

**PP05****Missed ureteric stents**

A. Abu Zallat, A. Alquhaif, W. Algabri, M. Alkadi, A. Noman

Urology Department, 48 Model Medical Compound, Sana'a, Yemen

Introduction: Stents and catheters are commonly used in Urology for a wide range of indications ranging from Urolithiasis to reconstruction. Also they are used in trauma and transplantation. In fact they are a mainstay of today's urological armamentarium. Stenting provides urinary diversion and it facilitates healing. Stricture formation is also prevented as injury site heals by forming a mold around which urothelium regenerates, it also maintains the diameter of the passage. In some cases stents are passed to facilitate intraoperative urethral identification during difficult surgical dissection and prior to ESWL. From a Urologist's viewpoint, stents must be easily maneuverable, radio opaque and affordable.

Objective: To find out the results of missed ureteric stents.

Method: Review of 15 cases with missed ureteric stents, 11 (73.73%) males and 4 (26.67%) females, with age ranged from 2-56 Y (MEAN). The primary procedures were done outside of our hospital except only 2 cases.

All patients had laboratory work up (especially CBC, RFT, Viral markers) with , KUBs , , and Ultrasounds , and some had IVUs

Results: The primary disease was renal stones in 11 (73.73%), while it was ureteric stones in 4(26.67) patients. The primary procedure was open surgery in 9 (60%) patients, ESWL in 2 (13.33%), PCNL in 2 (13.33%) patients and 2 (13.33%) had URS.

Out of all 11 cases (73.73%) had known that they have stents but delay was due to either social or financial problems or due to laziness, while 4 (26.67%) cases denied any knowledge about having stents!

The duration of missing stents ranged from 1 year to 10 years (average 2 years).

Out of all 3 stents (20%) were radiolucent (Feeding tubes) and 12(80%) were radio opaque (double lumen stents).

Five stents formed stones at their ends mainly bladder ends, with 2 stents had double stone formation at their ends (kidney & bladder), and one stent was broken at mid ureter with its lower end having big bladder stone and renal end having another stone.

Eight cases had hydronephrosis due to encrustations and obliteration of the lumen, and stone formation, one of them had severely hydronephrosis with total parenchymal loss that ended by nephrectomy.

The stents were removed simply by cystoscopy in 6 cases (40%), while URS and disintegration were used in 5 cases (33.33%), and 2 cases by cystolapaxy , and 2 cases had open surgery (uretrolithotomy and cystolithotomy).

Summary and Conclusion: The most common complications of missing ureteral stents are stone formation with or without hydronephrosis and breaking down with migration and may be ended by kidney loss & nephrectomy.

It's recommended that every patient who had placement of ureteral stent either with open surgery or endoscopically must have sharp instructions and removal plan to avoid missing stents, and patients must be informed about serious complications of missing it. It's also recommended that they must be followed by the urologist if they delayed or disappeared