



FP14

Day care Percutaneous Nephrolithotomy (PCNL) in rural Indian setup

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Objective: To assess the safety and feasibility of Day care PCNL in rural Indian setup.

Material and methods: This study is inspired by earlier published series of ambulatory (UROLOGY 76: 2010: 1288) and outpatient PCNL (Can Urol Assoc J 2010;4(4):E86). Due to the lack of medical facilities in the rural settings in India, we planned to study whether discharge within 24 hours is feasible in our setting.

Selection criterion:

Preoperative: ASA I or II; Age 16+ ; No cardiac disease, solitary kidney; No h/o fever; SrCreatinine < 2 mg/dl; Adequate family support; Agreeable to discharge; Access to mobile phone

Intraoperative: Single tract ; No intraoperative complications; No perforation; No residual stones; Minimal intraoperative bleeding; No bleeding when removing sheath

Post-operative: No postoperative complications; No bleeding from nephrostomy; Hemodynamically stable; Ambulated without difficulty; Normal KUB x-ray; Pain under control

Results: Jan 2011 to Aug 2014, PCNL procedures= 441. 29 patients met the selection criterion

Max-stone-diameter -8 to 43 mm;

Tract size-16Fr=2, 18Fr=2, 20 Fr = 12, 22 Fr = 3, 24 Fr = 1, 26 fr = 9;

Stone Location-Pelvis = 11, UPJ = 5, Pelvic + calyceal = 7, Lower calyx = 4, Upper calyx = 1, Upper ureteric = 1;

Entry Calyx -Lower =26, Upper = 2, Mid=1

Tubes-Totally tubeless = 4, Nephrostomy =10, Tubeless = 3, Stent + nephrostomy =12

All patients were stone free. Two patients needed readmission one week after discharge for fever.

Conclusion: In highly selected patients, day care PCNL is safe and feasible.