Results

The data of 47 patients included in this study summarized in the following tables and figures:

Table (4): Patients Demographic Data.

Data	Number	Percent	
Total Number of Cases	47		
Age (mean±SD)	46.12±10.75		
BMI in Kg/sqm (mean±SD)	23.6±5.92 (8% were Morbid)		
Gender			
Male	30	63.8%	
Female	17	36.2%	
Co morbidity			
DM	4	8.5	
COPD	6	12.7	
Hypertension	6	12.7	
IHD	3	6.4	
Liver Disease(liver cirrhosis)	1	2.1	
Multiple co morbidities*	4	8.5	
Previous Renal Stone Surgery (total)	6	12.7	
Open	4	8.5	
PCNL	2	4.2	

^{*} Multiple co morbidities in 4 cases (two cases had; DM and hypertension, one case had; COPD and IHD and one case had liver cirrhosis, DM).

This table shows demographic data of the studied cases (total number was 47 patients), mean age was 46.12 ± 10.75 (range 24-65). BMI in Kg/sqm (mean \pm SD) was 23.6 ± 5.92 ((range 20- 43kg/m2), 4 patients, 8% were Morbid). The study included 30 males (63.8%) and 17 females (36.2%). Four patients were diabetic (8.5 %), 6 patients had COPD (12.7 %), 6 patients were hypertensive (12.7%), 3 patients had IHD (6.4%), 1 patient

had liver disease (2.1%), 4 patients had multiple co morbidities (8.5%). 6 patients had previous renal stone surgery, 12.7% (4 open and 2 PCNL).

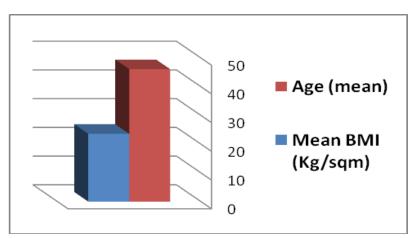


Fig.(45): Mean Age & BMI.



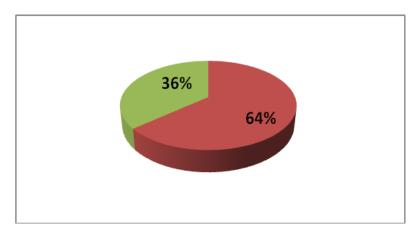


Fig.(47): Co morbidity in Percent.

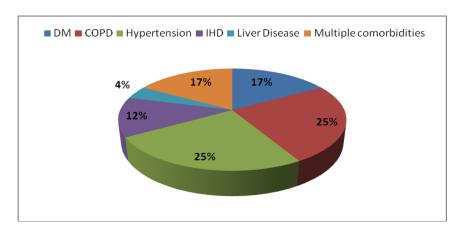


Fig.(48): Previous Renal Stone Surgery

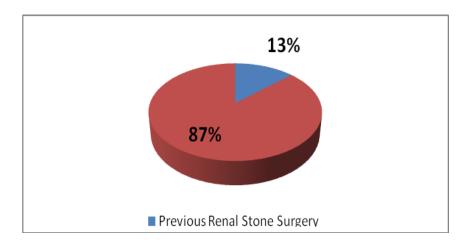


Fig. (49): Previous Renal Stone Surgery (%)

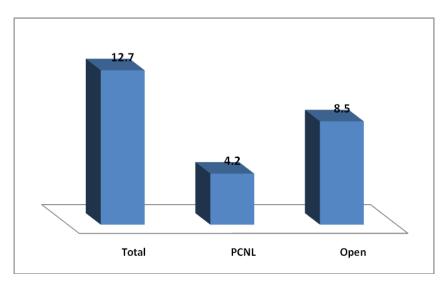


Table (5): Stone Characteristics

Data	Number	Percent (%)	
Stone site:			
Pelvic stones	20	42.5	
Calyceal stones (total)	18	38.3	
Upper Calyceal	2	4.2	
Middle Calyceal	5	10.6	
Lower Calyceal	11	23.4	
Staghorn	3	6.4	
Upper Ureteric Stone	1	2.1	
Multiple Stones*	5	10.6	
Stone side:			
Right	25	53.2	
Left	22	46.8	
Stone size mean±SD(cm)	2.9±1.029		
Stone Radio-opacity:			
Opaque	42 89.4		
Lucent	5	10.6	

^{*}As regard multiple stones; two cases had stones in upper and lower calices while the other 3 cases had stones in the middle and lower calices.

This table shows stone characteristics of the studied cases. As for stone site, 20 cases (42.5%) had pelvic stone, 18 cases (38.3%) had calyceal stones (2 upper, 5 middle and 11 lower calyceal), Staghorn 3 cases (6.4%). As for stone side 25 cases (53.2%) were right sided and 22 cases (46.8%) were left sided, mean stone size 2.9±1.029 (range 1.5- 4.5cm). Fourty two of the cases had radio-opaque (89.4%), while 5 cases had radiolucent stone (10.6%).

Fig.(50): Stone Site

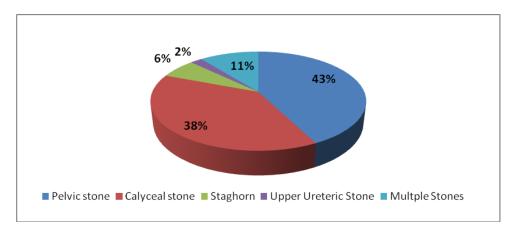


Fig. (51): Stone side (%)



Fig.(52): Stone Radio-opacity

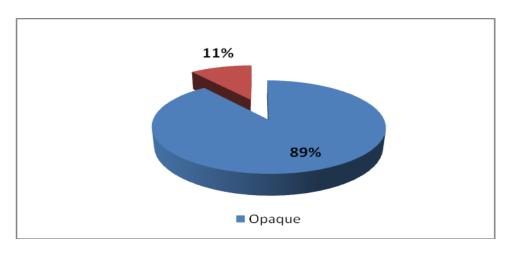


Table (6): Intraoperative Data

Data	Number	Percent	
Anaesthesia:			
General	39	83.1	
Spinal	6	12.7	
Local with IV Sedation	2	4.2	
Access:			
US Guided	42	89	
combined US and fluoroscopy *	5	11	
Calyx Puncture:			
Upper Calyceal	2	4.2	
Middle Calyceal	6	12.7	
Lower Calyceal	32	68.1	
Multiple punctures**	7	15	
Direction of Calyx Puncture:			
Posterior	38	80.9	
Anterior	9	19.1	
Track Dilatation :			
Alken***	6	12.7	
Amplatz****	41	87.3	
Stone desintigration:			
Lithoclast	31	66	
In-toto	16	34	
Nephrostomy Drainage*****	47	100	
Mean Operative Time (in	65 (range: 45-110))	
minutes)			

^{*}Multiple punctures (tracts): lower and middle calices in 5 cases, lower and upper calices in 2 cases.

This table shows the intra-operative data of the studies cases. General anesthesia was used in 39 cases (83.1%), spinal anesthesia was used in

^{**}combined US and fluoroscopy for puncture of 5 cases (hyper mobile kidney) to ensure presence of the guide wire in the PCS.

^{***}Alken dilators where used in6 (recurrent cases)

^{****}Amplatz dilators where used in 41 (denovo cases)

^{*****}The nephrostomy tube size ranged from (22-26) Fr.

6 cases (12.7%), and local anesthesia with IV sedation was used in 2 cases (4.2%). Ultrasound guidance was used in 42 cases (89%), while combined US and fluoroscopy for puncture of 5 cases (11%). Upper calyceal puncture was used in 2 cases (4.2%), middle calyceal puncture was used in 6 cases (12.7%), and lower calyceal puncture was used in 32 cases (68.1%), while multiple punctures were used in 7 cases (15%). Direction of calyx puncture was posterior in 38 cases (80.9%) and anterior in 9 cases (19.1%). Alken track dilatation was used in 6 cases (12.7%) while Amplatz dilators were used in 41 cases (87.3%). Lithoclast stone disintegration was used in 31 cases (66%), and In-toto stone disintegration was used in 16 cases (34%). Nephrostomy drainage was used in 47 cases (100%). postoperative. Mean operative time was 65 minutes (range: 45-110 minutes).

Fig. (53): Type of Anesthesia

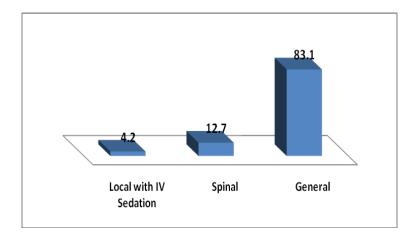


Fig.(54): Stone disintegration

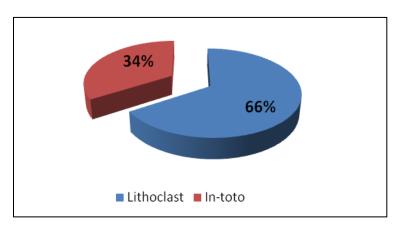


Fig. (55): Calyx Puncture (%)

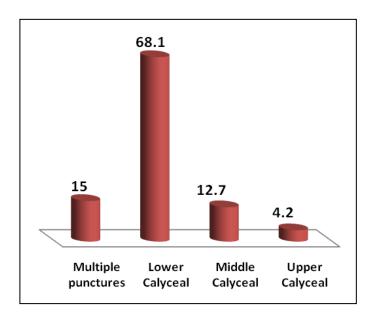


Fig. (56): Direction of calyx puncture

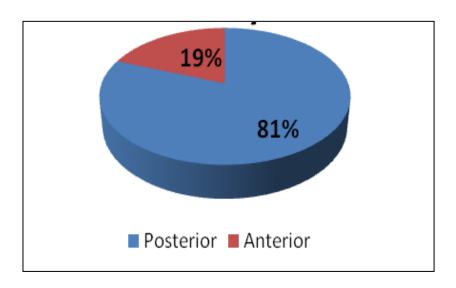


Fig. (57): Track Dilatation

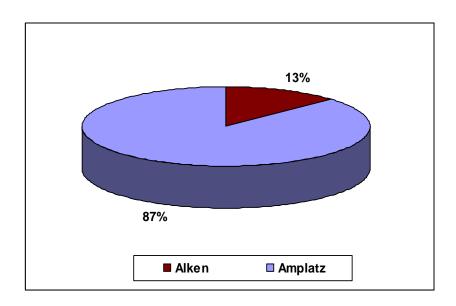


Table (7): Intraoperative Complications.

Data	Number	Percent	
Intraoperative complications:			
Dilatation difficulties	5	10.6	
Bleeding Requiring transfusion	2	4.2	
Perforation	2	4.2	
Visceral injury	0	0	
Total	9	19.1	

This table shows the intraoperative complications (total of 9 cases, 19.1%); dilatation difficulties were found in 5 cases (10.6%), bleeding requiring transfusion in 2 cases (4.2%), perforation in 2 cases (4.2%), and visceral injury did not occur in any of the studied cases.

Fig. (58): Intraoperative complications (%)

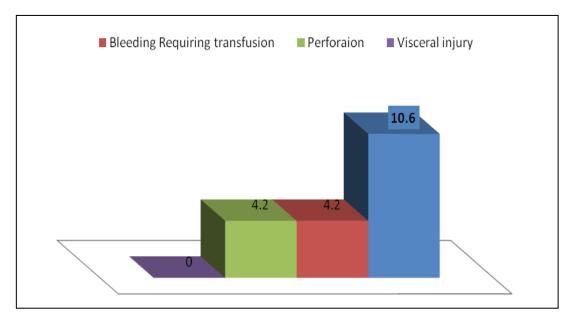


Table (8): Postoperative Data.

Data	Number	Percent	
Stone outcome:			
Success*	44	93.6	
Residual > 4 mm	3	6.4	
Auxiliary Procedures:			
DJ insertion**	3	6.4	
ESWL***	2	4.2	
Re-treatment:			
Second look	2	4.2	
Hospital stay (in days):	3.4 (Range: 2 to 6 days)		

^{*}including insignificant residual stone (<4 mm), (2 cases).

This table shows the postoperative data of the studied cases; stone free rate was 93.6% (44 cases), residual stones more than 4 mm in 3 cases (6.4%). DJ insertion was used in 3 cases (6.4%) and ESWL was used in 2 cases (4.2%). A second look was needed in 2 cases (4.2%).and mean hospital stay was 3.4 days (range: 2-6 days).

^{**} One DJ was inserted intraoperatively (antegrade) for pelvic perforation, in 2 cases a DJ was inserted postoperatively for persistent urinary leakage.

^{***} ESWL was done for 2 cases of residual stones; one in the upper calyx and the other in the middle calyx.

Fig. (59): Stone outcome

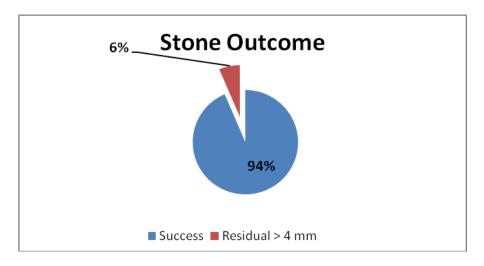


Fig. (60): Auxiliary Procedures (%)

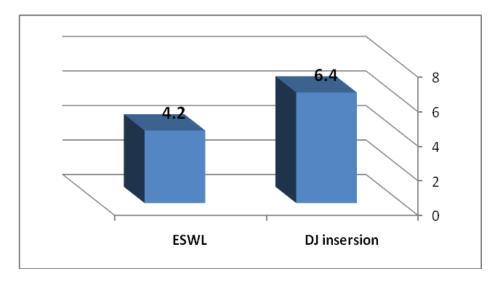


Table (9): Postoperative complications

Data	Number	Percent
Bleeding	0	0
Fever (>38)	4	8.5
Urinary Leakage	3	6.3
Total	7	14.8

This table shows postoperative complications (total 7 cases, 10.6%); fever in 4 cases (8.5%), and urinary leakage in 3 cases (6.3%).

Fig. (61): Postoperative complications (%)

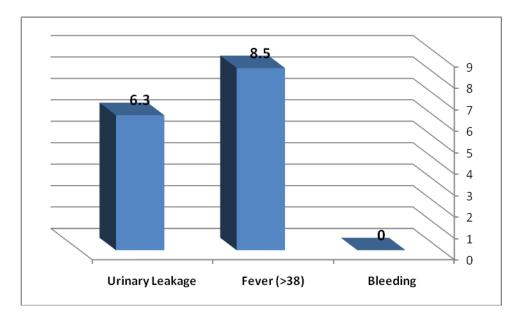


Table (10): Effect on Hemoglobin (gm) and Haematocrite

Hemoglobin (gm)		Haematocrite%			
Hb	Hb	P	Hct	Hct	P value
Preoperative	Postoperative	value	Preoperative	Postoperative	
11.3±0.95	10.8±1.3	0.018*	32.7±1.9	31.2±3.25	0.003*

^{*}Insignificant Difference

This table shows the effect of the procedure on haemoglobin (gm) and haematocrite%; which shows insignificant difference between pre and post-operative haemoglobin and haematocrite.

Fig.(62): Pre and Postoperative Hb(gm) & Hct(%).

