

Semi-Rigid Ureteroscopy for Proximal Ureteral Stones: Does Adjunctive Tamsulosin Therapy Increase the Chance of Success?

Abstract

Objectives: To assess the efficacy of adjunctive tamsulosin therapy in improving the success rate of laser-assisted semirigid ureteroscopy (URS) for removing proximal ureteral stones. *Patients and Methods:* This prospective study included 165 patients with proximal ureteral stones ≥ 10 mm.

The patients were randomly assigned to a tamsulosin group (Group I, $n = 81$) receiving tamsulosin 0.4 mg daily for 1 week pre-URS and a control group (Group II, $n = 84$) without tamsulosin therapy. Treatment consisted of URS using a semi-rigid ureteroscope (7.5 Fr), followed by intracorporeal holmium: YAG laser lithotripsy.

The patients were followed up regularly for 8 weeks after URS. *Results:* The operative time was 43.4 and 49.6 min in Groups I and II, respectively ($p < 0.001$). Scope to stone access rate was 93.8 and 82.1% in patients of Groups I and II, respectively ($p = 0.022$). The stone-free rate was significantly higher in Group I compared to Group II (74/81; 91.4% vs. 67/84; 79.8%; $p = 0.035$). The complication rate was significantly lower in Group I compared to Group II (17.3 vs. 38.1%, $p = 0.003$). Only minor complications were encountered and were managed conservatively.

Conclusions: Tamsulosin therapy prior to semirigid URS improved ureteroscopic access to proximal ureteral stones, thus leading to an increased success rate and low morbidity.

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