



THE BIRTH OF A NEW SUBSPECIALTY

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It is nearly 35 years since the first World Endourology congress, hosted in London in 1983 by the late John Wickham that led to the founding of the Endourological Society by Arthur D Smith in 1985, and the creation of EndoUrology as a urological subspecialty. The parallel advances in technology and surgery have subsequently led to the development of laparoscopic nephrectomy (in 1991) and laparoscopic radical prostatectomy (in 1992) and of course, the robot, such that almost all types of urological surgery, other than reconstruction, are now performed under the EndoUrology name.

Against this background and recognizing that many of the oncological conditions treated laparoscopically/robotically require different knowledge and multi-disciplinary team working to the decisions and skill set for stone surgery, trainers like me have found ourselves advising trainees that they would need to focus on one of these, rather than both, if they intended to develop a specialist practice beyond the generality of urology. Along similar lines, many established stone surgeons have had a tendency to relinquish the laparoscope to concentrate on the ureteroscope, whilst the pressure of tightly regulated oncology treatment pathways has meant that laparoscopic surgeons have needed to spend more time on their cancer work than on benign disease including stones.

Alongside these developments, the nature of work as a subspecialist stone surgeon has also changed over the past decade. Ten years ago, our high volume tertiary referral stone centre at UCH was simply referred to as “The Stone Team,” which evolved into “The Stone and EndoUrology Unit” about five years ago in recognition that increasing amounts of our workload was not stone disease, but included a range of other conditions treated via the ureter or the kidney including the management of malignant (extrinsic) ureteric obstruction, Upper Tract Urothelial Carcinoma (UTUC) diagnosis, laser ablation and surveillance, ureteric structure management (including procedures such as the “Rendezvous”) and other bespoke interventions such as the Endoluminal treatment of iatrogenic ureteric injury. Indeed, although my colleagues often point out that “you only do three operations” (i.e., ureteroscopy, flexible ureterorenoscopy and percutaneous nephrolithotomy), I reply that “a trumpet has only three keys but can play a lot of music!”

The title “Stone Surgeon” is therefore too narrow for this branch of urology, whilst the term “Endourologist” is equally too broad. We needed a new term to describe the work that we do, and to distinguish it from that performed by uro-oncologists with laparoscopes and robots. Since their surgery involves removing the whole or part of the organ from the outside, whilst ours all takes place on the inside of it, I coined the phrase “Endoluminal Endourology,” as distinct from “Exoluminal EndoUrology” performed by our laparoscopic and robotic colleagues.

Having changed my job title to “Consultant Endoluminal EndoUrologist” in 2013, and announcing this at every suitable opportunity I have had since, I was able to launch the concept officially at the British Association of Urological Surgeons (BAUS) meeting in June 2015. A number of like-minded surgeons recognized this term aptly described their own surgical practice, and who have all helped to create this new journal as its focal point under the leadership of Wasim Mahmalji, our editor-in-chief.

Although I am no relation of the great Arthur Smith, “EndoLuminal” is unquestionably the offspring of Endourology, and “Exoluminal” is its twin sibling. Both sit under the wider Endourology banner, but, with increasing subspecialization, we thought the time was right for “Endoluminal” to have its own journal, and so *JELEU* has been born. It is a journal for ALL Endoluminal EndoUrology, and ALL endoluminal endourologists, whether you are exclusively a “stone surgeon,” or perform HoLEP or TURP, or are a urologist who treats superficial bladder cancer. We hope you will find something in every issue that stimulates your practice and will send submissions and comments to the editorial board that will help us to develop JELEU into a bespoke journal for this field of urological practice.



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