Ureteroscopia flexibila

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Renal lithiasis continues to represent a true public health issue of the 21st century, marked by an increasing prevalence and a negative impact upon the quality of life of patients, particularly due to the high recurrence rate and frequently associated complications. Over the past decade, the endourologic treatment achieved a remarkable development, through substantial technologic progresses and a tendency towards equipment miniaturization, with a favorable influence regarding the level of indication established by contemporary guidelines.

Further along this perspective, flexible ureteroscopy benefitted over the recent years from extensive support and acknowledgement provided by the clinical research published in prestigious international journals and also in light of a growing level of interest from the urological community during numerous scientific events. Significant achievements in the field have been represented by digital technology, single-use flexible ureteroscopes, Thulium laser lithotripsy, aspiration and bendable tip access sheaths as well as robotic assistance.

Based on emerging clinical trials comprising large series of cases and a thorough statistical analysis, the European Association of Urology Guideline consecrated the essential place of retrograde intra-renal surgery within the modern therapeutic armamentarium specific for reno-ureteral lithiasis. On the other hand, the main conclusion of the most relevant published meta-analyses as well as prestigious international forums supports a holistic surgical approach oh the urolithiasis patient, with a particular attention for case particularities and consequent adaptation of the applied technique.

Before prematurely embracing the mirage of technological advancements and their spectacular benefits, the 21st century urologist is compelled to integrate the lithiasis pathology in general and flexible ureteroscopy in particular within the context of each treated case, responsibly balancing the clinical advantages of fast postoperative recovery together with the reality of staged procedures frequently necessary while aiming to reach the stone-free status.

Most certainly, the future clinical research will comprehensively outline the long-term comparison between the competitive therapeutic alternatives "through the looking glass" of an evidence-based analysis evaluating therapeutic efficacy, safety profile, postoperative residual lithiasis, accessory procedures and overall influence over quality of life, while concomitantly acknowledging the acceptance degree among practitioners as well as the worldwide availability of the technology in question.

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