Complete Staghorn Calculi: Single Port for Complete Clearance



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- Approach to the minor calices was done by flexible nephroscope.
- In 35 cases where the small calculi were lodged in the most minor calices needling and flushing technique were used to push them into the major calices or pelvis.
- In all cases antegrade stenting was done & nephrostomy was removed after 24 hrs.
- Patient discharged on 2nd post op. day.
- Blood transfusion required only in six cases were the initial hemoglobin was low.

감사합니다 gam/sa/ham/ni/da

Thank You

Introduction

- Open surgery is the most accepted standard treatment for complete clearance of complete Staghorn stone all over world.
- PCNL requires expertise and training and many do it with multiple punctures.
- Here we present our experience with single port using 26 fr Amplatz sheath and 24 fr. Nephroscope,
- single sitting with average time 60-120 min (80 min) depending on stone burden

Discussion

- Open surgery cannot be considered as method of choice today for Staghorn.
- But after mastering safe and precise technique of puncture, careful dilatation method one can achieve complete clearance of every Staghorn stone.
- Multiple punctures are required when placement of 1st punctures is not based on favourable intercaliceal anatomy.
- We have achieved single puncture, complete clearance in 92.5% cases.

Material and Method

- 480 patients with full Staghorn 390 unilateral and 90 bilateral (done in the same sitting) are included from September, 2002 to May, 2008.
- The patients with blood dyscrasias were only exclusion.
- Site of puncture was planned according to the stone burden and configuration of that calyx with respect to the pelvis & ureteropelvicjunction.
- Single step dilation and 26 Fr. Emplatz sheath was used.
- Nephroscope used was 24 fr.
- Breaking devices were Lithoclast Master & / or Holmium Laser.

Conclusion

After sufficient expertise and dexterity

single puncture PCNL for complete Staghorn is most ideal, safe and nephron saving mode treatment