

LETTER TO THE EDITORS

Response to the article “The ideal timing of ureteric stent removal in transplantation patients”

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Dear Sirs/Madams,

With much pleasure, we accept the invitation to respond to the article by Mannu *et al.*, which comments on our recent systematic review on different ureterovesical anastomotic techniques and their effect on urological complications after kidney transplantation [1,2]. Mannu *et al.* discuss the stratification of our meta-analysis to correct for stenting bias, as ureteral stenting is a protective factor for urological complications [3,4]. In these subanalyses, we have created two groups, one completely without ureteral stenting and another group with any ureteral stenting, varying from all-stented to partly stented and also including studies that compared a stented technique versus a different nonstented technique.

Mannu *et al.* consider the stented group as oversimplification, due to the different stenting regimens and note this as a source for confounding. The authors note that the analyses in our systematic review did not show significant differences between the outcomes for both stented and unstented groups. However, it was not our aim to assess differences between stented and unstented groups, but to correct for bias due to an unequal amount of stenting between cohorts of the compared techniques. As we point out in our systematic review, we only regarded the nonstented group as relevant outcome, as the amount of stenting in this group is the same between the compared techniques: which is 0%. As stenting regimens vary greatly in the stented group, these results are indeed confounded and therefore not regarded as conclusive. We realize that this implies the exclusion of newer studies. However, we think that it is important to correct for stenting bias.

As Mannu *et al.* rightly comment, the differences in stenting regimens (both the amount of stenting between the compared techniques and the duration of stenting between the different studies) may introduce bias to these

data. Therefore, we based the conclusions of our systematic review on the unstented group. Confounding due to different stenting regimens is therefore irrelevant for the results of our systematic review.

As Mannu *et al.* state, there is no consensus on the ideal timing of ureteral stent removal. With great interest, we read the study performed by Mannu *et al.* on the duration of stenting.

In our center, the protocol is a 5-day external stent (8 French) for living donors and a 6-week JJ-splint (6 French) for cadaveric donors. Currently, we have no data on the amount of urinary tract infections for varying stent durations. As Mannu *et al.* suggest, further work is necessary to assess the ideal timing of ureteral stent removal.

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