

PP-012

Should we perform more PCNL and less flexible uretero-renaloscopy?

M. Elfar¹, S. Patel¹, W. Graham²

¹ Aintree University Hospital, Liverpool, United Kingdom

² East Sussex Hospitals, Eastbourne, United Kingdom

Introduction: Percutaneous nephrolithotomy (PCNL) is considered a more morbid procedure than flexible ureteroscopy (FURS) but PCNL has evolved with the advent of miniperors, tubeless PCNL and the increasing use of flexible instruments. Both procedures were evaluated for post operative pain and recovery time.

Materials and Method: The study included 11 patients having PCNL, 26 having flexible FURS and 12 having semi-rigid ureteroscopy (URS). Post operative pain and duration were assessed using Visual analogue Score (VAS). The total analgesia consumption and time to return to work and normal activities was measured.

Results: Sixty percent of PCNL patients had no pain following surgery as compared to 40% after FURS. Mean VAS and duration of pain were lower for PCNL as compared to FURS (2.82 vs 3 and 3 vs 4.3 days). Post operative hospitalisation was 1.1 days for PCNL and 0.81 days for FURS. Amount of analgesia used in PCNL compared to FURS patients were less for opioid but more for non steroidal. Time to return to normal activities and work was longer in PCNL (4.3&9.5 days) compared to FURS (3.3&6.7 days).

Conclusion: The majority of PCNL procedures are as well tolerated, or even better tolerated, than FURS. This does appear to be a change from our previous experience and we ascribe it to using as small a sheath as possible and avoiding nephrostomy tubes when possible. This study has influenced our management and we increased our annual PCNL numbers by four folds since the study.

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