

Surgical Management of Stones: American Urological Association/Endourological Society Guideline, PART II



Dean Assimos, Amy Krambeck, Nicole L. Miller, Manoj Monga, M. Hassan Murad, Caleb P. Nelson, Kenneth T. Pace, Vernon M. Pais, Jr., Margaret S. Pearle, Glenn M. Preminger, Hassan Razvi, Ojas Shah and Brian R. Matlaga

From the American Urological Association Education and Research, Inc., Linthicum, Maryland

Purpose: This Guideline is intended to provide a clinical framework for the surgical management of patients with kidney and/or ureteral stones. The summary presented herein represents Part II of the two-part series dedicated to Surgical Management of Stones: American Urological Association/Endourological Society Guideline. Please refer to Part I for introductory information and a discussion of pre-operative imaging and special cases.

Materials and Methods: A systematic review of the literature (search dates 1/1/1985 to 5/31/2015) was conducted to identify peer-reviewed studies relevant to the surgical management of stones. The review yielded an evidence base of 1,911 articles after application of inclusion/exclusion criteria. These publications were used to create the Guideline statements. Evidence-based statements of Strong, Moderate, or Conditional Recommendation were developed based on benefits and risks/burdens to patients. Additional directives are provided as Clinical Principles and Expert Opinions when insufficient evidence existed.

Results: The Panel identified 12 adult Index Patients to represent the most common cases seen in clinical practice. Three additional Index Patients were also created to describe the more commonly encountered special cases, including pediatric and pregnant patients. With these patients in mind, Guideline statements were developed to aid the clinician in identifying optimal management.

Conclusions: Proper treatment selection, which is directed by patient- and stone-specific factors, remains the greatest predictor of successful treatment outcomes. This Guideline is intended for use in conjunction with the individual patient's treatment goals. In all cases, patient preferences and personal goals should be considered when choosing a management strategy.

Abbreviations and Acronyms

EHL = electrohydraulic lithotripsy
MET = medical expulsive therapy
PCNL = percutaneous nephrolithotomy
SWL = shock-wave lithotripsy
URS = ureteroscopy

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The complete guideline is available at <http://www.auanet.org/common/pdf/education/clinical-guidance/Surgical-Management-of-Stones.pdf>.

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Key Words: nephrolithiasis; ureteroscopy; nephrostomy, percutaneous

GUIDELINE STATEMENTS

Treatment of Adult Patients with Ureteral Stones. 7. Patients with uncomplicated ureteral stones ≤ 10 mm should be offered observation, and those with distal stones of similar size should be offered MET with α -blockers.

(Index Patient 3) (Strong Recommendation; Evidence Strength: Grade B)

Natural history studies have shown that the likelihood of spontaneous stone passage correlates with stone size and location.¹ Several pharmacologic agents for medical expulsive therapy, including α_1 receptor

antagonists and calcium-channel blockers, have recently been tested for their ability to change the natural history of ureteral calculi by increasing spontaneous passage rates. The Panel's meta-analysis showed superior stone free rates in patients with <10 mm distal ureteral stones treated with α -blockers (77.3%) compared to placebo or no treatment (54.4%) (OR 3.79, 95% CI 2.84-5.06) (fig. 1). This effect was largely accounted for by trials

in which tamsulosin 0.4 mg was administered daily in patients with <10 mm distal ureteral calculi.²

8. Clinicians should offer reimaging to patients prior to surgery if passage of the stone is suspected or if stone movement will change management. Reimaging should focus on the region of interest and limit radiation exposure to uninvolved regions. (Clinical principle)

Forest plot: Odds ratio of stone free rate for distal ureteral stones <10 mm in patients receiving any a-Blocker vs. Control

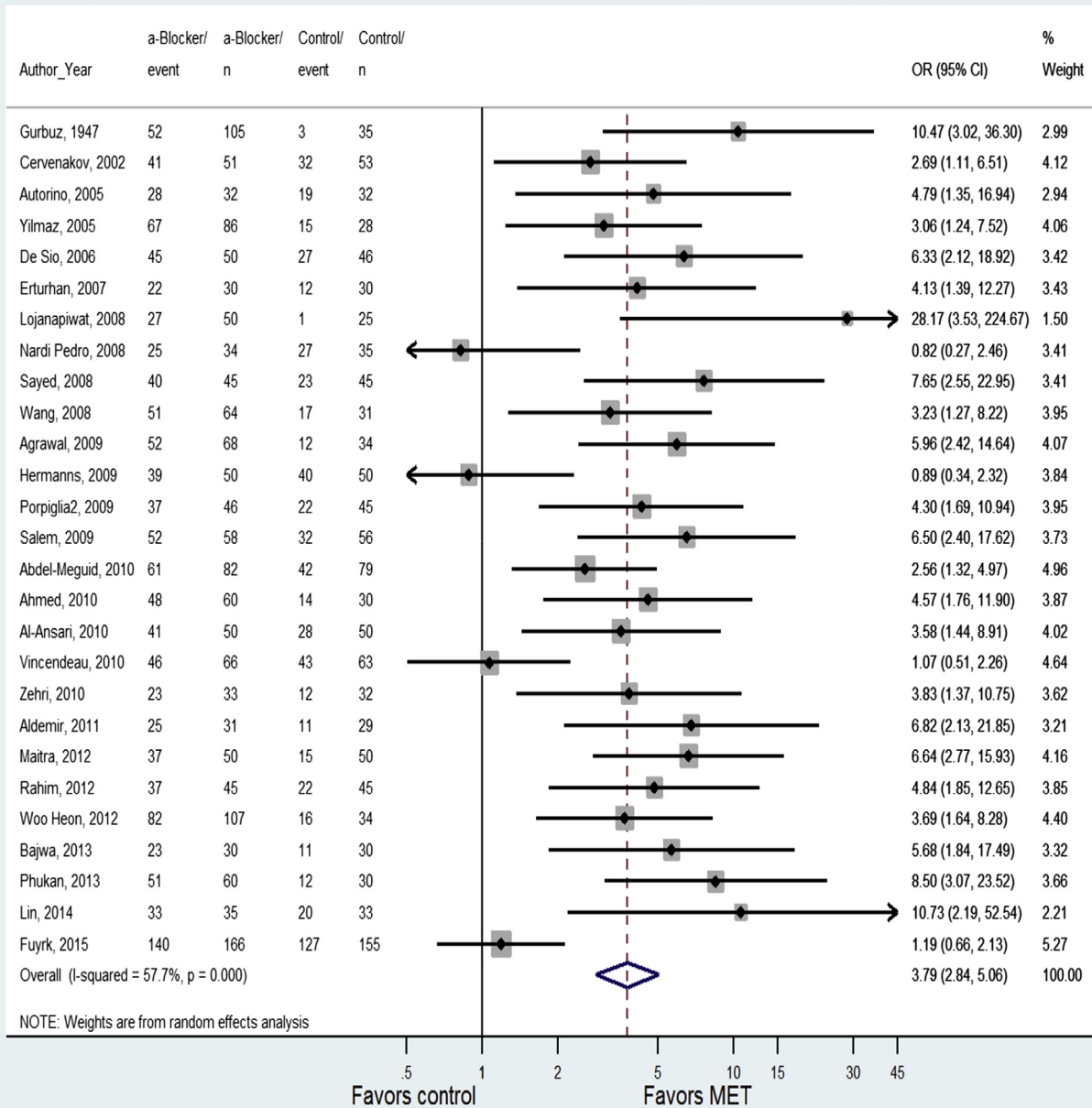


Figure 1.

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