

Stent placement under local: too painful to be practical?

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Carrouget and colleagues report a prospective observational trial comparing local to general anesthesia for female patients undergoing ureteral stent placement.¹ The local anesthetic group were given intravenous paracetamol and alprazolam in addition to urethral lidocaine jelly and intravesical lidocaine mixed with sodium bicarbonate. All patients underwent the procedure in an operating room environment using rigid cystoscopes. The results showed that a large percentage of patients found the procedure painful under local anesthesia and half would not choose to undergo the procedure again.

There may be a select group of patients who would benefit from local as opposed to general anesthesia, including those at high risk due to medical comorbidities or pregnancy. I would like to see the study repeated using flexible cystoscopy to cannulate the ureter (in males and females) and ultrasound to check the position of the proximal curl of the stent. This might reduce the pain associated with rigid cystoscopy; however, it is possible that stent placement, which by its nature is carried out for ureteral pathology, carries a risk of being extremely

painful in a significant proportion of patients. The use of ultrasound and a flexible cystoscope would allow for stent placement to be carried out in an office setting or at the bedside of a hospitalized patient, making the local anesthetic version of the procedure potentially much less expensive.

This study, while limited by its non-randomized design, was conducted well using measurable outcomes. The take-home message is clear: stent placement under local anesthesia is possible but unacceptably painful in a high percentage of patients. The authors have answered the question asked at the outset without needing a large multicenter randomized trial. □

References

1. Carrouget J, Ammi M, Lasocki S et al. Double-J ureteral stent under local anesthesia for women. *Can J Urol* 2014;21(1):7120-7124.

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