EDITORIAL COMMENT

Flexible ureteroscopy is an important element of current urologic training and is within the skill set of the contemporary urologist. Furthermore, once the bladder is entered, obesity does not limit surgical exposure to renal stones ureteroscopically to the extent it may in open, laparoscopic, or percutaneous surgery. Recognizing this, the authors employed and reported a widely applicable approach to the management of a difficult -- yet increasingly common -- clinical scenario: large burden stone disease in the morbidly obese patient. Staged ureteroscopic lithotripsy is a readily available option for addressing stones in the obese.

Enthusiasm for their technique, however, must be tempered by an honest appraisal of their results. The practical concerns of limiting radiation exposure and realities of clinical practice may prevent routine computerized tomography to assess stone free status. Nevertheless, reliance on KUB to assess for residual stone burden in this obese population introduces an important risk of overestimation of stone clearance for 3 of their 9 patients.

Most importantly, even in the setting of planned staged procedures, the authors were only able to achieve a stone free state in 1/3 of their subjects, a sobering statistic that is difficult to accept as successful. Such findings should prompt a more rigorous, prospective evaluation of this technique. In the meantime, these results should remind us to carefully counsel this select group of patients of the limited ability to clear their stone burdens utilizing even multi-staged ureteroscopy.

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