

P043 Endoscopic combined intrarenal surgery approach for urolithiasis' treatment. Our hospital's experience

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Introduction & Objectives: Percutaneous nephrolithotomy remains the standard procedure for large highly complex renal lithiasis. However, the endoscopic combined intrarenal surgery (ECIRS) approach is a simultaneous antegrade/retrograde technique that may offer one step stone free procedures, less complications, radiation rate and operative time using endourological techniques and innovative technology. Our objective was to show our experience and outcomes performing an ECIRS approach for urolithiasis' treatment.

Materials & Methods: We performed a retrospective analysis of 38 patients treated by an ECIRS approach due to urolithiasis disease between 2013-2018. Lithiasis mean size, operative time, stone free rate (SFR), complications according to Clavien-Dindo classification and mean hospital stay were recorded. Stone free status was considered as the absence of residual fragments or the presence of residual fragments <2 mm. Descriptive statistical analysis was done using SPSS v21.

Results: The 38 patients treated in our centre had a mean urolithiasis size of 58 mm (+/- 10 mm) and a mean operative time of 115 min (+/- 30 min). Thirty-two (84.2%) patients were stone free following the procedure. Eleven (28.9%) patients presented a complication, 8 (21%) patients had fever (Clavien Dindo I) and 3 (7.8%) patients required blood transfusion (Clavien Dindo II). No major complications (Clavien-Dindo³ III) were recorded. Mean hospital stay was 3.3 days.

Conclusions: The ECIRS approach could be a good alternative for the treatment of large highly complex renal lithiasis. In expert hands, it may be considered a feasible and safe surgical approach ensuring good stone free rate and functional outcome.