

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.

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Re: Huang et al: The Application of Suctioning Flexible Ureteroscopy With Intelligent Pressure-control in Treating Upper Urinary Tract Calculi on Patients With a Solitary Kidney (Urology 2018;111:44-47)



TO THE EDITOR:

The position of the end of the ureteral sheath during surgery should be determined based on the location of the stone and the range of flexible motion of the ureteroscope at the time of lithotripsy. In lithotripsy for ureteral calculus, the sheath should be as close as possible to be beneath the ureteral calculus; in lithotripsy for kidney stones, the front end of the sheath should be as close as possible to the outlet of the renal pelvis but should not limit the moving activity of the bendable part of the flexible ureteroscope. Our previous animal experiments have demonstrated that the intracavity pressure is set to a low negative pressure value. The flexible ureteroscope enters the ureter and renal collecting system under continuous perfusion. The mucosa is not completely collapsed, and it does not restrict the flow of liquid and the transmission of hydraulic pressure. The pressure measured by the sheath and the actual pressure of the renal pelvis have a certain fluctuation range, but the difference was not statistically significant.^{1,2}

The operative time refers to the time from the start of the laser lithotripsy to the end of stone removal. The number of occurrence of intraoperative platform alarms is related to the size of the scabbard gap, the accumulation of stone particles, and the oscillating distance between the scabbard and the sheath. Lithotripsy was performed alternately with stone suctioning. We intentionally perform front and back movement, and rotate the lens body to reduce the occurrence of gravel obstruction inside the sheath. The time that we spent in these kinds of movement was counted toward operative time. As for the average length of hospital stay, the majority of the stay was due to the long waiting time to complete preoperative

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.

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