INPLASY PROTOCOL

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Corresponding author:
Wei Wang

wwlxx0210@163.com

Author Affiliation:
Department of Urology, Institute of Urology

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Review Stage at time of this submission: **Formal screening of search results against eligibility criteria.**

Conflicts of interest:
None.

Regional versus General Anesthesia for Retrograde Intrarenal Surgery: A Systematic Review and Meta-Analysis

Wang,W[1]; Gao, XS[2]; Ma, Y[3]; Di, X[4]; Xiao, K[5]; Zhou, L[6]; Jin, X[7]; Li, H[8]; Wang K[9].

Review question / Objective: **To determine the effectiveness and safety of retrograde intrarenal surgery (RIRS) under regional anesthesia (RA) vs general anesthesia (GA).**
Condition being studied: **To determine the effectiveness and safety of retrograde intrarenal surgery (RIRS) under regional anesthesia (RA) vs general anesthesia (GA).**
Information sources: **PubMed, EMBASE, Web of Science, Cochrane Library, ClinicalTrial.gov and WHO International Clinical Trials Registry.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 April 2020 and was last updated on 23 April 2020 (registration number INPLASY202040159).

INTRODUCTION

Review question / Objective: **To determine the effectiveness and safety of retrograde intrarenal surgery (RIRS) under regional anesthesia (RA) vs general anesthesia (GA).**

Condition being studied: **To determine the effectiveness and safety of retrograde intrarenal surgery (RIRS) under regional anesthesia (RA) vs general anesthesia (GA).**

METHODS

Participant or population: **Patients who were diagnosed with non-obstructing upper urinary tract stones.**

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Intervention: Retrograde intrarenal surgery.

Comparator: Regional anesthesia (RA) vs general anesthesia (GA).

Study designs to be included: Case-control trials and randomized controlled trials.

Eligibility criteria: (1) studies of patients who were diagnosed with non-obstructing upper urinary tract stones; (2) evaluating the safety and effectiveness of RIRS under RA vs GA; (3) reporting on≥1 of the following variables: SFR, operation time, postoperative length of stay, postoperative 1st day visual analog scale (VAS) score and complications; (4) studies with 1–3 months of follow-up after the procedure;(5) access to the full-text.

Information sources: PubMed, EMBASE, Web of Science, Cochrane Library, ClinicalTrial.gov and WHO International Clinical Trials Registry.

Main outcome(s): Stone free rate(the definition of stone free rate was complete stone clearance or maximum residual fragment smaller than 4 mm); operative time; postoperative hospital stay; postoperative 1st day VAS score; complication rates (include intraoperative complication rates, postoperative grade I Clavien complication rates, postoperative grade II Clavien complication rates and postoperative grade III-IV Clavien complication rates).

Quality assessment / Risk of bias analysis: We evaluated the methodological quality of the eligible case-control trials (CCTs) on the basis of Newcastle Ottawa Scale (NOS). For the randomized controlled trials (RCTs), we used Risk-of-bias table, which is recommended by the Cochrane Handbook 5.3.

Strategy of data synthesis: We utilized Review Manager Version 5.3 software to perform analysis. Dichotomous variables were pooled using odds ratio (OR) and 95% confidence interval (CI), and continuous variables were presented by weighted mean difference (MD) and 95% CI.

Subgroup analysis: We conducted a subgroup analysis that contains VAS in overnight and outpatient groups to evaluate the potential effect of overnight therapy.

Sensibility analysis: Sensitivity analysis was conducted using a single-item removal method.

Country(ies) involved: China.

Keywords: Regional anesthesia, General anesthesia, Retrograde intrarenal surgery.

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