






Upper urinary tract obstruction during the pandemic: what should be done?

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<http://dx.doi.org/10.1590/1806-9282.66.11.1466>

The new coronavirus (SARS-CoV-2) has quickly become a tragic medical emergency throughout the world. Despite national policies and the efforts of health authorities to contain the virus, the growing number of cases and deaths in our country has led to concerns regarding the collapse of the healthcare system, as it is necessary to prioritize an increasing number of infected individuals while maintaining the treatment of all non-delayable and oncological cases.¹

Urinary calculus is an urgent condition with a high potential for complications and deterioration of kidney function.² Therefore, the timely management of this condition is crucial. Treatment, which ranges from mildly invasive procedures with local anesthesia to major surgeries under general anesthesia, requiring muscle relaxants and anesthetic sprays, is well established and has precise indications. However, COVID-19 has altered the conduct for surgical patients, leading to the complete suspension of services in some cases since the onset of the pandemic. Based on limited experience, national and international institutions have begun to issue guidelines for the management

of such patients. To date, however, there are no safe, well-established guidelines for surgical practice during the pandemic.³

The consensus is that elective procedures for patients with kidney stones, few symptoms and no complications of the upper urinary tract can be postponed for up to six months without compromising kidney function.⁴ Partially obstructive stones should be evaluated individually with the calculation of the risk-benefit ratio of surgical intervention during the pandemic and discussing the options with the patient since complications are possible if treatment is delayed for three or four months.⁴

For patients already admitted to the emergency ward with refractory colic, acute kidney failure, or acute pyelonephritis, which are situations with a high potential for morbidity and mortality, an intervention within a short period of time is fundamental, regardless of the pandemic.⁵ In such cases, the clearance of the urinary system should be performed urgently, even considering the scarcity of anesthetics. The clinical severity of these cases merits additional attention,

DATE OF SUBMISSION: 24-Jul-2020

DATE OF ACCEPTANCE: 08-Aug-2020

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as the time spent hospitalized and perhaps in the intensive care unit can cause greater morbidity and mortality as well as an excessive financial cost. Screening for SARS-CoV-2 infection in patients admitted with obstructive urolithiasis should be performed in accordance with established local and regional guidelines.⁴

The Brazilian Society of Urology recognizes the complexity of the current scenario and the unfeasibility of strict rules with regards to undergoing or postponing a surgical procedure, which can frustrate expectations, affect the course of the disease, and generate insecurity in patients. Decisions should always

involve the medical opinion and the participation of the patient and/or family members.⁶

Acknowledgments

Funding sources – None

Disclosure

The authors of this manuscript have no conflicts of interest to disclose.

Author's Contribution

All authors have contributed equally to this work

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