



Urological Complications after Kidney Transplantation

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Abstract:

Improvements in surgical techniques and advancements in immunosuppressive drugs such as the reduction of steroid dosage have significantly decreased the incidence of urological complications. However, urological complications after renal transplantation have been reported to occur in 2.5% and 30% of graft recipients and may be associated with significant morbidity, impairment of graft function and even graft loss[1].

Urological complications can be divided into early (occurring during first 90 days after the procedure) and late (occurring after 90 days post-procedure). Early urological complications include urinary leaks, lymphocele, acute ureteric obstruction, bleeding, hematoma and early voiding dysfunction [2]. Late urologic complications include ureteral stenosis, nephrolithiasis, vesicoureteral reflux, urethral stricture and prolonged voiding dysfunction [3]. Delayed complications, such as malignancies, are becoming increasingly important with ever improving graft and patient survival [4]. From large cohort analyses, malignancies have been identified as one of the 3 leading causes of death in kidney transplant recipients [5]. Transplant recipients have been found to have a 7-fold risk of renal cell carcinoma (RCC) and 3-fold risk of urothelial carcinoma (UC) compared with the general population [4].

Appropriate preoperative evaluation of the recipient allows for an optimized urinary tract to accept the graft and decrease the risk of post-transplant urologic complications. Post-transplant follow-up and close monitoring may help further decrease the risk of graft lost secondary to a urologic cause.

The improvement of transplant surgery techniques has significantly decreased the incidence of severe urological complications in renal transplant recipients over the past few decades. Timely diagnosis and treatment of such complications help maintain renal graft function. Most of these complications can be successfully treated with endourological minimally invasive procedures. Few patients with surgical or/and urologic complication may need an open surgical correction. A multidisciplinary team approach to kidney transplantation, includ-



ing transplant surgery, urology, and nephrology, optimizes outcomes and graft survival.

Biography:

Dr. Neeraj Goyal is one of the highly experienced Nephrologist. Kidney Transplant Center, our approach involves integrating multiple requirements for patients suffering from end stage kidney failure looking out for a kidney transplant. Lead by the young & dynamic, internationally acclaimed transplant surgeon, the group is solely dedicated to produce best outcomes in kidney transplantation.

Publication of speakers:

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