

same period, an estimated \$252,272 U.S. dollars would be saved in conservative treatment.

CONCLUSIONS

The most important requirement for the success of endoscopic surgery is careful patient selection. Imperative indications for endourological resections are solitary kidney, bilateral synchronous disease, renal insufficiency or significant comorbidity precluding nephroureterectomy. With the advancement in technology, the elective indications are expanding. Patients with low grade, small sized tumors have equal outcomes following endoscopic treatment as compared to expirative surgery with the advantages of minimal morbidity and preservation of renal parenchyma following endoscopic management. For the standardisation of endoscopic treatment for patients with normal contralateral kidney, large randomised trials with long follow up results are needed. Upper tract TCC has high rates of recurrence rate requiring frequent re-treatments. It is necessary that these patients should be motivated and must be compliant as lifelong follow up is necessary. Role of adjuvant immunechemotherapy is still not established.

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