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Direct endovisually guided zero radiation ureteral access sheath placement during ureterorenoscopy

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BACKGROUND: Almost all endourologic procedures are using fluoroscopic imaging in some steps which exposes both the patient and surgical team to considerable amounts of radiation. Primary reports on results of a simple direct visual endoscopic access sheath placement technique is discussed which does not use fluoroscopy at all.

METHODS: primarily a semi-rigid ureteroscopy would be carried out up to renal pelvis, then the access sheath (36 cm , 11/13Fr)without the obturator was placed over a 7.5 Fr semi rigid ureteroscope and ureteroscopy was repeated over the guide wire to the point that sheath could be inserted without force as if the ureteroscope would act as the guiding wire (rod) which is controlled under direct endoscopic vision .

RESULTS: Eighty eight cases out of 106 procedures were successful in insertion of ureteral access sheath (UAS) under direct vision using a 36 cm 13/11 french sheath. Fourteen ureters had nonnegotiable strictures needing stenting for passive dilation. Mean time for UAS insertion was 19 seconds. Stone free rate was 78.12%. Six cases of the upper tract urothelial cancers were among our 106 cases.

CONCLUSION: ureteral access sheath placement could be safely done using a semi-rigid ureteroscope under direct visual control and would result in shorter operative time, omission of radiation exposure during RIRS procedure both to the patient and the surgery team.

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