



Correction to Successful treatment of staghorn stones with flexible ureteroscopy and thulium fiber laser (TFL) lithotripsy: initial experience with 32 cases

Tawiz Gul^{1,2} · Mahmoud laymon³ · Maged Alrayashi¹ · Mohamed Abdelkareem¹ · Morshed Salah^{1,2}

© The Author(s) 2024

Urolithiasis (2024) 52:102

<https://doi.org/10.1007/s00240-024-01598-9>

In the original version of this article, the abstract was missing and should have read.

Abstract

Purpose To investigate the efficacy and safety of flexible ureteroscopy with thulium fiber laser lithotripsy for management of renal staghorn stones.

Materials and methods Thirty-two patients with staghorn stones were recruited. Stone characteristics including: width, length, volume and density were analyzed. Ablation speed, laser efficacy and laser activity were recorded. The primary outcome was to assess stone free rate after the procedure using spiral CT scan.

Results The median stone volume was 7339 (3183–53838) mm³. Median operative and lasing time were 135 (70–200) and 117 (50–180) minutes, respectively. The mean total energy delivered was 63.9±30 KJ with a median ablation speed of 1.3 (0.5–4.9) mm³/sec. Mean laser efficacy was 7.5 ±3.6 Joules/mm³. A total of 12 complications occurred in 8 patients (25%). The median hospital stay was 7 (3.5–48) hours and 30 patients (93.7%) were discharged on the same day of surgery. After the first session, seventeen patients (53%) were stone free with no residual fragments while six (19%) patients had residuals ≤ 2 mm. Nine patients (28%) had residuals > 2 mm with median residual size of 4 (3–9) mm. A second intervention was required in 4 cases. The overall stone free rate after completion of treatment was 65.6%.

Conclusion Flexible ureteroscopy with thulium fiber laser lithotripsy is a safe and effective treatment option for staghorn stones with stone free rate comparable to standard PCNL with advantages of minimal morbidity, minimal blood loss and shorter hospital stay.

The online version of the original article can be found at <https://doi.org/10.1007/s00240-024-01598-9>

✉ Tawiz Gul
tgulistan@hamad.qa

✉ Mahmoud laymon
dr_mahmoudlaymon@mans.edu.eg

Maged Alrayashi
malrayashi@hamad.qa

Mohamed Abdelkareem
mabdelkareem@hamad.qa

Morshed Salah
msalah1@hamad.qa

¹ Urology Section, Surgery Department, Hazm Mebaireek general hospital, Hamad medical corporation, Doha, Qatar

² College of Medicine, Qatar University, Doha, Qatar

³ Urology and Nephrology center, Mansoura University, Mansoura, Egypt

The original article has been corrected.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless

indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.