

UROLOGICAL ENDOSCOPY

1. PURPOSE

Urological endoscopy is a procedure that allows direct visual access to the urinary tract, or renal calico-pyelic cavities, ureter, bladder and urethra, making it possible to detect pathologies. For this purpose, a variety of systems using rigid and flexible fibre optics is employed.

2.1 Procedure

Endoscopic procedures targeting the upper urinary tract (renoscopy and ureteroscopy) are performed under general or loco-regional anaesthetic.

Endoscopic procedures targeting the lower urinary tract can be carried out without anaesthesia, or with mild sedation. All endoscopic procedures may be performed for diagnostic purposes, or with a view to carrying out therapeutic actions, such as the fragmentation and extraction of stones, the resection of tumours, biopsies, the incision and dilation of stenotic tracts, the placement of catheters.

Following each endoscopic procedure, it may be appropriate to leave a bladder catheter for a few days as a precaution against haematuria.

2.2 Preparation

For endoscopic examinations not requiring anaesthesia, no specific preparation is necessary. In the case of examinations conducted under anaesthesia, general rules about fasting and bowel preparation apply. In all cases, we recommend antibacterial prophylaxis.

2.3 Information

Diagnosis of haematuria; treatment of stones in the upper and lower urinary tracts, visualisation and removal of tumours of the urinary tract, treatment of ureteral and urethral stenosis, insertion of catheters for external or internal drainage of urine, mucosal biopsies on the urinary tract lining as follow-up for urothelial tumours and differential diagnosis where infectious or chronic inflammatory forms may be present.

2.4 Complications

Using rigid instruments, energy sources for lithotripsy, biopsy procedures and the resection of neoplasms may occasionally involve the risk of perforation of the organ. In such cases, ensuring

the drainage of the organ is generally sufficient, and only rarely is it necessary to convert the endoscopic procedure into a surgical procedure.

Haematuria, which constitutes a normal consequence of endoscopic procedures, can sometimes be substantial and persistent and may lead to anaemisation, the resorption of the resection fluid used during the endoscopic procedures, and, especially during prostate resections, it may trigger the onset of "resorption syndrome ", which is treated with an infusion of saline solutions and diuretics until the balance of hydro-electrolytic and osmolar haematic homeostasis has been restored.