

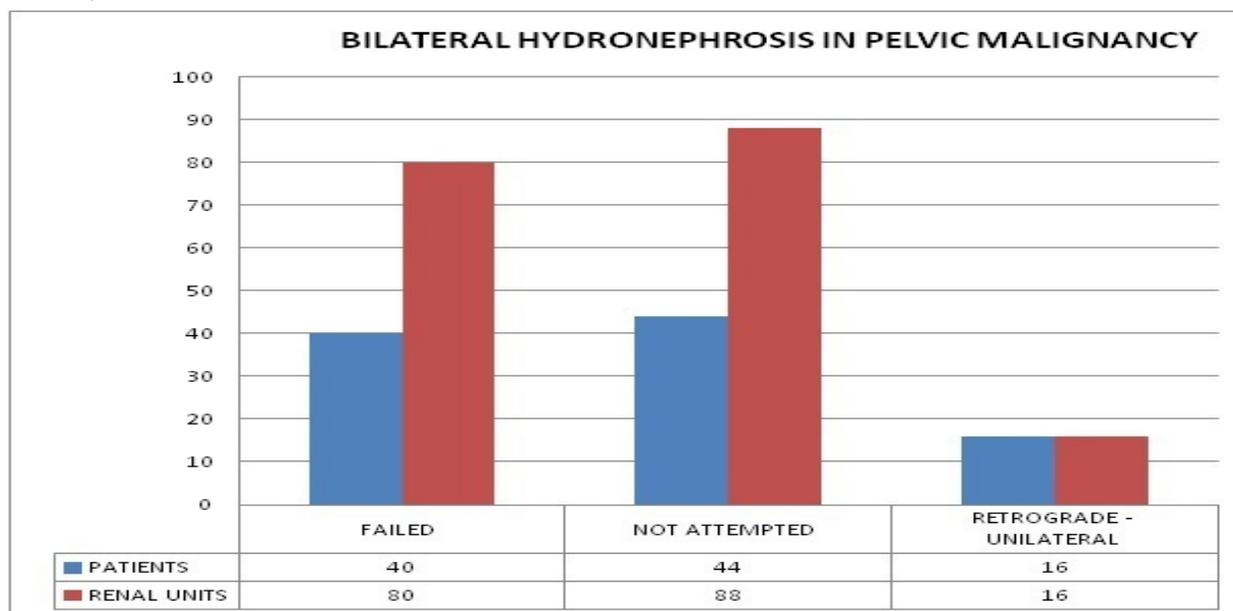
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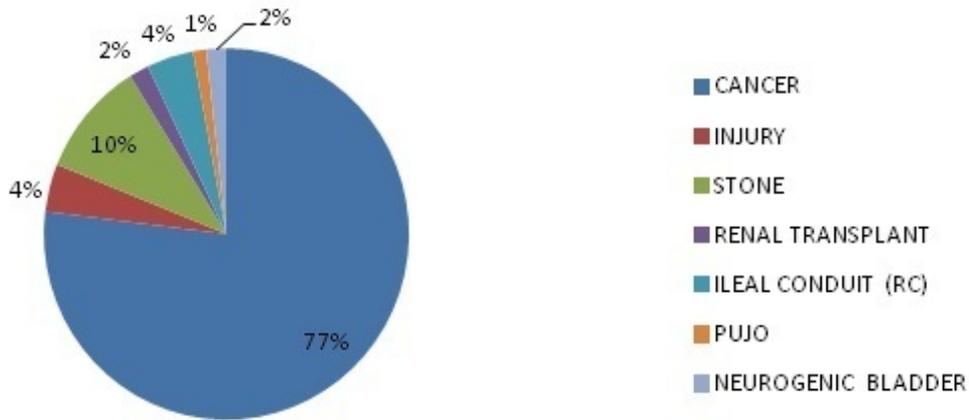
**Introduction & Objectives:** Management of obstructive uropathy secondary to pelvic malignancy is a complex problem. We can manage either by antegrade or retrograde stenting. In our study, we would like to address whether retrograde stenting required in ureteric obstruction secondary to malignant pelvic disease.

**Materials & Methods:** This retrospective study of patients who underwent antegrade stenting at our hospital from Feb 2012 to Mar 2019. Data was collected from the Radiology department and Clinical results electronic system.

**Results:** A total of 169 patients were included. There were 116 males (68%) and 53 females (32%), mean age 72 years (range 30– 99) with 130 patients having a malignancy. Of the 100 patients who had bilateral upper tract obstruction 56 patients had attempted retrograde stenting, only 16 patients had successful unilateral stent insertion. As a result, all 56 patients had general anaesthesia twice before completing successful bilateral stenting. Retrograde stenting had a failure rate of 95%, with antegrade stenting by a radiologist being successful in all other patients with minimal morbidity.



### NUMBER OF PATIENTS



**Conclusions:** Obstructive uropathy secondary to pelvic malignancy is best managed by staged antegrade ureteric stenting. This approach has a high success rate with minimal morbidity, and should be preferred to an attempted retrograde approach.