10. BÖLÜM
SEMİ-RİGİD ÜRETERORENOSKOPİ

Sezgin OKÇELİK[1]

Üreteroskopi, üreter ve üst üriner sistemin endoskopik olarak görüntülenmesi olarak tanımlanır. Üreteroskopi 1912 yılında Young' un posterior üretral valv (PUV) tedavisi esnasında bir sistoskop ile üreteri görüntülemesi ile başlamıştır(1). Goodman ve Lyon 1970' li yıllarda üreteroskopiyi rutin kullanıma sunmuşlardır(2, 3). Zamanla daha ince üreteroskopların ve daha yüksek çözünürlüklü görüntüleme sistemlerinin geliştirilmesi ve özellikle Ho:YAG lazerin kullanıma girmesi taş tedavisinde önemli bir aşama olmuştur(4). Üreterorenoskopi (URS) üreter darlıkları, üreter patolojileri, üreter ve üst üriner sistem tümörleri tanı ve tedavilerinde kullanılabildiği gibi en yaygın olarak üreter taşı tedavilerinde kullanılmaktadır(5, 6).

Semi-rigit üreteroskopların gövde kısmı az miktarda eğilmesi nedeniyle manevra yapmaya izin vermektedir. Distal kısımları daha ince(6-7.5 Fr) olup proksimale gittikçe kalınlaşmaktadır(8-9.5 Fr). Gövde içerisinde irrigasyon sıvısının iletilmesi, lazer, pnomotik litotriptör, grasper ve basket gibi cihazların taşa ulaştırılabilmesi için bir çalışma kanalı mevcuttur(Resim – 1). Ayrıca ışık ve görüntü iletimini sağlamak için de fiberoptik demetler bulunur. Fleksibl üreteroskoplarla karşılaştırıldığında semi-rigit üreteroskoplar daha iyi bir görüş ve daha yüksek akımlı bir irrigasyon sağlarlar. Semi-rigit üreteroskoplar daha çok iliak çapraz altındaki taşlarda kullanılmakla beraber üreteroskopların incelmesi ve lazer teknolojisi ile proksimal üreter taşlarının tedavisinde de kullanılmaya başlanılmıştır(4).

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