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### Post renal transplant ureteric stricture: Long term management

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**Introduction:** The incidence of post-renal transplant ureteric stenosis ranges from 2%-12%. Currently the gold standard for treatment is open revision. We present an update on our series of the successful use of Memokath™ 051 stents (PNN Medical, Denmark) in this condition.

**Methods:** We retrospectively analysed the medical records of patients undergoing Memokath 051® insertion for ureteric strictures following renal transplantation. Data reviewed for age, site of stricture, duration of stenting and complications.

**Results:** Ureteric Memokath 051® inserted in seven male patients (year 2003-2011), mean age 48 (23-74) with strictured or otherwise obstructed ureters following kidney transplantation. Mean follow up in April 2012 is 3.5 years; 4 stents are functioning well and patient's kidney function is normal. Average indwelling time of these stents is now 37 month. Spontaneous resolution of the stricture without the need for further stenting was seen in two patients (after 5 and 13 month). Two patients had stricture extended the whole ureter so that a full length Memokath (60mm and 150mm) was inserted; one patient had a 4 cm proximal ureteric stricture which was bridged by a 10 cm Memokath, one presented with a blocked, previously inserted Wallstent bridging the stricture through which the Memokath (10cm) was placed. Only one patient Memokath placement had failed: After extra-anatomical implanted kidney he developed a massively tortuous, obstructive ureter, which was bridged by a full length Memokath. This stent did not stay in place and slipped out; therefore, it was removed after 1 month and replaced with a conventional JJ stent. The overall success rate of Memokath placement was 85%. Mean overall indwelling time is 19 month. No other morbidities were recorded and all other patients tolerated the stents well.

**Conclusion:** Long term ureteric stenting with the Memokath® 051 is a safe and minimal invasive treatment alternative for ureteral strictures in renal transplant recipients.

Figure 1.



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