

07-FEB-2010: DAY-5

Podium Session-26: INNOVATIONS & NEW TECHNOLOGY

POD-INT-26.01

EXTRARENAL MANIPULATIONS FOR RETROGRADE INTRARENAL SURGERY(RIRS) USING SEMIRIGID URS AND PNEUMATIC LITHOTRIPSY: A NOVEL CONCEPT

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Introduction : RIRS is the mainstay for small burden renal stone management when ESWL doesn't work. But the drawbacks associated with RIRS are availability, high initial and maintenance cost especially in developing world. Here we present our experience of RIRS using semirigid URS with some extrarenal manipulations making it more effective safe and feasible with low cost.

Methods : We have performed 32 cases of RIRS with semirigid URS with help of some manipulations from Nov 2008 to June 2009. Extrarenal manipulations like lifting kidney up, down, rotating it medially or laterally, movement of upper or lower pole, tilting table ipsilateral or contralateral side, making table head side up or down, tilting patient side by side, making respiration rate and depth controlled as per need, Creating intrapelvic pressure low or high making irrigation slow or fast, use of suction, forced diuresis with diuretics etc. We studied various parameters.

Results : Out of 33 patients, 16 has pelvic stone with upper calyceal stones in 13, middle calyceal stones in 18 cases, lower calyceal stones in 8 cases with favorable anatomy. With manipulations described we could clear stones in 29 patients (87%). There was no major intraoperative complications except minor extravasation in 1 case. Operative time was 46 ± 9 minutes. Three lower calyceal and one middle calyceal calculi could not be retrieved which required puncture wash and ESWL. Four patients had post operative fever.

Conclusion : A novel concept -Extrarenal manipulations for intrarenal surgery using semirigid URS and pneumatic lithotripsy is safe, effective strategy without compromising outcome with low cost and easily available tool.

POD-INT-26.02

END-TO-END BRACHIAL ARTERY ANASTOMOSIS IN A PSEUDOANEURYSMAL RUPTURE OF A BRACHIOCEPHALIC FISTULA

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Abstract : Standard treatment following pseudoaneurysmal dilatation in a brachiocephalic fistula involves excision of the affected segment of brachial artery with replacement by a graft of appropriate size. Excision of the arterial segment results in a significant loss of length. We report our method of limb salvage using flexion of the elbow with gradual extension to allow the artery to lengthen. The brachial artery was exposed proximal and distal to the rupture site. After obtaining vascular control the rupture site was exposed and the tourniquet was deflated. The segment of artery used in the anastomosis was excised. Both ends of the artery were mobilized. The approximate defect between the arterial ends was 3 cm. Attempting to bring the ends together with the elbow in an extended position resulted in unacceptable tension. The elbow was flexed at a right angle after which the ends of the artery reached easily. A spatulated end-to-end anastomosis was created using 6-0 double armed prolene. The upper limb was kept flexed at a right angle using a POP slab. The slab was maintained at a right angle for a week. A gradual sequential extension was allowed after 7 days. The limb was allowed to extend by 10 degrees every 48 hours supported with a refashioned slab. In both patients the limb was salvaged.

Doppler assessment of the radial artery showed a good flow. This technique has also been successfully adopted for use in 3 patients with vascular injuries associated with fractures around the elbow.

POD-INT-26.03

UNKNOTTING A KNOTTED ZEBRA WIRE IN THE URETER: A USEFUL TECHNIQUE INVENTED

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Objectives: Zebra wire is commonly used during reterorenoscopy. Knotting of a such a wire in the ureter is unfortunate, rare and an unpleasant surprise and experience for the urologist. We herewith describe a unknotting technique used by us.

Methods: The technique described was used after a Zebra wire accidentally knotted when put up the ureter during a Ureterorenoscopy. In order to stent the ureter at the end of a ureterorenoscopy for a calculus in the mid ureter; a Zebra wire was introduced up the ureter through the ureterorenoscope. The wire could not be advanced more than 10 cms beyond the ureterscope. On fluoroscopy the wire revealed a knot. The knot was then pulled into view. Its anatomy studied. The following two steps were then repeated in order to undo the knot. STEP 1: The tip of the wire was lightly abutted against the ureteric mucosa and the wire with the ureterorenoscope minimally advanced. This resulted in the end of the wire getting pushed into the knot increasing the diameter of the loop of the knot. STEP 2: Minimal withdrawal of the wire into the scope. Decreasing the diameter of the knot loop. Repeating STEP 1 and 2 the knot came free in approximately 3 minutes.

Results: We found the technique effective for unknotting the knotted zebra wire.

Conclusions: We find this technique safe and effective. It is easy to learn and does not need any special equipment. We recommend this technique for a knotted wire.

POD-INT-26.04

SPEAR HEADED LITHOTRIPTOR: A CHEAPER ALTERNATIVE FOR HARD STONES

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Objectives: Intracorporeal pneumatic lithotripsy is routinely used for pulverizing calculi during endourological stone treatment. We describe the use of an innovative "Spear headed lithoclast" a novel modification of the lithoclast in an attempt to make intracorporeal lithotripsy for hard calculi fast, safe and cheap.

Methods: A "Spear headed lithoclast" was fabricated and used for intracorporeal lithotripsy. The observation and results of the lithoclast were studied with special emphasis on the efficacy safety and cautions during its use.

Results: Initially the estimated advantage in terms of impact force was calculated at impact setting of the machine at 4 bars. The SPEAR head increased the impact from 16 bars if the tip of the probe is 3mm in diameter to 300 bars with the Spear headed tip (18.75 times). Hence the impact force on the equipment could be reduced by 50 % (2 bars) to get the an impact force of 16 bars at the tip. Decrease in the impact force of the equipment caused decrease longitudinal and lateral displacement of the probe decreasing the stone migration. The new instrument was then used in the first 25 cases successfully reducing the operative time, number of stokes, mucosal edema due to fast pulverization of the calculus.

Conclusions: We find the Spear Headed lithoclast safe, fast, effective and cheap. It is easy to learn and use. It has become the instrument of first choice to pulverize hard calculi at our institute.

POD-INT-26.05

INITIAL PORT PLACEMENT IN RETROPERITONEOSCOPY- A NEW TECHNIQUE TO AVOID GAS LEAK

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Introduction: The first port in retroperitoneoscopy is usually created at the tip of the 12th rib by making a 15-20 mm incision, blunt finger dissection, balloon inflation and subsequent 10 mm camera port placement. Finger dissection is used as this port is close to the peritoneum, and there is danger of injury to peritoneum and intra-peritoneal structures if done blindly. However finger dissection necessitates a longer incision resulting in gas leak.

Methods: We changed the technique of port placement can make the surgery gas-leak-proof. We reversed the sequence of port placement and created the initial port medial to tip of 12th rib and just lateral to the paraspinal muscle. This is created without finger dissection. An one cm incision is made and a 20 Fr Malecot catheter is introduced with glove finger. After creating retroperitoneal space, 10 mm port is introduced and is used as camera port. The remaining ports are introduced under vision and one of them can be a 10 mm port to facilitate exchange of camera between the first and second port.

Results: We have performed eight retroperitoneoscopic laparoscopic surgeries by using this technique. We have not faced any problem of gas leakage or loss of pressures after adopting this technique.

Conclusions: Our technique results in a smaller scar, prevents gas leakage and surgical emphysema. It also obviates the need to use expensive ballooned ports and saves effort and time as one need not take purse-string sutures to stem gas leak.

POD-INT-26.06

A NOVEL TECHNIQUE FOR LARGE , MULTIPLE URETERIC STONE: ANTEGRADE FLUSH & RETROGRADE URS

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Introduction : Large and multiple ureteric stone is still management dilemma especially in upper ureter and impacted. Due to stone belt region with poor socioeconomic condition we get so many large burden ureteric stone with renal insufficiency making its management tough. So using various techniques we developed our new technique for such type of urolithiasis management. Here we present our novel technique for management of upper ureteric stone.

Materials and methods : We present this technique for endourological management for large burden ureteric stone in 12 cases. We do Percutaneous nephrostomy preplanned and through we do antegrade irrigation while doing retrograde URS and fragmenting stone with lithoclast. Advantage of antegrade irrigation is stone fragments do not migrate.

Result : We performed this technique in 12 patients who had large, multiple ureteric stone of 1.3 cm to 3 cm and one stone to more than 30 stones. All stones could be cleared completely except one who required auxiliary procedure. Four patients required two staged procedure. Three patients had postoperative fever. None had any major complications. Out of 12 patients 8 had renal insufficiency so PCN could help in improving Renal function.

Conclusion : This Novel technique antegrade flush-Retrograde URS is effective, safe, cost effective modality for management for large burden ureteric stone.

POD-INT-26.07

COST EFFECTIVE SINGLE PORT LAPAROSCOPIC NEPHRECTOMY IN ANIMAL LAB TRAINING

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Introduction and Objective: Single port laparoscopic surgery is in evolution. This may have better cosmesis and less pain. Training in Single Port Urological Surgery in animal lab is not cost effective due to the expensive devices involved. We present the use of improvised (cost effective) single ports in the animal lab and dry lab.

Method: Two types of single ports and angulated instruments were devised and were used in the dry lab and animal lab.

Results: The advantages and difficulties were noted.

Conclusion: With further improvisations these cost effective instruments and ports can be translated to human use.

07-FEB-2010: DAY-5

Podium Session-27: INNOVATIONS & NEW TECHNOLOGY

POD-INT-27.01

HOLMIUM LASER TREATMENT OF HUNNER'S LESIONS IN BLADDER PAIN SYNDROME

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Abstract : Holmium Laser Treatment of Hunner's Lesions in Bladder pain syndrome Bladder pain syndrome is a clinical entity of perplexing origin resulting in misery and pain, both for the patients suffering from this unfortunate disorder as well as the treating urologist. Not only is the diagnosis difficult, the treatment has equally been frustrating. Classically the condition has two forms, one the ulcerative variety or the one with Hunner's lesions and the other without the mucosal ulceration and scarring. Twelve patients have been treated at PSRI hospital New Delhi between May 2007 and August 2009 with a diagnosis of Bladder pain syndrome. The current understanding of this disease has made possible to identify a higher percentage of patients with Hunner's lesions (5/12). We have been using Holmium laser to ablate these lesions in the bladder under general anaesthesia giving rise to immense benefit and virtually a pain free remission. The procedure was tolerated well with no adverse effects. In addition to treatment with Holmium laser treatment, patients received antihistamines and antimuscarinic agents for improving the storage function of the bladder thereby reducing the frequency to acceptable levels. Follow up ranged from 26 months to 6 weeks. Patients without Hunner's lesions were treated with the standard intravesical instillation as per the hospital protocol. In conclusion, Holmium laser treatment of Hunner's lesions appears to be a promising modality of treatment as per this small set of patients. Larger multicenteric studies need to be designed to further evaluate this modality.

POD-INT-27.02

URETERIC CATHETER AS A RE ENTRY CATHETER FOR PERCUTANEOUS RENAL ACCESS

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Abstract : Percutaneous nephrolithotomy often requires a repeat procedure when the stone burden is high, due to excessive bleeding during the procedure resulting in termination or in the presence of complex renal anatomy. A ureteric catheter is placed through a nephrostomy catheter over a guide wire into the ureter and left post

operatively. At a repeat procedure, a guide wire is passed through the ureteric catheter into the ureter and the ureteric catheter is removed. Further access proceeds in a standard manner. As opposed to placing only nephrostomy catheter as a means of access, a ureteric catheter does not get displaced easily. ureteric catheter is cheap and readily available and makes a repeat access simple, rapid and reliable.

POD-INT-27.03

RADIO-OPAQUE-RINGED (ROR) SHEATH: A “NEW” COST EFFECTIVE SHEATH FOR PCNL

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INTRODUCTION: The Amplantz sheath, whole of which is radio-opaque, is used for PCNL universally. The radio-opacity sometimes obscures small fragments behind it. The operator needs to rotate the C-arm to circumvent this problem. A new radiolucent sheath has been developed with a radio-opaque ring close to its tip (ROR sheath).

MATERIAL AND METHODS: ROR sheath, made of white plastic, is mostly radiolucent. Just proximal to its tip, a 3 mm wide radio-opaque ring is embedded into its substance. As this sheath advances over the dilator, only the ring is seen under fluoroscopy; the operator is able to locate its tip appropriately. 21 adult cases underwent PCNL using this sheath.

RESULTS: RO ring allowed the operator to determine the location of tip of the sheath intraoperatively. The irrigation fluid, mixed with preinstilled contrast, present in the lumen of sheath provided subtle radio-opacity to the sheath. The fragments that went behind the sheath were easily seen fluoroscopically without the need for C-arm adjustment, thus minimizing operating time and radiation exposure. The same sheath was chemically resterilised and reused in 14 cases. This sheath is slightly thicker than standard amplantz but no difficulty was encountered while advancing this sheath over the dilator. The white color of the sheath allowed better light transmission and the guide wire & fragments were better seen.

CONCLUSION: The new ROR sheath is economical as lesser amount of radio-opaque material is needed to build it. It appears sturdy, reusable and may improve clearance in shorter time with lesser radiation exposure.

POD-INT-27.04

‘4X4 VASOVASOSTOMY’: A SIMPLIFIED VASECTOMY REVERSAL TECHNIQUE

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Objective: There is considerable debate about the efficacy of the one layer anastomosis viz a viz the two-layer technique of vasectomy reversal. This is due to the simplicity of the one-layer procedure compared with the relative difficulty of the two-layer microdot technique. We describe a simplified two-layered technique which may form a middle ground between the two currently prevalent techniques.

Materials: The 4x4 vasovasostomy technique is a two-layered anastomosis using 4 sutures in each of the two layers. The proximal and distal ends of the vas are identified. Distal patency is confirmed using saline infusion and proximal presence of sperms is demonstrated. Two 8-0 nylon sutures are placed at 5 and 7 o'clock positions in the sero-muscular layer to approximate the two ends of the vas. Next, four double-armed, 10-0 nylon sutures are placed, inside out in the mucosa of the vasal ends, at 3,6,9 and 12 o'clock positions and tied. Two to four additional sero-muscular sutures are placed to complete the anastomosis.

Results: Beginning February 2008, eight men have undergone vasectomy reversal using this technique. The procedure was performed bilaterally in six men and two patients underwent a two-suture, longitudinal intussusception vasoepididymostomy on the second side. All men had sperm in the ejaculate at the first semen analysis. There were no complications.

Conclusions: The '4x4' modified two-layer vasovasostomy is a simple technique that can be performed quickly with excellent outcomes. It may allow a common ground between the complex microdot double layer technique and the over-simplified single layer procedure.

POD-INT-27.05

IS GEROTA'S FASCIA PRESENT AROUND A PELVIC ECTOPIC KIDNEY?

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Abstract : Gerota's fascia has immense clinical importance. However, its presence or absence around pelvic ectopic kidney is not well documented. We have reported previously that this fascia is absent in pelvic ectopic kidney based on our isoprene of operating a single case of renal cell carcinoma. However, we wanted to establish the presence or absence of this fascia by carefully looking for it in larger number of cases of pelvic kidney.

Material & Methods: I have operated four cases of ureteropelvic junction obstruction in pelvic ectopic kidneys and Careful dissection was done with the intention of documenting the presence or absence of this fascia. All patients were subjected to open pyeloplasty through a Gibson's incision. Using the extraperitoneal approach, the peritoneum was gently pushed and the extraperitoneal fat was dissected.

Results: The kidneys were found surrounded by a well defined fascial layer similar to Gerota's fascia seen around normally placed kidneys. On opening this fascia we could see the kidney & renal pelvis surrounded by perirenal fat. The whole kidney was not dissected as that was not required. Hence it was difficult to comment on the limits or extensions of this fascia.

Conclusions: Gerota's fascia is present around a pelvic ectopic kidney. Further anatomic studies are needed to find its exact limits.

POD-INT-27.06

SUPRAPUBIC CYSTOTOMY USING OPTICAL URETHROTOME IN FEMALE PATIENTS.

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07-FEB-2010: DAY-5

GALLERY: UNMODERATED POSTERS-3

UMP-03.01

A RARE AND CHALLENGING RENAL TRANSPLANT IN A CHILD WITH COMPLEX CONGENITAL DEFECTS.

Sandhu AS.,

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UMP-03.02

LAPAROSCOPIC RADICAL NEPHRECTOMY AFTER NEOADJUVANT CHEMOTHERAPY IN MASSIVE RENAL PRIMITIVE NEUROECTODERMAL TUMOR.

Khanna R.,

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UMP-03.03

MANAGEMENT OF FOLLOW UP CASE OF LEFT RADICAL NEPHRECTOMY PRESENTING WITH NECK MASS.

Prakash S, Jain M, Kumar A, Mohanty NK.,

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UMP.03.04

BLADDER DIVERTICULUM CAUSING OBSTRUCTIVE UROPATHY: A CASE REPORT.

Jagdeep, Bag S, Mete UK, Ravimohan SM, Singh SK, Mandal AK.

PGIMER Chandigarh.

UMP.03.05

DELAYED PRESENTATION OF EXTRAPERITONEAL BLADDER INJURY SECONDARY TO IMPALEMENT TRAUMA-A CASE REPORT.

Jamal A, Kumar S, Dorairajan LN, Manikandan R, Srinivasrao P.

JIPMER Pondicherry.

UMP-03.06

AVULSION OF ILEAL CONDUIT STOMA : NON-UROLOGICAL CAUSE OF HEMATURIA IN POST RADICAL CYSTECTOMY PATIENT

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Introduction : We are presenting a case of carcinoma urinary bladder who presented in casualty with hematuria.

Material and methods : A 65 years old man presented in casualty with hematuria. He underwent radical cystectomy and ileal conduit 4 years back. On examination there was avulsion of ileal conduit stoma around half of its circumference. There was active bleeding from the margin. Blood urea and creatinine were in normal limits. Ultrasound showed no abnormality.

Results : The avulsed conduit stoma was repositioned and sutured. Patient is doing well in followup.

Conclusion : Avulsion of ileal conduit stoma is a rare but possible cause of hematuria in follow up patients of carcinoma urinary bladder. It should be kept in mind whenever dealing with hematuria in follow up patients of radical cystectomy.

UMP-03.07

BLADDER RUPTURE ASSOCIATED WITH UTERINE RUPTURE WITH RETRIEVAL OF FETAL ORGANS FROM THE BLADDER

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Abstract : A trial of labor following caesarian section may lead to rupture of the uterus during labor with concomitant injury to the bladder. Uterine rupture occurs in < 1% of patients undergoing a trial of labor after cesarean section. Associated injury to adjacent organs within the maternal pelvis has likewise been very rarely reported. We report the delivery of parts of a dead fetus from the urinary bladder during hysterotomy for failed induction of labour

UMP-03.08

FIBROMA OF URINARY BLADDER

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INTRODUCTION: Benign tumours of urinary bladder are extremely uncommon. Fibroma of urinary bladder has rarely been reported in literature. A detail about its prognosis and malignant transformation has still to reach any definite conclusion.

MATERIAL AND METHODS: 52-year-old male presented with dysuria and urinary tract infection. Physical examination was unremarkable. Ultrasound revealed normal renal morphology and a 3cm x 1.6 cm solid bladder mass on left lateral wall. Cystoscopy showed a solitary mass projecting into the lumen with normal urothelium over it. Transurethral resection was done. Histopathology showed well-differentiated fibroma of bladder.

RESULT: Patient was symptom free after surgery and still on follow up with urinalysis, renal function tests, ultrasound and cystoscopy 12 monthly.

CONCLUSION: Fibroma of urinary bladder still needs comprehensive study.

UMP-03.09

RHABDOMYOSARCOMA BLADDER AND PROSTATE: SURGICAL OPTIONS.

Rana YPS, Gupta SK, Sethi GS, Pradhan AA, Talwar R. Miglani U, Chandra M, Agarwal S, Harkar S,

Army Hospital R&R, Delhi Cantt.

UMP-03.10

INFLAMMATORY MYOFIBROBLASTIC TUMOR OF BLADDER: CASE REPORT AND REVIEW OF LITERATURE.

Prakash CG, Patel R, Mishra S, Sabnis RB, Desai MR.,

MPUH, Nadiad.

UMP-03.11

LAPAROSCOPIC MANAGEMENT OF BILATERAL PAGE KIDNEY DUE TO PERINEPHRIC CYSTS-A CASE REPORT.

Santosh J, Sukumar S, Mathew G, Kumar G, Bhatt HS.,

AIMS, Kochi.

UMP-03.12

PCNL FOR STAGHORN IN SOLITARY KIDNEY.

Yadav H, Aggarwal M, Aggarwal MS.,

SN Medical College, Agra.

UMP-03.13

ROLE OF BUCCAL MUCOSAL GRAFT IN STRICTURE URETHRA- OUR INSTITUTIONAL EXPERIENCE.

Balasubramaniam. R, Sridhar N, Rajaraman T, Myappan RM, Kamaraj V, Jayaraman R.

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UMP-03.14

ANASTOMOTIC URETHROPLASTY WITH OMENTAL WRAP IN FAILED URETHROPLASTY FOR POSTERIOR URETHRAL DISEASE.

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UMP-03.15

RECORDING OF STONE ACTIVITY.

YM Fazil Maricker, Salaam JA, Jayadevan S, Thomas R.

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UMP-03.16

EFFECT OF PESTICIDES ON GENITAL GROWTH IN RATS.

Hiremath MB, Nerli RB, Aladakatti RH, Baligar PN.

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UMP-03.17

SIGMOID ORTHOTOPIC NEOBLADDER; A SINGLE CENTER EXPERIENCE.

Sharma L, Yadav SS, Mathur R, Yadav RG, Sharma KK, Sadasuki TC.

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