this time was included in the operative time? The mean operating time is mentioned as a meager 25.2 ± 14.5 minutes for a large mean stone burden of 2.37 ± 0.43 cm. Hospitalization length of 4.7 ± 1.4 days seems to be excessive for an uncomplicated RIRS, which is usually a day care procedure in most centers.1

Two patients (5%) experienced fever postoperatively in the authors’ series which is similar to incidence of fever (5.5%) shown by Skolarikos et al using a conventional UAS for stones >1 cm, questioning the utility of this novel UAS in prevention of fever and sepsis by maintenance of low ureteral pressure.1

Access sheaths have certain advantages; however, they may be associated with up to 46.5% of ureteric injury, as reported by Traxer and Thomas,2 when the access sheath used was 12/14Fr. Increasing the size of the access sheath would intuitively increase the incidence of ureteric injury. We also believe from our personal experience that Asian ureters have a smaller caliber than their counterparts in Europe, and using this size of access sheath could lead to a higher incidence of failure of sheath passage and ureteric injury in this population.

References

Vara Prasad Pilli, M.S.,
Malav Anand Modi, M.S.,
Kaushal Goyal, M.S.,
Venkata Chaitanya Singamsetti, M.S.,
Ravi Jineshkumar Jain, M.S., D.N.B, and
Syed Jamal Rizvi, M.S., MCh.
Department of Urology,
Indian Kidney Disease Research Center,
Institute of Transplant Sciences,
Ahmedabad, Gujarat, India

https://doi.org/10.1016/j.jurology.2018.03.051
examinations. Patients were generally discharged 1-2 days after surgery.

The postoperative fever in this study was similar to previous reports, but all were Clavien grade I complications. We think this is most likely an emergent reaction to the operation. There were no serious complications. It is true that the proportion of ureteral injury caused by ureteral sheath introduction was relatively high. We were only able to complete the operation in 1 phase only in 29 of 40 patients. For those who have difficulties with sheath placement or significant ureteral stenosis, they should be promptly changed to D-J tube placement or another surgical method to avoid postoperative fever caused by crushing injury or laceration to the ureter.

References