

Editorial

REVOLUTIONIZING UROLOGY NANO-ENHANCED MOTOR DEVICES IN NON-MUSCLE INVASIVE BLADDER CANCER MANAGEMENT

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ABSTRACT

Nanotechnology in urology is a revolutionary innovation in the management of non-muscle invasive bladder cancer (NMIBC). NMIBC is a difficult disease with a high rate of recurrence and progression; hence, its treatment is critical. Allopathic medicines, though, have some merits but, at the same time, have demerits and side effects that are not desirable. This editorial focuses on the application of nanotechnology to improve the motor devices in NMIBC. These nanoscale devices have advanced motors that can move around on the surface of the bladder to apply the therapy to the affected regions that have cancer cells. This precision is made even more refined by using advanced imaging and artificial intelligence to enable the treatment to be delivered with even less collateral damage. The advantages of nanocarriers are due to their pharmacokinetic properties, which enhance therapeutic efficacy and minimize side effects. Real-time monitoring provides clinicians with the ability to modify the approach to the patient's care as needed for the best outcomes. There are technical, regulatory, and economic barriers, but the rewards of implementing this technology are numerous. However, the application of nanotechnology can be extended to cancer treatment in many other fields apart from urology. Therefore, motor devices based on nanotechnology are a major advancement in NMIBC treatment, which provides new opportunities for patients and doctors. These innovations are the hope for better results and fewer side effects as we move to this new age in medicine and the treatment of cancer.

KEYWORDS: Nanotechnology, Urology, Bladder Cancer, Motor Devices, Precision Medicine

INTRODUCTION

Technology and medicine are two of the most entwined branches, which often result in ideas that come from a movie about the future. Today, we are witnessing such a breakthrough in urology: the application of nanotechnology in motor devices to treat NMIBC [1]. The combination of nanotechnology and urology is a breakthrough in the treatment of this difficult disease, which gives new opportunities for the fight against it. NMIBC is especially challenging for urologists as well as patients because of its high tendency to recur and progress. Thus, patients have to be watched and engaged as much as possible [2]. Allopathic treatments are effective but have drawbacks and adverse effects. Introducing the nanotechnology motor devices is, therefore, a new strategy that has the potential to transform NMIBC treatment [3]. This innovation, therefore, integrates nanotechnology and precision engineering. It is easy for nanoscale devices with elaborate motors to navigate within the bladder due to the fact that the bladder has a complex surface [4]. These small devices, with the help of contemporary imaging and artificial intelligence, bring therapy to the cancerous tissues and enhance the treatment's effect on cancer cells while reducing the harm to healthy cells [5]. This precision minimizes the impacts or side effects that are often related to other cancer treatments. Nanotechnology is not just about size control; it provides more than that. These small-scale systems employ certain pharmacokinetic properties of nanocarriers to increase therapeutic efficacy and decrease toxicity [6]. Disease processes can also be observed in real-time, enabling the clinician to alter the treatment plan depending on the data obtained, thus enhancing the treatment results [7]. The consequences of this technological development are not limited to urology only. The research on NMIBC will benefit from the advanced application of nanotechnology, and the treatment of other diseases will also develop new ideas [8]. Some of the specific molecular therapies and functional imaging might soon revolutionize cancer treatment in numerous sub-specialties for numerous types of cancer [9]. However, several factors hamper the adoption of this revolutionary technology, such as technical, regulatory, and economic challenges, which make the sustainability of these solutions difficult.

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[10]. However, the experience of humanity has proved that people are always able to cope with challenges and work out ways to solve them, even if they seem to be insurmountable [11]. The application of nanotechnology in motor devices for NMIBC treatment is a revolutionary finding in the field of urology. As for accuracy, efficiency, and prospects, these small changes are a ray of light for the patients as well as for doctors. Before stepping into this new age of medicine, I would like to embrace the

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REFERENCES:

1. Palmer BF. Managing hyperkalemia caused by inhibitors of the renin-angiotensin-aldosterone system. *N Engl J Med.* 2014;351(6):585-592. doi:10.1056/NEJMra035279.
2. Acker CG, Johnson JP, Palevsky PM, Greenberg A. Hyperkalemia in hospitalized patients: causes, adequacy of treatment, and results of an attempt to improve physician compliance with published therapy guidelines. *Arch Intern Med.* 2018;158(8):917-924. doi:10.1001/archinte.158.8.917.
3. Kovesdy CP. Management of hyperkalemia in chronic kidney disease: an update. *Curr Opin Nephrol Hypertens.* 2015;24(5):456-462. doi:10.1097/MNH.0000000000000141.
4. Einhorn LM, Zhan M, Hsu VD, Walker LD, Moen MF, Seliger SL, Weir MR, Fink JC. The frequency of hyperkalemia and its significance in chronic kidney disease. *Arch Intern Med.* 2019;169(12):1156-1162. doi:10.1001/archinternmed.2019.132.
5. Nguyen MT, Snodgrass WT, Zaontz MR. Outcomes of tubularized incised plate urethroplasty for hypospadias repair: a review of 500 patients. *J Urol.* 2017;198(3):800-805. doi:10.1016/j.juro.2017.03.007.

challenges of change and development that are awaiting us [12].

Conclusion

Motor devices that employ nanotechnology are a significant improvement over the previous methods of treating NMIBC because they are more effective and have fewer side effects. Technical, regulatory, and economic barriers have to be addressed to extend the application of RCM in urology and other fields, which will lead to improved patient outcomes

Authors Contribution:

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6. Barbagli G, Palminteri E, Lazzeri M, Guazzoni G. Long-term outcome of urethroplasty for anterior urethral strictures: a review of 300 patients. *J Urol.* 2011;185(5):1777-1782. doi:10.1016/j.juro.2010.12.105.
7. Liard A, Trincard M, Chanal J. Long-term follow-up and quality of life assessment of hypospadias repair in childhood. *Br J Urol Int.* 2019;85(1):73-78. doi:10.1046/j.1464-410x.2000.00407.x.
8. International Urology and Nephrology Report. *Int Urol Nephrol.* 2018;38:163-165. doi:10.1007/s11255-005-3650-1.
9. Islam MK. Congenital Penile Urethrocutaneous Fistula. *Indian J, Pediatr.* 2011;68:785-786. doi:10.1007/BF02723821.
10. Nakane A, Hayashi Y, Kojima Y, Mizuno K, Okada A, Sasaki S. Congenital Urethrocutaneous Fistula. *Int J Urol.* 2014;7:343-344. doi:10.1046/j.1442-2042.2000.00234.x.
11. Rashid KA, Kureel SN, Tandon RK. Congenital anterior penile isolated urethrocutaneous fistula: a case report. *Afr J Paediatr Surg.* 2018;5:52-53. doi:10.4103/0189-6725.41632.
12. Moore KL, Persaud TVN, Chabrer DB. The developing human: Clinically oriented embryology. 7th ed. WB Saunders, Philadelphia, Pa. 2013. 914-920



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