

Bhatti K.H.<sup>1</sup>, Amjad A.<sup>1</sup>, Nadeem S.<sup>1</sup>, Faaz G.<sup>2</sup>, Khalid A.R.<sup>1</sup>, Ahmed S.<sup>1</sup>

<sup>1</sup>Hmc , Dept. of Urology , Alkhor , Qatar, <sup>2</sup>Hmc , Dept. of Urology , Alkhor , Qatar

**Introduction & Objectives:** Efficacy of the Innovative technique. Bullseye fluoroscopic renal access in supine PCNL.

**Materials & Methods:** Percutaneous nephrolithotomy is still the first choice treatment for renal stone >2 cm. Supine PCNL is gaining more acceptance and more urologist all over the world are adapting it recently. Many studies showed that there are no significant differences in stone free and complication rate between prone and supine PCNL. Renal access in supine PCNL is achieved either fluoroscopically with triangulation technique or with ultrasound guidance. In this study we are introducing an innovative way to perform Bullseye fluoroscopic renal access in supine PCNL. This approach is meant to facilitate renal access in challenging triangulation approach cases and when ultrasound not available, we also assume that it reduces the x-ray exposure time during gaining initial access.

**Results:** Approach description: The patient is placed in flank free complete supine position, a 6 Fr ureteric catheter is placed using flexible cystoscopy. The X-ray C-arm is introduced in 45 degrees to the operating table cephalically instead to the conventional 90 degrees approach (figure 1). In AP position a contrast study is done to localize the favored puncture calyx. The C-arm is then rotated 45 degrees laterally towards the operating side. The wanted calyx is identified in this position too. The puncture needle tip is placed over that calyx and then the needle is positioned coaxially with the x-ray tube until we get Bullseye configuration (figure 2). The needle is pushed further under fluoroscopy in this position, by shifting the C-arm to AP position the depth of the needle and distance to the target calyx can be assisted (figure 3). Pilot study until 20 cases completed. Results are compiling.

**Conclusions:** Innovative technique. Bullseye fluoroscopic renal access in supine PCNL. Really a game changer.