

Treatment

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The cause of the stone should be sought and treated; this may include bladder outlet obstruction, incomplete bladder emptying in patients with neurogenic bladder dysfunction or the presence of a foreign body that should be excised simultaneously (Figure 83.29). The majority of stones can be managed endoscopically with a stone punch, ultrasound lithotripsy or holmium laser lithotripsy (Figure 83.30). In those in whom urethral access is not possible (e.g. reconstructed LUT), percutaneous cystolithotomy can be performed using a similar technique to percutaneous nephrolithotomy . The open approach (open cystolithotomy) is reserved for those with very large bladder stones that cannot be treated with endoscopic means.

Figure 83.29 Stone on a vaginal sling that had eroded into the bladder. Figure 83.30 An endoscopic ultrasound probe, which is used to fragment bladder or kidney stones.

Treatment

Acute UTI should be treated with an appropriate antimicrobial agent based on local antibiograms and resistance patterns. Following treatment of an acute UTI, non-antimicrobial measures to prevent future UTI should be considered (e.g. increasing fluid intake , probiotics, methenamine hippurate, - d-mannose, vaginal oestrogen therapy for postmenopausal women). Episodes of rUTI can be treated with antimicrobial prophylaxis, postcoital antimicrobial use for those with sex-linked infections or intermittent self-start antimicrobial therapy .

Figure 83.31 Retrograde cystography showing a small 'thimble' bladder due to tuberculosis.

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