# Initial Evaluation of Novel Flexible Ureteroscope with omni-directional bending using JOYSTICK unit (URF-Y0016); In Ex-vivo Research

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## Introduction





The treatment of lower pole stones using RIRS is technically difficult due to the restricted range accessible in the lower pole calyx when using a retrograde ureteral access with a flexible ureteroscope having twodirectional tip deflection.

## Objective

• To address this limitation, we developed a novel flexible ureteroscope that uses a joystick unit (URF-Y0016) to provide omnidirectional bending of the tip.

 Our aim in this study was to evaluate the usefulness of the URF-Y0016 flexible ureteroscope for the treatment of lower pole stones.

### Novel flexible ureteroscopy

Armamentarium of novel flexible ureteroscope with JOYSTICK unit (URF-Y0016)



### **Methods and Material**

#### To evaluate the URF-Y0016...

- We compared the accessible range of the URF-Y0016 to the URF-P6 (Olympus, Japan), which is commonly used in practice, using our <u>3D pyelocaliceal model</u> immersed in water as an *ex-vivo* model.
- Four surgeons, experts evaluated the accessible range of both scopes along the 8 directions, in the upper, middle, and lower calyx.
- For all measurement, the flexible ureteroscope being evaluated was inserted via the ureteral portion of the 3D pyelocaliceal model.
- Basket forceps (Flex-Catch NT 1.9Fr, Olympus) were inserted through the working channel of each scope and fixed to the tip of the scope.
- The index of reachability for each scope was determined by the furthest point contacted along all 8 directions.

#### Three-dimensional pyelocaliceal model



#### Inside of calyx dome in the model



### **Methods and Material**

#### To evaluate the URF-Y0016...

An analogue clock diagram was used to simply depict the full range of reach for each scope. The direction in these diagrams were classified as 1 through 8, with directions 1 and 5 along the anterior and posterior direction, respectively, in each calyx.



Image view during evaluation of reachability

B Outo

Outcome image after evaluation of reachability





### Results

#### <u>Reachable range in upper, middle, and lower calyx</u>



\*ANOVA; P<0.05

### Results

#### <u>Reachable angle between URF-Y0016 and URF-P6 in lower calyx according to 8 directions</u>

Direction No	Clock position	Mean accessible angle; URF-Y0016, degree (SD)	Mean accessible angle; URF-P6, degree (SD)	*P-value
1	12:00	48.7 (8.5)	13.7 (2.5)	0.027*
2	1:30	42.5 (6.5)	17.5 (5.0)	0.009**
3	3:00	55 (5.8)	32.5 (13.2)	0.584
4	4:30	55(12.2)	21.2 (7.5)	0.299
5	6:00	53.7 (7.5)	11.2 (2.5)	0.024*
6	7:30	66.2 (2.5)	11.2 (8.5)	0.007**
7	9:00	82.5 (5.0)	36.2 (17.0)	0.106
8	10:30	75 (4.1)	36.2 (21.4)	0.184

\*ANOVA with Bonferroni correction; P<0.05

\*\*ANOVA with Bonferroni correction; P<0.01

#### Conclusion

• We developed the URF-Y0016 as a novel flexible ureteroscope, providing omni-directional bending of the tip with an ergonomically-designed controller.

• The URF-Y0016 provides greater access to the lower pole calyx, particularly along the anterior-posterior direction.

• This increased reachability could improve treatment outcomes for calyceal stones in the lower pole in practice.