

Retroperitoneoscopic dismembered fibrin-glued pyeloplasty: Initial report.

Authors: Eden C.G., Murray K.H.A.

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Abstract:

Dismembered pyeloplasty offers the best long-term results for the treatment of pelviuretic junction (PUJ) obstruction and is the only technique applicable to all cases, regardless of aetiology. The disadvantages of open pyeloplasty (wound pain, prolonged hospitalization and a delayed return to normal activities) can largely be overcome by the adoption of a laparoscopic approach. The trauma of access may be further reduced by direct retroperitoneal endoscopy, and long-term anastomotic patency enhanced by the use of fibrin glue, based on the results of a recent comparative study of tissue approximation techniques by the first author. Retroperitoneoscopic dismembered fibrin-glued pyeloplasty was performed in a female with PUJ obstruction, previously complicated by pyonephrosis, in an operating time of 230 min. Drainage and post-operative opiate analgesic requirements were minimal and the patient was discharged home on the fourth post-operative day. Diuresis renography at 3 months (6 weeks following stent removal) revealed a normal draining upper renal tract. Long-term renographic follow-up is necessary to fully evaluate this technique.