Endourology Update

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Therapeutic Use of Flexible Cystoscope

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The flexible cystoscope offers the advantages of better tolerance by patients and no requirement that patients be in a lithotomy position. We performed more than 680 flexible cystoscopic procedures between March 1986 and Octorber 1990. All were performed under topical anesthesia, or without anesthesia, on an out patient basis. During this series, therapeutic or manipulative procedures were performed successfully 123 times on the 99 cases in **Table 1** using the flexible cystoscope.

Despite the limitation posed by small caliber of the instrumentation/irrigation port, adequate specimens for pathological study were collected by cold cup biopsies. For gaining access to the ureter a longer type of ureteral catheter was used, because the flexible endoscope is longer than the rigid one and a ureteral catheter prepared for the rigid endoscope cannot pass up as far as the renal pelvis. The right ureteral orifice is observed directly by downward flexion of the endoscope and the left ureteral orifice may be observed by inverting the endoscope.

A Nd: YAG laser was used for the treatment of bladder tumors and urethral strictures. Eight patients with bladder tumors and 3 patients with urethral strictures (Fig. 1) were successfully treated with the Nd:YAG laser on an out patient basis. These procedures required only the topical use of anesthetic agents.

Removal of ureteral stents was easily performed using a newly-developed forceps. One

Table 1 Results of endoscopic manipulation.

Procedures	Sessions	Cases
Cold cup biopsy	50 (2)	* 31 (2)*
Ureteral access	28 (2)	
Nd: YAG Laser therapy of bladder tumors	8	6
Nd: YAG Laser Tx of urethral strictures	3	3
Removal of ureteral stents	7 (1)	* 7 (1)*
Removal of stones	6	5
Insertion of urethral catheters	14	12
Others	7	7
Total	123	99

^{*} Number of unsatisfactory results

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Fig. 1 Taken during laser therapy of the urethral stricture. The patient's difficulty in urination and result of the uroflowmetry were markedly improved after treatment.

unsuccesful result was obtained before the development of the forceps for removal of stents. A urethral Foley catheter was placed through a guide-wire inserted with a flexible endoscope in 12 cases of urethral trauma or stricture.

These results suggests that flexible cystoscopy has many advantages not only in diagnostic procedures but also for therapeutic purposes, and that it lessons the discomfort experienced by patients.

References

1) Ishikawa, S., Tsuruta, A., Sato, K., Nishijima, Y., Tsutsumi, M., Nemoto, R., and Koiso, K.: Diagnostic value of flexible cystoscopy. Jap. J. Endo. ESWL, 3:70-74, 1990.