



LETTER TO THE EDITOR

What to do if cystoscopic graspers are not available? Polypropylene loop as an alternative for double J stent extraction, the 'cowboy way'

Double J stent extraction is a very common procedure in urologic services. The best known technique for extraction during a cystoscopy requires the use of a pair of cystoscopic graspers [1], to grab the stent and drag it out of the ureter

into the bladder and out through the urethra. This is a simple procedure that has very few complications. The problem arises when graspers are not available, either because they are broken, lost, unsterilized or have broken during the procedure.

To illustrate one of the above-mentioned scenarios, we present the case of an 8-month-old boy who needed a double J stent extraction after a laparoscopic pyeloplasty for ureteropelvic obstruction. During the procedure, the

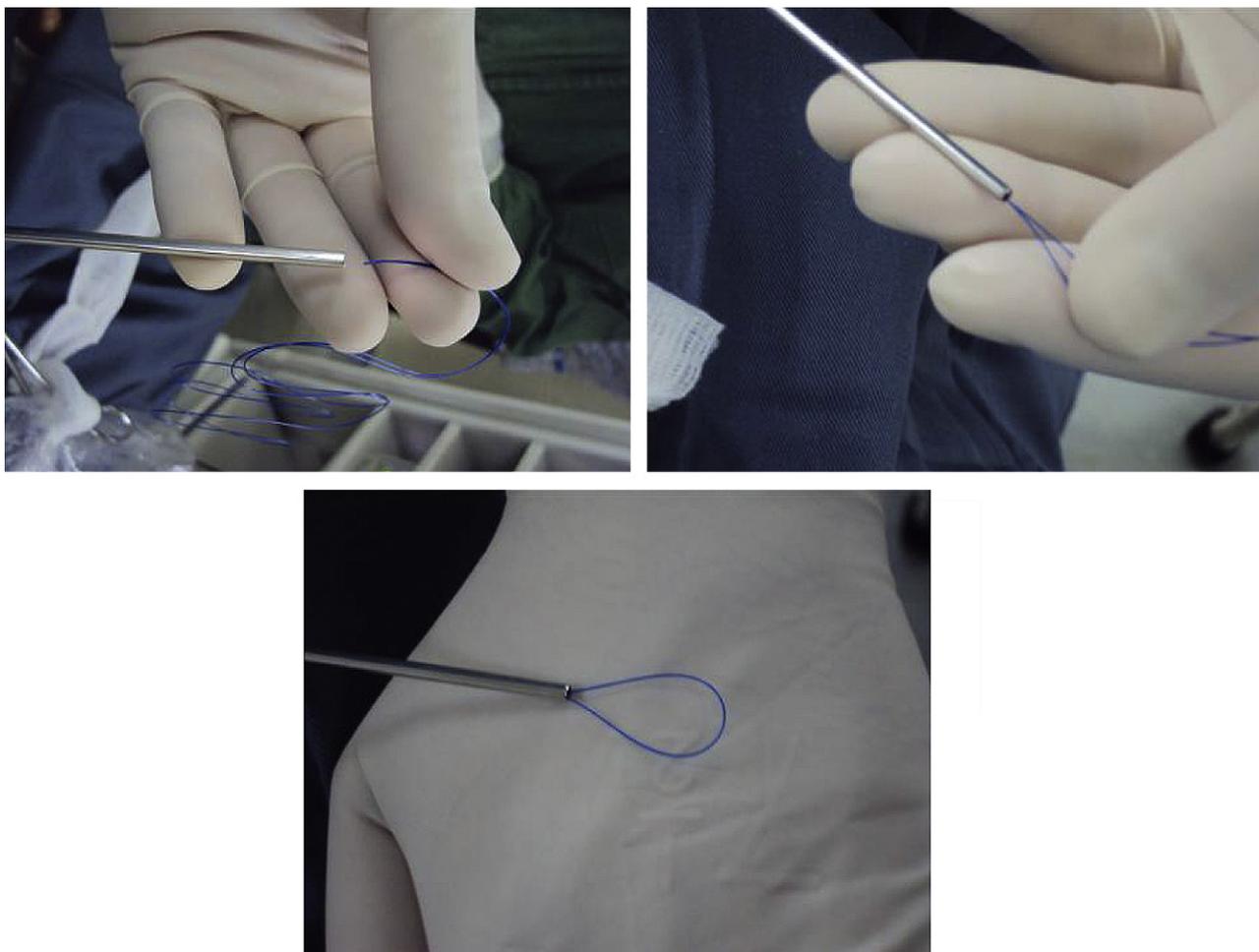


Figure 1 Placing the polypropylene in the cystoscope and forming the loop.

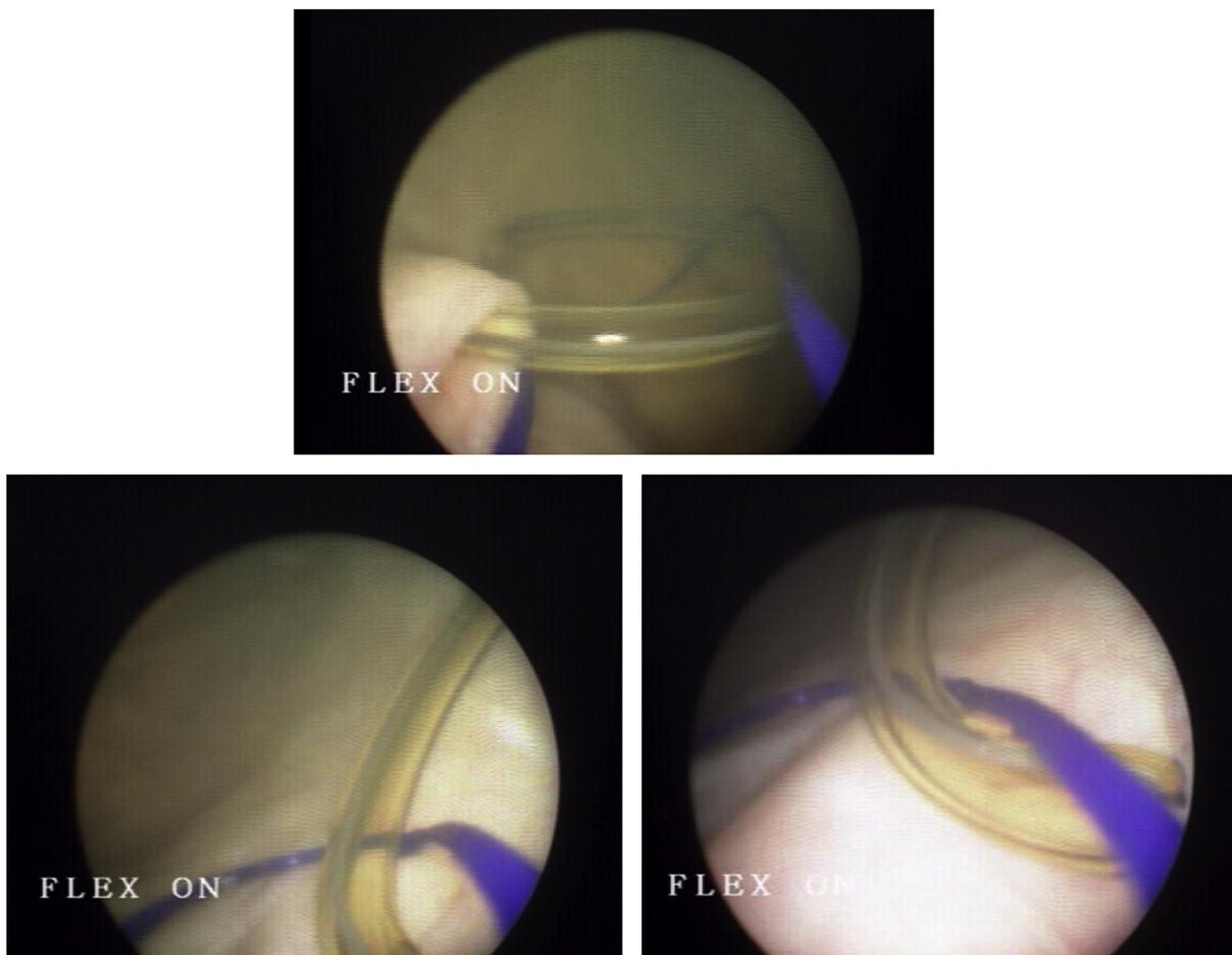


Figure 2 Gentle movements of the thread and the cystoscope until the ureteric stent is secured.

graspers broke and we did not have a replacement. What could we do in this case, with an anaesthetized child and no other instrument?

There are little or no data in the literature concerning this issue, and practically all are about the problem of a high-retained ureteric stent [2], which is not what we

encountered in this case. As a teaching hospital we have experienced the problem of graspers breaking in the middle of the procedure, and this is how we have learned to solve it.

The successful technique involves use of a 2-0 polypropylene suture to extract the double J stent. It is quite



Figure 3 Double J ureteric stent grabbed by the polypropylene loop coming out of the urethra.

simple to do: before the procedure, the polypropylene is placed in the cystoscope (Fig. 1). The ureteric stent distal tip is located by cystoscopy and its curved portion is viewed in the center of the image. The polypropylene thread is pushed through the cystoscope lumen forming a wide loop (Fig. 2). You then have to gently pass the loop around the curved portion of the double J stent (i.e. as a cowboy would put a lasso around an animal's neck in a rodeo). Once the loop goes around the stent, it is secured by tightening the straps firmly from the outside to finally pull the double J out of the ureter and the bladder (Fig. 3).

The advantage of this procedure, besides being a very safe technique, is that it does not require any sophisticated instruments. One of the potential disadvantages is difficulty in grabbing the double J stent, because you are only guided by the cystoscopic movements of the camera and by widening or shortening the polypropylene loop, but this is nothing that practice cannot improve.

Conflict of interest/funding

None declared.

References

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- [2] Dogra PN, Taneja R, Wadhwa SN. Difficult removal of a JJ ureteric stent. *Br J Urol* 1994;73:582–3.

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