdom

²Lister Hospital, Stevenage, United Kingdom

³University Hospital Southampton NHS Trust, Southampton, United Kingdom

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We thank the editor Dr. Bres-Niewada for her comments on our papers [1, 2] on the efficacy and outcomes for ureteroscopy in patients with solitary kidney. URS and RIRS have now been shown to be effective in all types of patient groups including paediatric patients [4]. Our results support successful use of this technique for patients with solitary kidney, as a day case procedure with some improvement in their renal function post-operatively [3].

With increasing expertise and experience, endourologists are now performing RIRS for large renal stones. In solitary kidneys, Shockwave lithotripsy (SWL) can possibly lead to obstruction and renal dysfunction with percutaneous nephrolithotomy (PCNL) being more invasive and best avoidable [5]. The idea of treatment in these patients is not just

stone clearance but also preservation of their renal function with a technique that offers best stone free rates (SFR) with lowest potential risks associated. RIRS offers such outcomes, although arguably, most patients will need a post-operative stent inserted.

With small number of such cases being performed, it is time for the high volume centers to collaborate on a prospective study for stone management in patients with solitary kidneys. Till that time, surgeons performing these procedures should audit their outcomes and counsel their patients accordingly, and patients should be able to have a shared decision making for their treatment. In today's world it does look like ureteroscopy for stones in solitary kidney should be preferred and not just a standard option.

References

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Corresponding author

Patrick Jones
patrick.jones1@nhs.net