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An audit of percutaneous nephrolithotomy and tubeless nephrostomy a single surgeon performed in 58 cases

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Introduction: Stone disease is very common in GCC countries. It accounts for more than 67% of all urological admissions and 53% of urological procedures in our institute. The availability of non-contrast CT urogram has made diagnosis relatively straightforward. This audit investigates the efficacy of PCNL performed solely by urologists.

Method: Any stone that is in excess of 1.5 cm is managed by percutaneous nephrolithotomy. The technique involves putting a ureteric catheter with patient in semi-prone position under x-ray guidance done in two planes (0 and 45). An access to the lower pole is made and a guide wire is secured in the ureter. The procedure is performed by using an amplatz sheath and the stone cleared with the use of ultrasonic lithoclast. It is standard in this unit not to use a nephrostomy tube, but to use a double-J stent for a week to 10 days.

Results: The sample size of this study was 59 cases. Complete clearance was achieved in 91% with a single session. The average hospital stay is 3.5 days. 5 cases needed flexible renoscopy and 3 needed lithotripsy to clear residual fragments. Access failure was encountered in 2 cases. Complications include 1 case that needed a blood transfusion, a case of perforation of splenic flexure, which required a colostomy for a few weeks, a perinephric collection that was drained 3 weeks later with complete recovery.

Conclusion: This procedure can be performed by a single urologist and has a low complication rate. The semi-prone position is an ideal position for the patient on the operating table from an anesthetic point of view without compromising the procedure. The minimum use of the C-arm is satisfactory in obtaining access with less radiation.