

Ureteroscopy: Procedure to remove kidney stones.

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Ureteroscopy

Urolithiasis is a growing urological, nephrological, and primary care issue. With a lifetime incidence of stone disease reaching 10% and rising morbidity, the function of ureteroscopy and stone removal is becoming increasingly essential. We examine the present state of stone disease and the growing significance that ureteroscopy plays in its therapy. We highlight technical developments in stone management and provide an overview of when, how, and why ureteroscopy is the most frequent stone management treatment choice. We discuss the function of robotic ureteroscopy and its potential in the next ten years.

With an ageing population, growing obesity, poor eating habits, and a lack of appropriate fluid intake, the prevalence of renal and ureteric calculi is on the rise. This has a direct impact on patient morbidity and creates an increasing strain on healthcare resources. Urinary stones are not a new idea; in fact, "cutting for the stone" was one of the traditional three procedures recorded more than 2000 years ago. It's amusing because endourological surgeons seldom "cut for the stone," preferring to "fish out" the stone through Ureteroscopy (URS). Without a question, technical developments in the previous 30 years have transformed our present approach to treating urinary tract stone illness. We want to emphasise the relevance of stone disease and walk you through the significant technical advances, examine current concepts in stone treatment, explain what is new in ureteroscopy, and explore the future of ureteroscopy in the management of stone disease.

Urolithiasis is a significant clinical and financial burden on modern healthcare systems. According to international epidemiological statistics, the incidence of stone disease is growing, with a rise in lifetime prevalence ranging from 7% to 12%. The average age of patients with upper tract stones has remained steady at 49 years, despite a 19% increase in the number of youngsters diagnosed. The rising incidence of stone

illness has a direct impact on healthcare resources, with the number of URS conducted for stone disease growing by 127% between 2000 and 2010.

The increasing incidence of stone illness is complex, but poor dietary habits and fluid consumption, rising levels of obesity, and the "metabolic syndrome" may all contribute to an increase in stone-related clinical episodes. This highlights the necessity of education and lifestyle changes in seeking to avoid stone development in at-risk populations, as well as the important role of secondary prevention for individuals who have previously suffered from stones.

With the frequency of stone illness on the rise, careful planning is required to satisfy future demand. Primary and secondary stone prevention must be prioritised, using simple yet effective patient education and lifestyle measures.

In terms of URS, the future holds a lot of promise. Larger stones, more complicated patients, paediatric patients, pregnancy, bleeding diathesis, and the obese are all more appropriate for minimally invasive URS than ever before. Future technological advancements will push the frontiers of what is possible even farther. Robotics is making an appearance on the scene and might be the next big thing in URS. The next ten years are expected to be exciting in URS, since they will further change our present therapeutic options for the management of stone

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