

**FP26****Intraoperative incidents and complications after semirigid ureteroscopies – Single center experience on 10,001 cases**

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Objective: To evaluate semirigid retrograde ureteroscopy intraoperative incidents and complications on a significant series of patients and to establish the factors associated with the occurrence of intraoperative complications.

Materials-Methods: Between June 1994 and February 2014, 10,001 semirigid ureteroscopic procedures for ureteral lithiasis were performed in 9,124 patients. We used semirigid ureteroscopes (8/9.8F Wolf, 8 and 10F Storz, Olympus Endoeye digital 8.5/9.9 F). Lithotripsy was done with pneumatic, electrohydraulic or Ho:YAG laser lithotripters.

Results: The stone-free rate after a single ureteroscopic procedure was 90.9%. Intraoperative incidents occurred in 426 cases (4.3%). These were represented by the failure to negotiate de ureteral orifice (68 cases), or to reach the calculi due to narrowed and sinuous ureteral lumen or edema surrounding the calculi (237 cases), fixed stone baskets (69 cases), equipment damages (40 cases) or double J stent malpositioning (12 cases). All the incidents were dealt endoscopically, except one case of fixed basket that imposed open extraction. The overall rate of intraoperative complications was 2.8% (276 cases). These were represented by lesions of the ureteral mucosa (167 cases), perforation (68 cases), bleeding (26 cases), ureteral avulsion (3 cases) and extra-ureteral stone migration (12 cases). All intraoperative complications were identified intraoperatively and treated immediately. Open surgery was necessary in only 5 cases.

Conclusion: Due to technological advances and increased experience, the semirigid retrograde ureteroscopic treatment of ureteral lithiasis increased the efficacy, while the incidence of intraoperative complications decreased. Most of these complications are minor and can be managed by conservative approach.