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Smart communication (SC48–SC55) Stones–ureteroscopy (1)

Smart Communications	Title
SC48	Self-removal double J stent proposal after endourological procedures during Sars-Cov-2 emergency
SC49	Should we reconsider SWL for ureteral stones >10 mm?
SC50	Combined robot-assisted and endoscopic treatment of ureteral strictures: a single center experience
SC51	Comparison of two digital disposable flexible ureteroscopes: a prospective study
SC52	Stent-related symptoms are significantly reduced by pigtail suture stents compared to conventional double J stents. A prospective randomized trial
SC53	Preoperative ureteral stent insertion within 2 months from retrograde intra-renal surgery: a useful tool to prevent postoperative infection?
SC54	The use of ureteral access sheath does not reduce the rate of infectious complications after flexible ureteroscopy AND HO:YAG laser lithotripsy for renal stones
SC55	Validation of 3D printed models of the upper urinary tract for high fidelity simulation of retrograde intrarenal surgery (RIRS)

SC48 Self-removal double J stent proposal after endourological procedures during Sars-Cov-2 emergency

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Author of the Study: Ureteroscopy for removal of ureteral stones (URS), Retrograde Intrarenal Surgery (RIRS) and percutaneous nephrolithotomy (PCNL) often require the placement of a temporary Double J ureteral stent. The Double J stent is generally removed endoscopically without anesthesia a few days or weeks after the procedure. This procedure requires an access to the hospital and often an access to an operating room or endoscopy room. During the Sars-Cov2 emergency, hospital admissions for patients were sometimes difficult, and the availability of operating and endoscopic theaters, as well as urologists and nurses, were reduced. Outbreaks of covid-19 infections caused by patients who came to the clinic have also been described. In order to reduce hospital accesses and possibility of contagion inside hospital, during Sars-Cov2 emergency, we proposed a new management of Double J stent removal. Thus, the aim of this study is to evaluate its feasibility and safety.

Materials and Methods: Data of patients underwent URS, RIRS and PCNL with subsequent Double J stent positioning in our center were collected. For our purposes we used a Boston Scientific Percuflex Plus Double J stents with a string in the distal portion of the stent. The string was then attached to the skin of the penis in males and of pubis in females. We proposed to all these patients self-removal of Double J stent at home one week after surgery. Patients were instructed on self removal of the stent at discharge using a “home-made” plastic model.

We prospectively evaluated the efficacy of the stent self-removal and the possible complications through a phone interview after the day expected for the removal.

Results: Thirty two patients underwent URS, RIRS and PCNL with subsequent stent with string positioning from the 21 of January 2021 to the 6 of April 2021 at U.O.C. Urologia Ospedale Camposampiero. They were 14 males and 18 females aged between 24 and 89 years-old (mean age 54,8 years-old). Four patient did not accept the self-removal of the double J ureteral stent because of fear of potential little pain during the maneuver. The other twenty eight patients, that accepted the stent self-removal, referred to have successfully removed the Double J stent by themselves. One patient removed the stent two days before the scheduled day due to accidental string pull. No complications were reported during and after the maneuver.

Conclusions: In our experience, the self-removal maneuver of the ureteral stent is safe and well tolerated by the patients. In our opinion the self-removal of Double J stent with string represents an interesting alternative to endoscopic removal without anesthesia, in particular to avoid unnecessary hospital accesses, like during Sars-Cov-2 emergency.

SC49 Should we reconsider SWL for ureteral stones >10 mm?

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Author of the Study: Despite shock wave lithotripsy (SWL) has well-known advantages (e.g. low complication rates, good outcomes, no need for anesthesia or hospitalization), its popularity has decreased