

VID-25

Robotic assisted laparoscopic pyelolithotomy for left fused pelvic ectopic kidney with staghorn calculi

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Aim and Objective: We demonstrate the technique and outcome of Robotic assisted laparoscopic pyelolithotomy for Left fused pelvic ectopic kidney with staghorn calculi.

Material and Method: 46years male patient on evaluation of lower abdominal pain was diagnosed to have fused pelvic ectopic kidney with staghorn calculi in left kidney. On CT scan it was low Hounsfield unit stone with central halo suggestive of matrix stone. After adequate antibiotic cover Robotic assisted laparoscopic pyelolithotomy was done. 12mm camera port was placed 5 cm above and right to umbilicus two 8 mm robotic port placed in fan shape manner, one 12 mm assistant port was placed in left iliac fossa. After identifying renal pelvis pyelotomy done and matrix stone was removed in a retrieval bag .DJ stent was placed, pyelotomy was closed in interrupted fashion.

Result: Operative time was 60min with no intra operative complication.. Per urethral catheter removed on 4th postoperative day and drain on 5th postoperative day. Postoperative hospital stay was uneventful.

Conclusions: Robotic assisted laparoscopic pyelolithotomy is a good option for fused pelvic ectopic kidney where PCNL is difficult and associated with increased morbidity. It has advantage over Laparoscopic pyelolithotomy in terms of better suturing, stability and vision.

As published in the *Supplement of AFJU, Volume 18 (2012), 1st ESD "Experts in Stone Disease" Conference* (page 15)