

PP-011

Bilateral tubeless and JJ stentless PCNL experience of 17 cases

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Introduction: PCNL is well-accepted method of management of renal stone. In PCNL post operatively usually Nephrostomy and D-J stent are used. But Nephrostomy and D-J stent has some morbidity. Tubeless and stentless PCNL in selected cases reduces the morbidity. This study will evaluate the results of tubeless and JJ stentless PCNL in the management of bilateral renal stone in selected cases.

Methods: From January 2009 to December 2011 total 17 cases of bilateral renal stone were managed by tubeless and JJ stent less PCNL. All cases were operated in urology department of Bangladesh Medical College Hospital, Dhaka. In all cases initially placed a ureteric catheter and at the end of the procedure compression at renal angle about 10 min. Ureteric catheter was removed 24 hour after operation. Exclusion criteria for the tubeless and stentless approach were more than two percutaneous access, significant perforation of the collecting system, large residual stone burden, significant postoperative bleeding, ureteral obstruction and renal anomaly. The incidence of complication, length of hospitalization, analgesia requirement and interval to return to normal activities were evaluated.

Results: All 17 percutaneous procedures were performed without significant complication, none of the patients demonstrated urinoma in postoperative renal ultrasound scan. The average length of hospital stay was 1.6 day; the average analgesia requirement was single dose of inj. pethedin, patient return to normal activity within 12 days.

Conclusion: Tubeless and JJ stentless PCNL is a safe and effective procedure in the management of bilateral renalstone. The hospitalization and analgesia requirements are less and returns to normal activities are faster.

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