

# BÖLÜM 6



## ÜRİNER SİSTEM TAŞ HASTALIĞI CERRAHİ TEDAVİSİNDE MİNİMAL İNVAZİV YAKLAŞIMLAR I: ÜRETERORENOSKOPİ VE RETROGRAD İNTRARENAL CERRAHİ

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### GİRİŞ

Rijit üreteroskoplar, üreterin tamamı için kullanılabilir ve güncel çap standardı <8 French'tir (Fr) (Şekil 2) ancak dijital skopi erişimini kolaylaştıran teknik gelişmeler sonucunda üreterde fleksible üreteroskop kullanımı yaygınlaşmıştır (Şekil 1) (1,2). Üreter taşlarının perkütan antegrad yöntemle çıkartılması, dilate renal toplayıcı sistemde büyük (>15 mm) ve impakte proksimal üreteral kalkül varlığı veya üreterin retrograd manipülasyona uygun olmadığı durumlar gibi belirli vakalarda tercih edilmektedir (3-9).

### RENAL TAŞLARDA ÜRETERORENOSKOPİ (RIRS)

Endoskop boyutlarında azalma, iyileştirilmiş hareket mekanizmaları, optik kalitenin artışı ve tek kullanımlık araçların sunulması gibi teknik gelişmeler hem renal hem üreteral taşlarda üreteroskopi (URS) kullanımını yaygınlaştırmıştır. Retrograd intrarenal cerrahi (RIRS) ile ilgili oldukça önemli teknolojik gelişmeler sağlanmıştır. 2 cm'den büyük renal taşları konu edinen yeni bir sistematik derlemede kümülatif taşsızlık oranı %91 ve işlem/hasta oranı 1,45 olarak belirtilirken komplikasyonların %4,5'i Clavien 3 ve üzeri olarak bulunmuştur (2,10,11). Dijital skopiler ile görüntüleme kalitesindeki gelişmeler nedeniyle

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Öneri	Öneri Düzeyi
Fleksible üreteroskopi (RIRS) için holmium: yttrium-alüminyum-garnet (Ho: YAG) lazer litotripsi kullanılmalıdır.	Güçlü
Taş ekstraksiyonu yalnızca taşın direkt endoskopik görüntülemesinin yapıldığı durumlarda uygulanmalıdır.	Güçlü
Komplike olmayan vakalarda stent uygulaması yapılmamalıdır.	Güçlü
Stent-ilişkili semptomları olan hastalara ve Ho:YAG lazer litotripsi uygulaması sonrasında fragman pasajını artırmak için medikal ekspulsif terapi uygulanmalıdır.	Güçlü
Şok dalga litotripsinin (SWL) endike olmadığı veya başarısızlıkla sonuçlandığı ve üst üriner trakta retrograd URS ile ulaşılmadığı durumlarda üreteral taşların çıkartılmasında perkütan antegrad yöntem alternatif olarak kullanılmalıdır.	Güçlü
Perkütan nefrolitotomi veya SWL'nin uygulanmadığı durumlarda (> 2cm taşlar dâhil) fleksible URS kullanılmalıdır ancak bu durumda sekonder bir işleme ve üreteral stent uygulamasına ihtiyaç gelişmesi riski daha yüksektir.	Güçlü

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