Can readmissions be reduced after retrograde intrarenal surgery for renal stone?

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We read the article ‘Analysis of factors affecting readmission after retrograde intrarenal surgery for renal stone’ by Kim et al. [1] with great interest. In this study, the post RIRS readmission was observed as 3.5%, which was quite low. This may be due to the high rate of preoperative ureteral stenting and low ASA score. The most of readmission patients had ureteral stent insertion during readmission. Postoperative ureteral stent was applied at a very high rate of 98.5%. Routine ureteral stent placement increases postoperative morbidity for patients. This likely are related to both mechanical irritations from the stent and increased urinary tract pressures transmitted through reflux [2]. Routine stent placement is not necessary in uncomplicated endoscopic procedures. In iatrogenic ureteral injuries, stenosis cases and large residual stone load, and ureteral stent placement should be considered [3]. In a study, morbidity after RIRS was higher in patients who underwent postoperative ureteral stenting [4].

We find the study valuable and we believe that the readmission rate can be reduced by placing a ureteral stent postoperatively in selected cases.

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