

Balancing the utility of new technology against cost in urinary stone disease

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Several advances in endourologic technology have allowed for a greater scope of care to be provided to urologic patients via a minimally invasive approach. The greatest of these is likely the current generation of flexible ureteroscopes which allow for a level of maneuverability, with or without active secondary deflection, that rarely prevent lower pole renal access via a retrograde approach. Other technical advances such as the development of ureteral access sheaths, hydrophilic working wires, laser fibers, and various basket and biopsy devices have also helped to advance our endourologic capabilities in treating complex upper tract calculus or oncologic disease. Most of these tools have been widely adopted, but advanced imaging capabilities such as narrow-band imaging (NBI) and photodynamic diagnosis (PDD) have yet to gain wide acceptance and utilization (1). One of the primary barriers to adoption of any of these technologies, including the flexible ureteroscope, is the cost associated with both

acquisition and maintenance of these devices. The greatest benefit of these advanced technologies will come when their high cost declines allowing for more global access to these tools.

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Footnote

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