

**PP40****Treatment of urolithiasis with ureteroscopic lithotripsy in Kosovo**I. Haxhiu¹, X. Quni¹, A. Haxhiu², H. Arifi², E. Haxhiu³, H. Ahmeti⁴, R. Haxhiu⁵, A. Beqiri¹¹ Department of Urology, University Clinical Center of Kosovo, Prishtina, Kosova² Department of Plastic Surgery, University Clinical Center of Kosovo, Prishtina, Kosova³ Faculty of Medicine, University Clinical Center of Kosovo, Prishtina, Kosova⁴ Department of Pediatric Surgery, University Clinical Center of Kosovo, Prishtina, Kosova⁵ University of Rezonanca, Prishtina, Kosova

Objectives: We represent the treatment of urolithiasis with ureteroscopic lithotripsy in our Clinic, inside the period 2009 - 2013, through rigid URS.

Material: The material is taken from the protocol of the Urologic Clinic in UCCK .

During these five years although lacking the basic material such as: the lithotripsy probe, breaking the uroteroscopic light, with many interruptions in working process for months and even years, we have performed 118 ureteroscopic lithotripsies. In the analyses has been included: the gender, the attacked side, ordination of tamsulosine, and applying of ureteral stents (double "J") and the period of stone cleaning.

Results: We have analyzed the ureteroscopic lithotripsies which were performed inside these five years (2009- 2013 in our Clinic).

Of these 118 cases, 56 or 47.45 % were males; 62 or 52.54 % were females; the right side was attacked in 56 cases or 47.45%; the urolithiasis in the left side was found in 44 cases or 37.28%; meanwhile the urolithiasis in both sides was found in 8 cases or 6.77 %.

We have also analyzed the stenting of the ureters (double "J") and of our analyses we have resulted, that the routine application of stents is not preferred, and is even harmful (taking more time to eliminate the crushed particles of stones), and also "re intervention" for removing them later.

Conclusions: We can conclude that ureteroscopic lithotripsy is a preferred choice for treating ureteroliths sized until 1 cm, especially those located in the middle and lower part of the ureter.

From our analyses we can conclude that the broken ureteroliths can be eliminated easier and faster in females compared to males (shorter urethra ?), there is no need for routine application of ureteral stents (double "J") and the ordination of Tamsulosine facilitates elimination of microliths and pain during this elimination.

The average cleaning period from stones is also analyzed. It results to last somewhat longer in males, 21 days, compared to 17 days lasting in females.

The sample of patients using Tamsulosine and those not using Tamsulosine is also analyzed. Patients using 0.4 mg Tamsulosine once daily, have a lower time of elimination (14 days) and complain less about pain.