MINIPERC

Altın standart video sunumu

Dr. Haluk ŞEN
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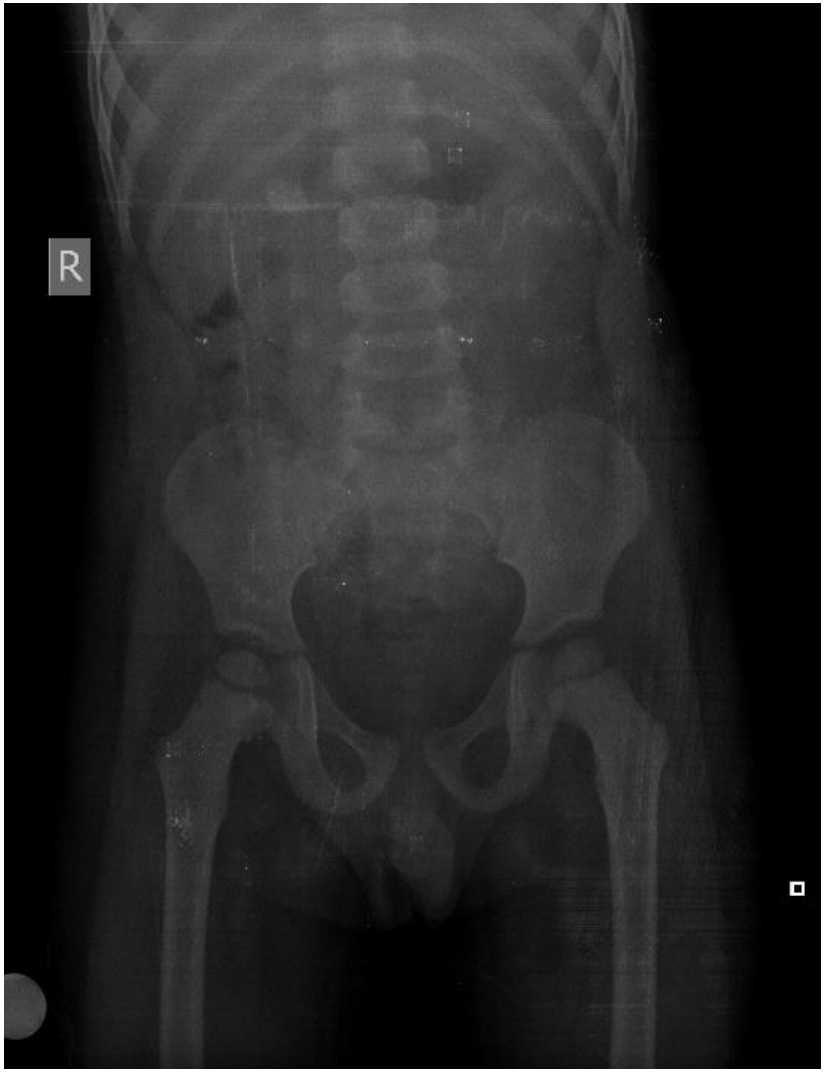
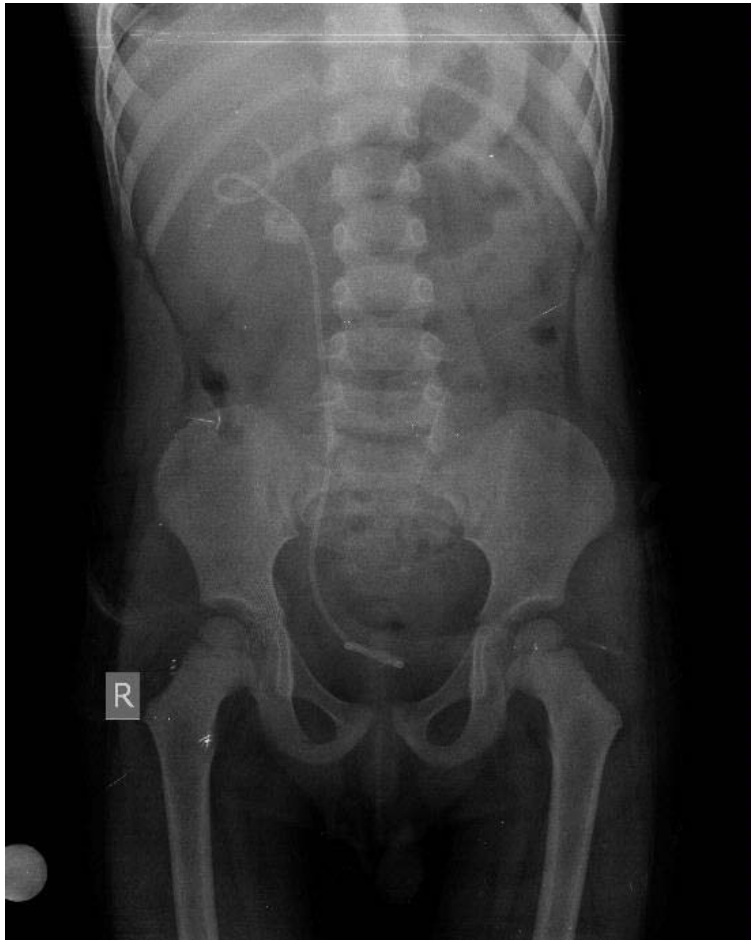
- 4 yaş, erkek çocuk
- Karın ağrısı şikayeti
- TİT : 3 + eritrosit
- USG: sağ böbrekte grade I dilatasyon, renal pelviste 16 mm taş
- Ca/cr: 0.18
- D&J stent imp + ESWL (3 seans)
- Post ESWL: Taş boyutu 15 mm

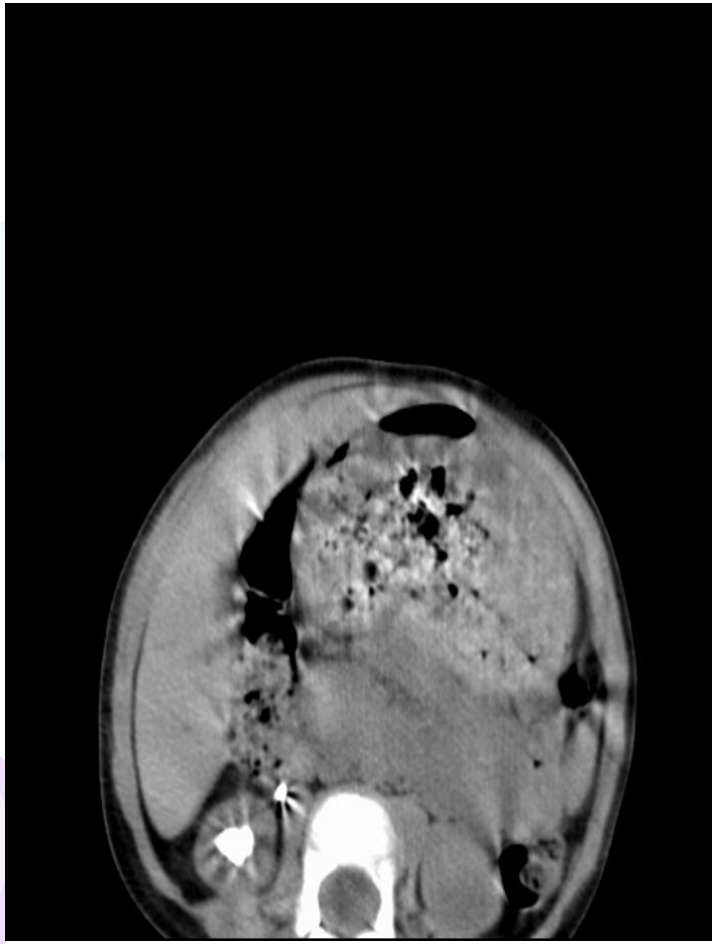
ESWL ÖNCESİ

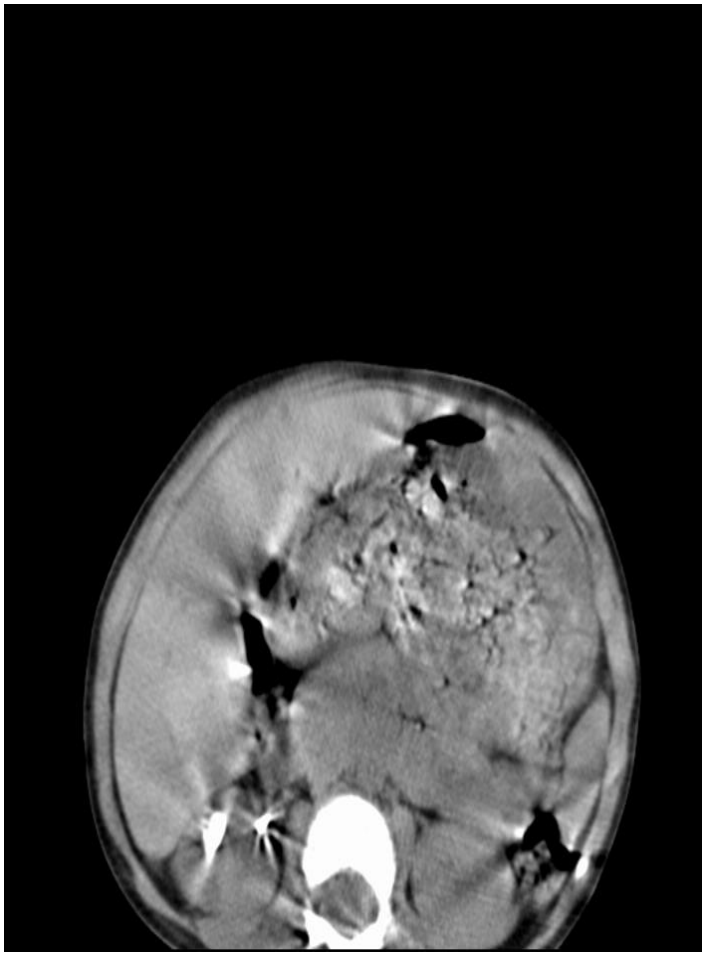


3 SEANS ESWL SONRASI



PREOP NON-CONTRAST CT





KARAR: Mini-PERC

Table 9: Recommendations for interventional management in paediatric stones

Stone size and localisation*	Primary treatment option	LE	GR	Secondary treatment options	Comment
Staghorn stones	PCNL	2	B	Open/SWL	Open/SWL Multiple sessions and accesses with PCNL may be needed. Combination with SWL may be useful.
Pelvis < 10 mm	SWL	1	A	RIRS/PCNL/MicroPerc	
Pelvis 10-20 mm	SWL	2	B	PCNL/RIRS/ MicroPerc/Open	Multiple sessions with SWL may be needed. PCNL has similar recommendation grade.
Pelvis > 20 mm	PCNL	2	B	SWL/Open	Multiple sessions with SWL may be needed.
Lower pole calyx < 10 mm	SWL	2	B	RIRS/PCNL/ MicroPerc	Anatomical variations are important for complete clearance after SWL.
Lower pole calyx > 10 mm	PCNL	2	B	SWL/ MicroPerc	Anatomical variations are important for complete clearance after SWL.
Upper ureteric stones	SWL	2	B	PCNL/URS/Open	
Lower ureteric stones	URS	1	A	SWL/Open	Additional intervention need is high with SWL.
Bladder stones	Endoscopic	2	B		Open is easier and with less operative time with large stones.

* Cystine and uric acid stones excluded. *PCNL = percutaneous nephrolithostomy; SWL = shock-wave lithotripsy; RIRS = retrograde intrarenal surgery; URS = ureteroscopy.*

CERRAHİ EKİP VE HASTA HAZIRLIĞI

- KURŞUN ÖNLÜK
- TİROİD KILIFI
- RETİNA KORUYUCU GÖZLÜK
- KURŞUN BONE
- KURŞUN ELDİVEN

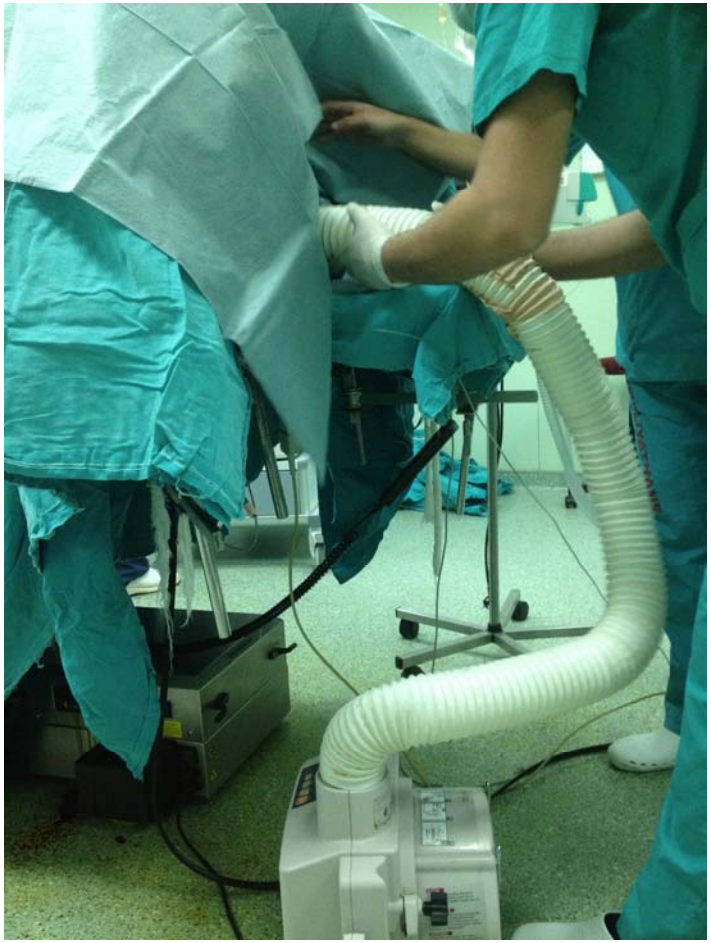
CERRAHİ EKİP

- ----------

- GONAD-THORAKS KORUYUCU

HASTA

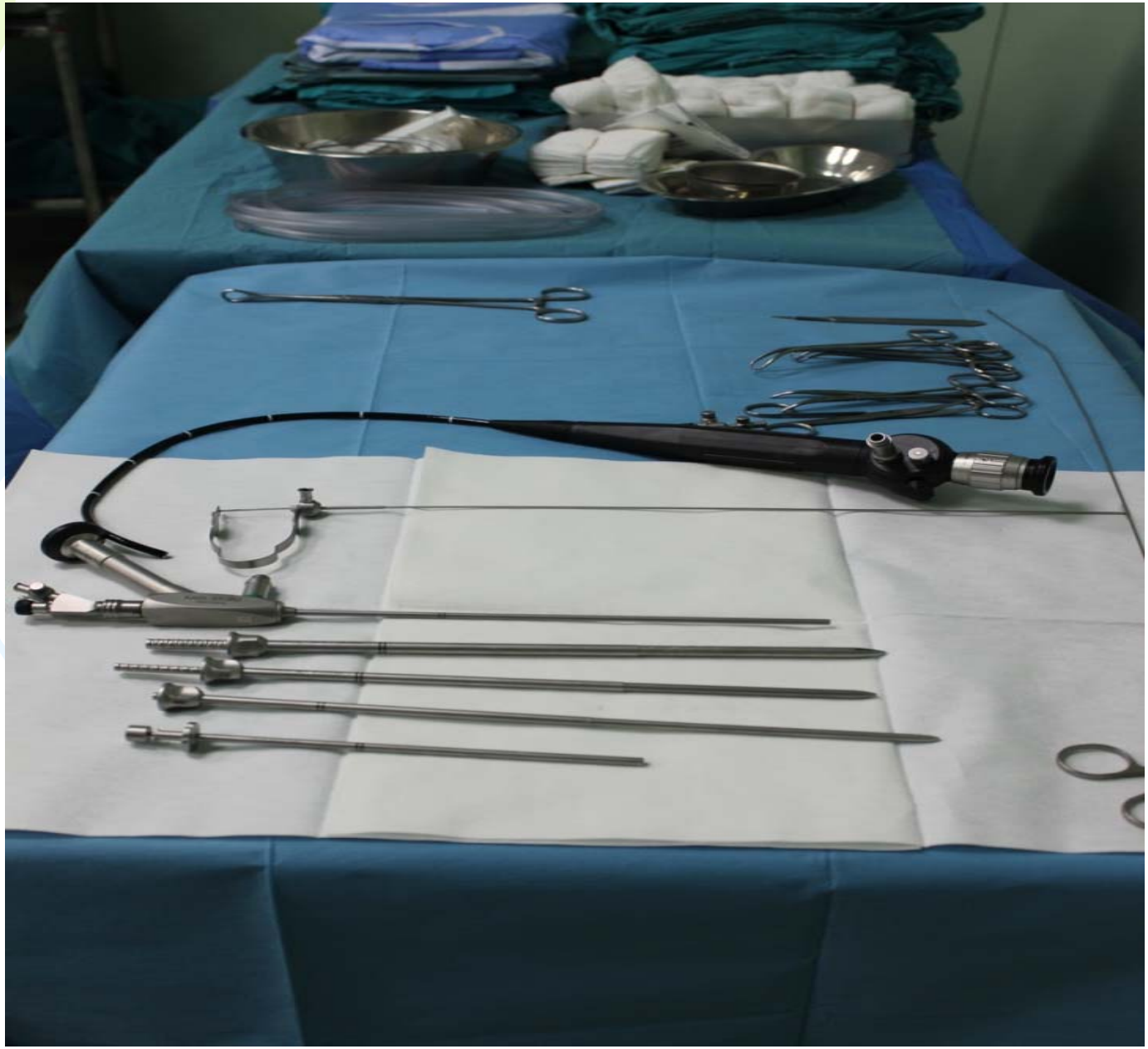
Hastaların ısıtılması



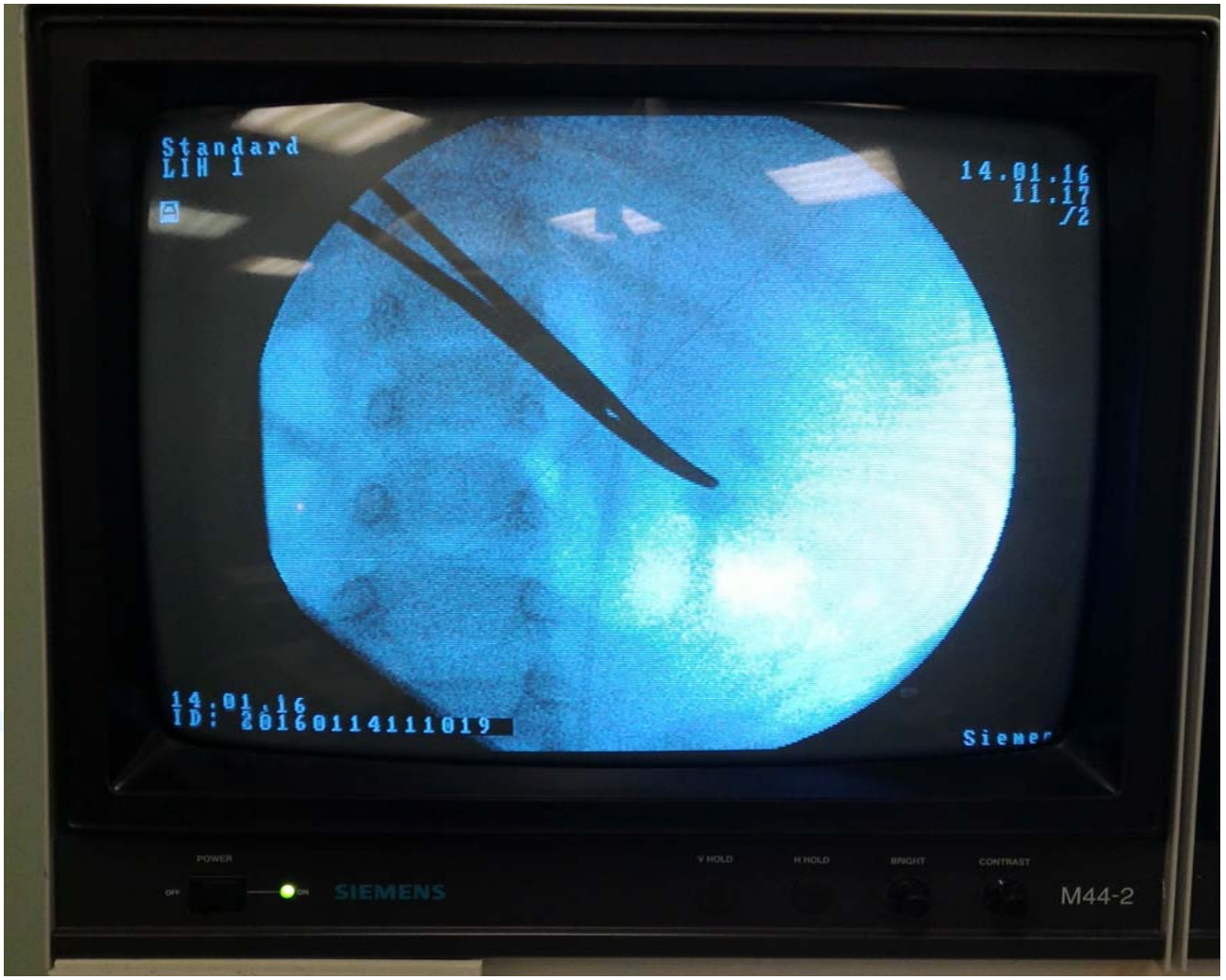
CERRAHİ

- Preoperatif parenteral antibiyotik
- Litotomi pozisynunda 4 fr üreteral kateter
- Prone pozisyonu
- Floroskopik X ışını oluşturan tüp masanın altında

Cerrahi Enstrumanlar



- Mümkün mertebe rezidü bırakmamaya özen gösterme
- Gerekli hallerde flexible aletler kullanma
- Nefrostomi tüpü yerleştirme (12 fr) antegrade D&J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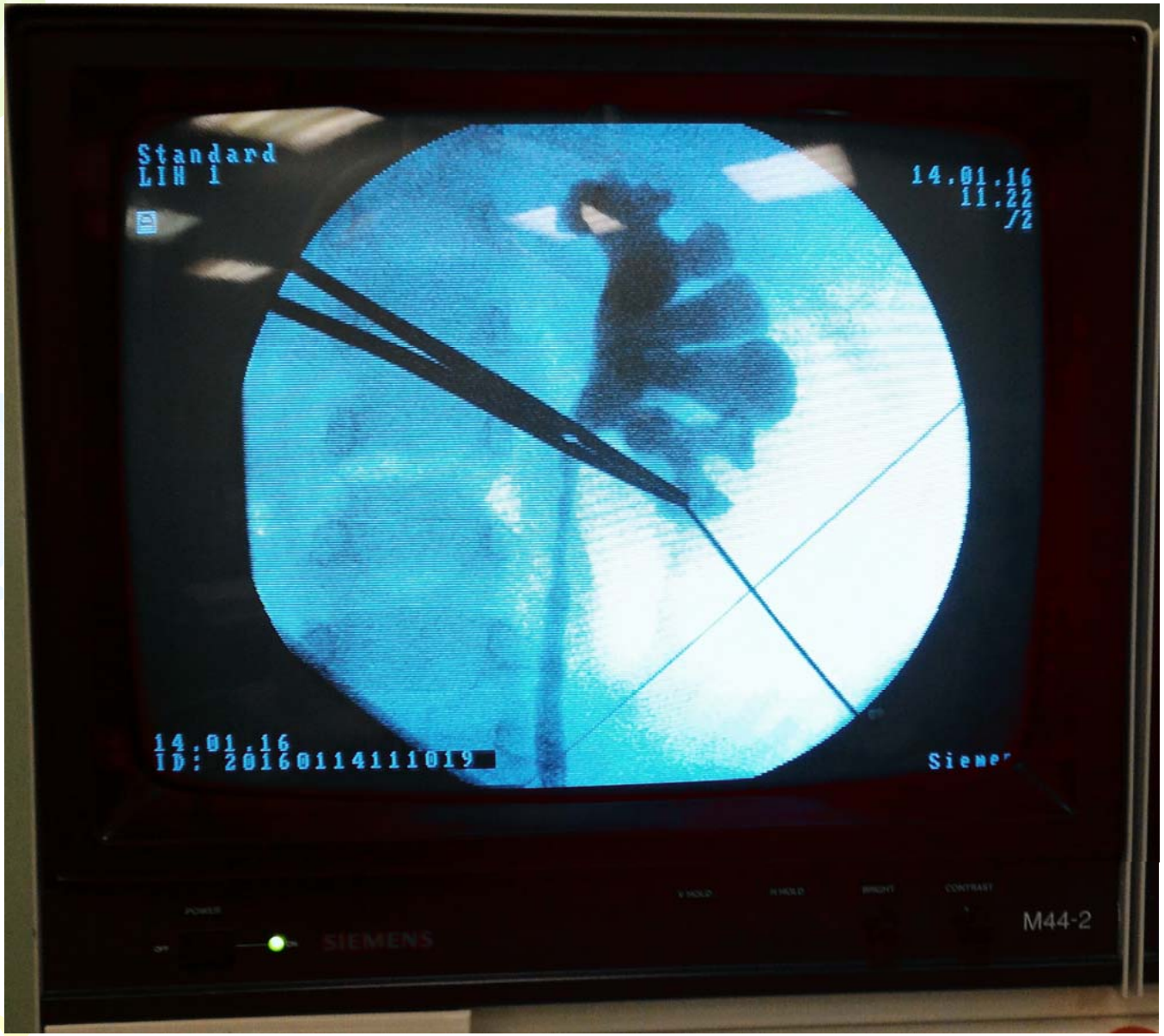
Siemer
POWER
V HOLD
H HOLD
BRIGHT
CONTRAST
SIEMENS
M44-2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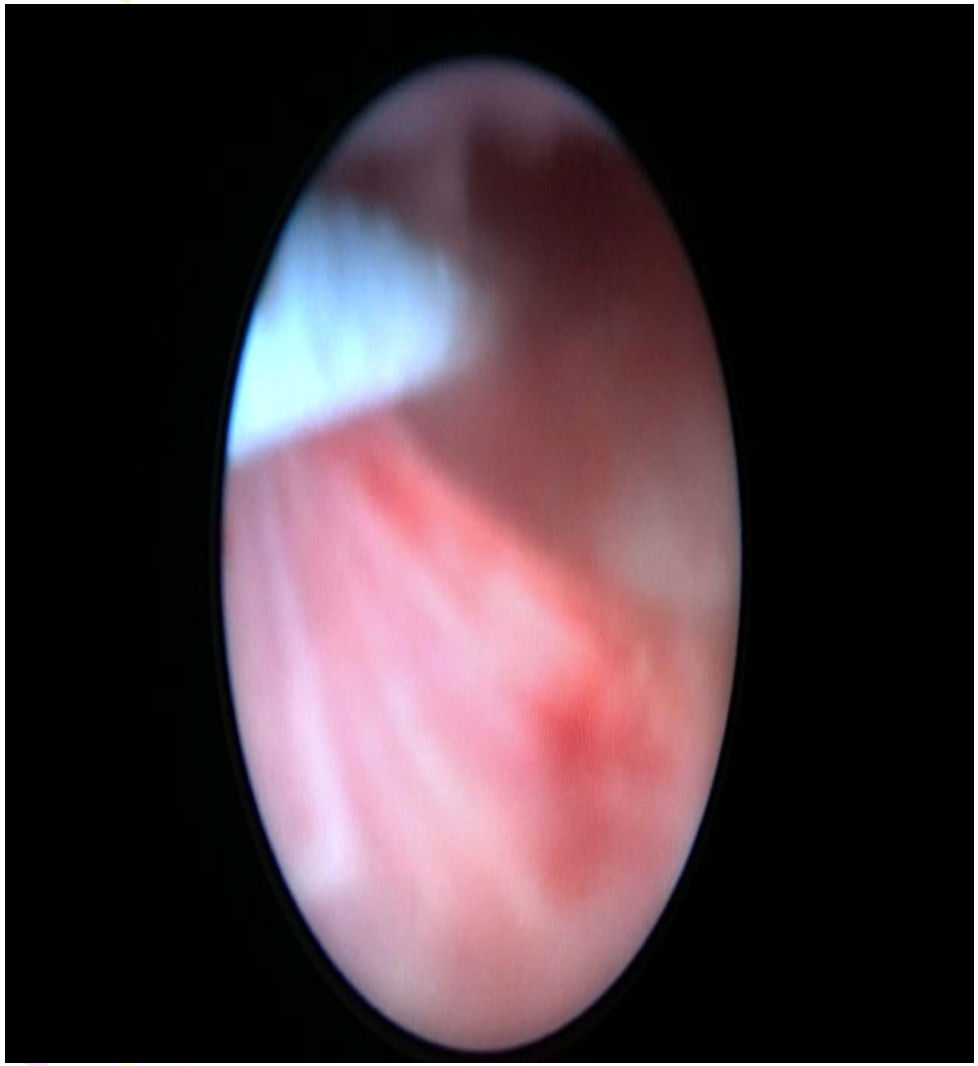
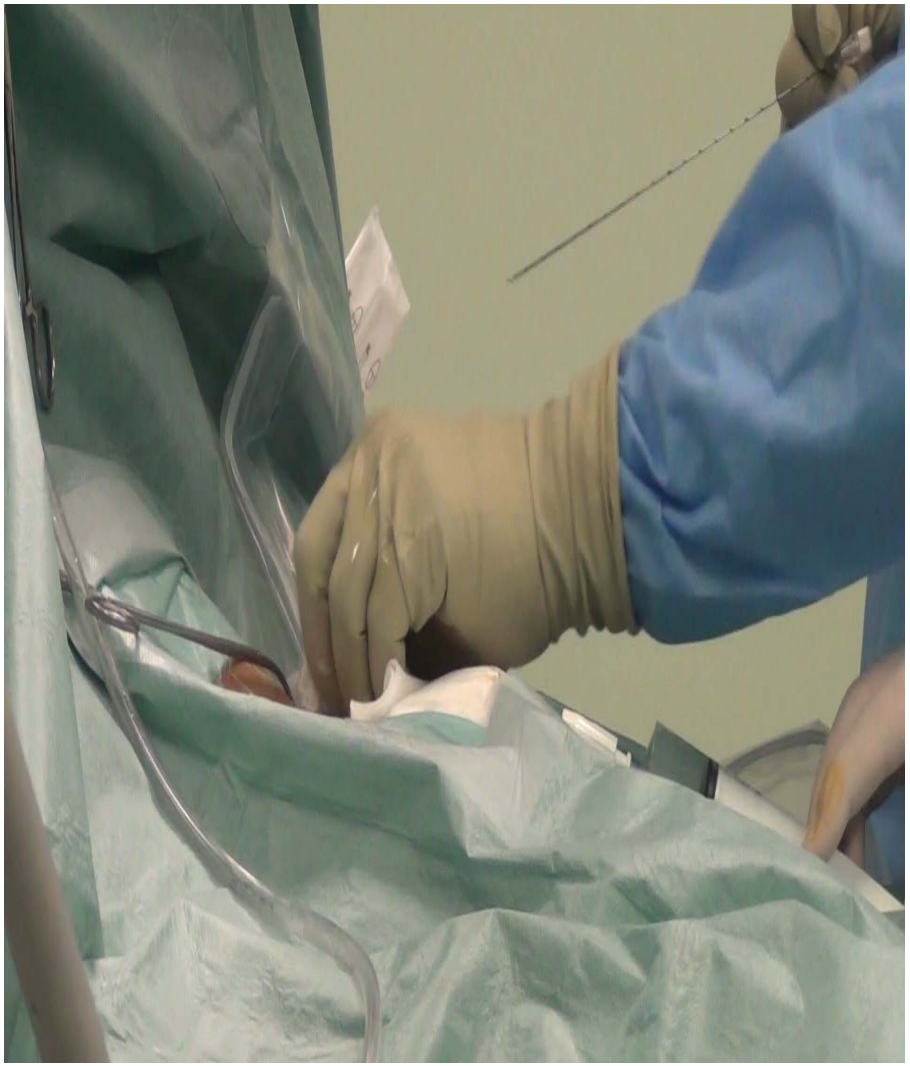
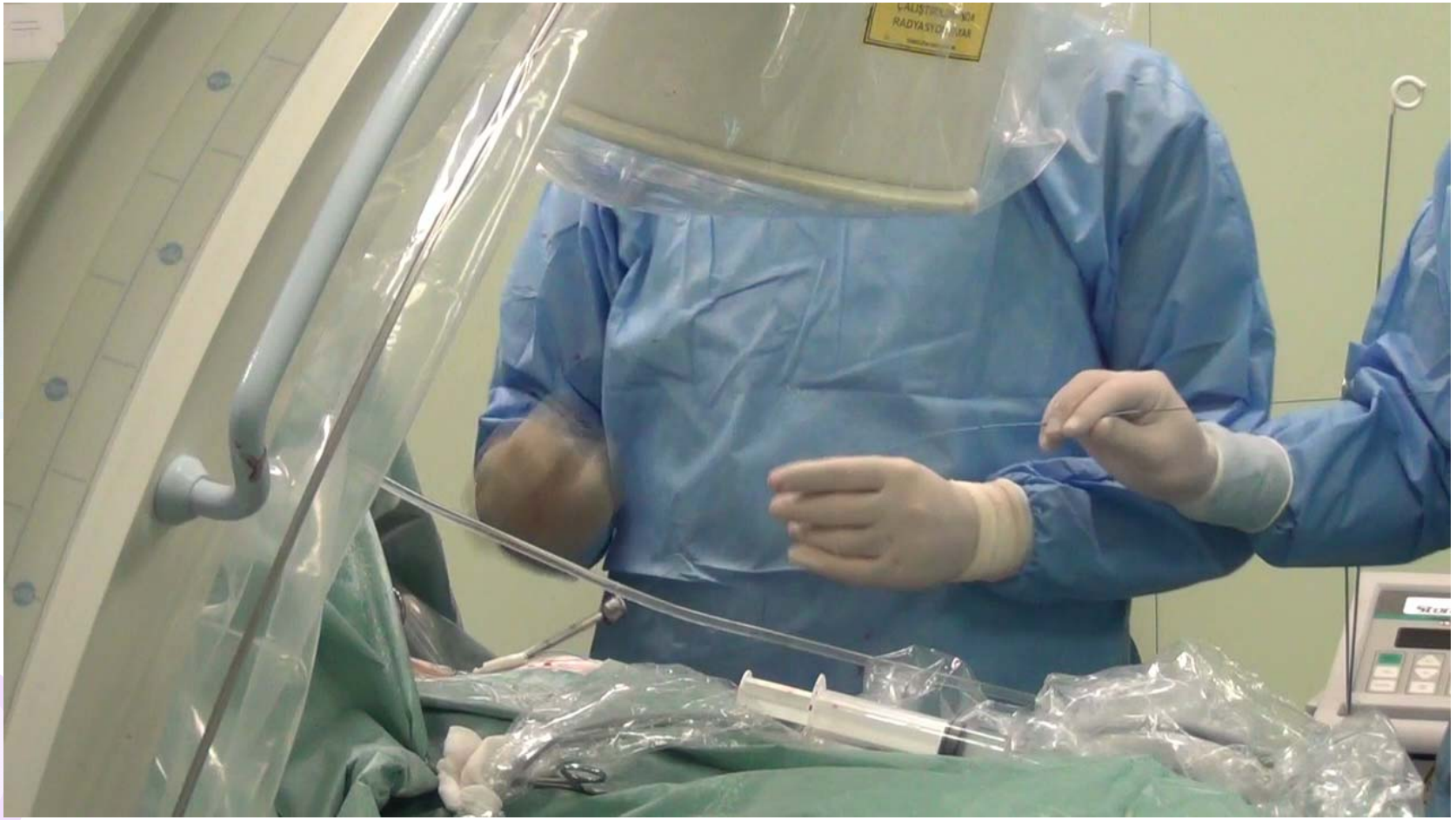
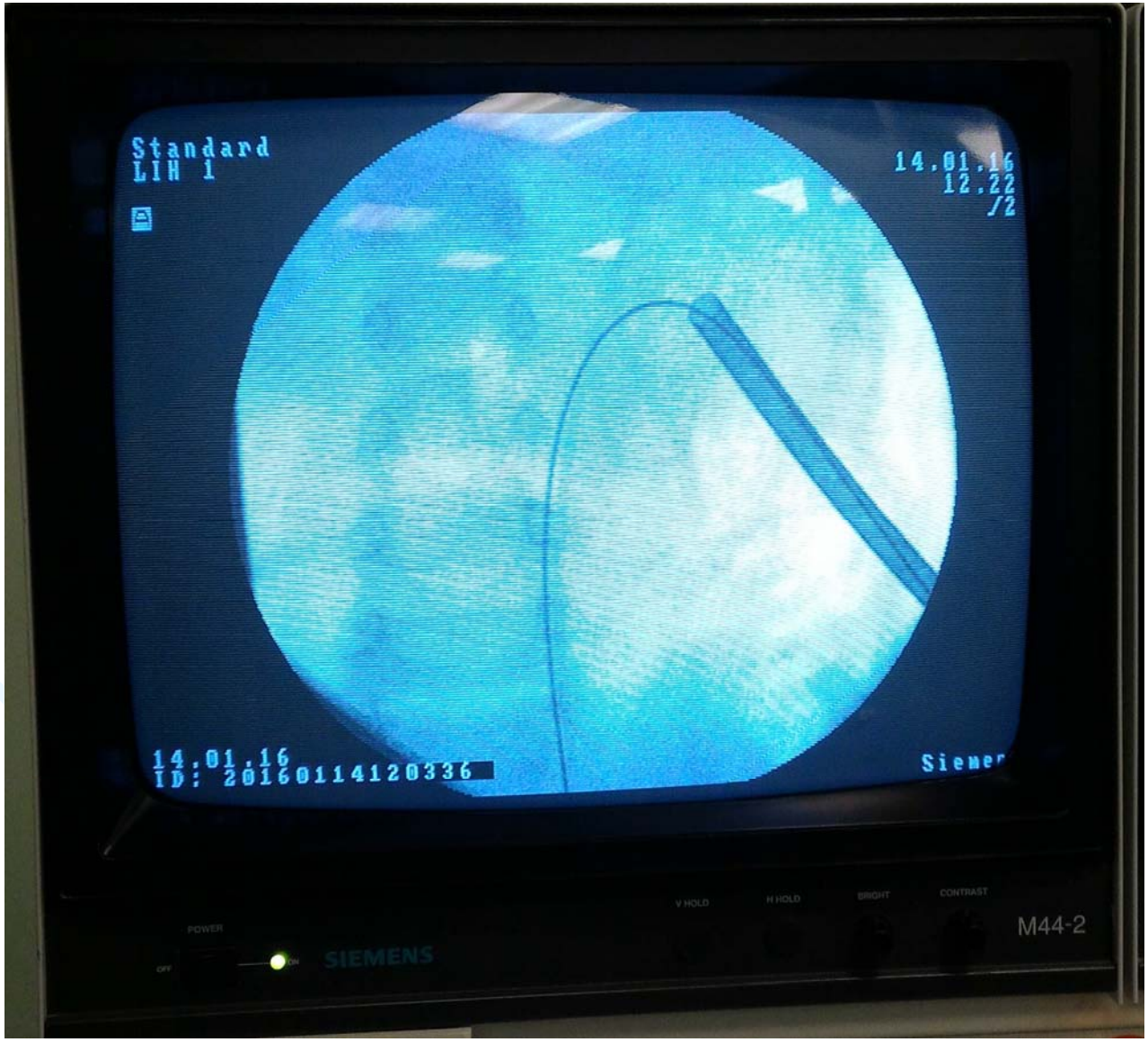




Antegrade D&J Implantasyonu

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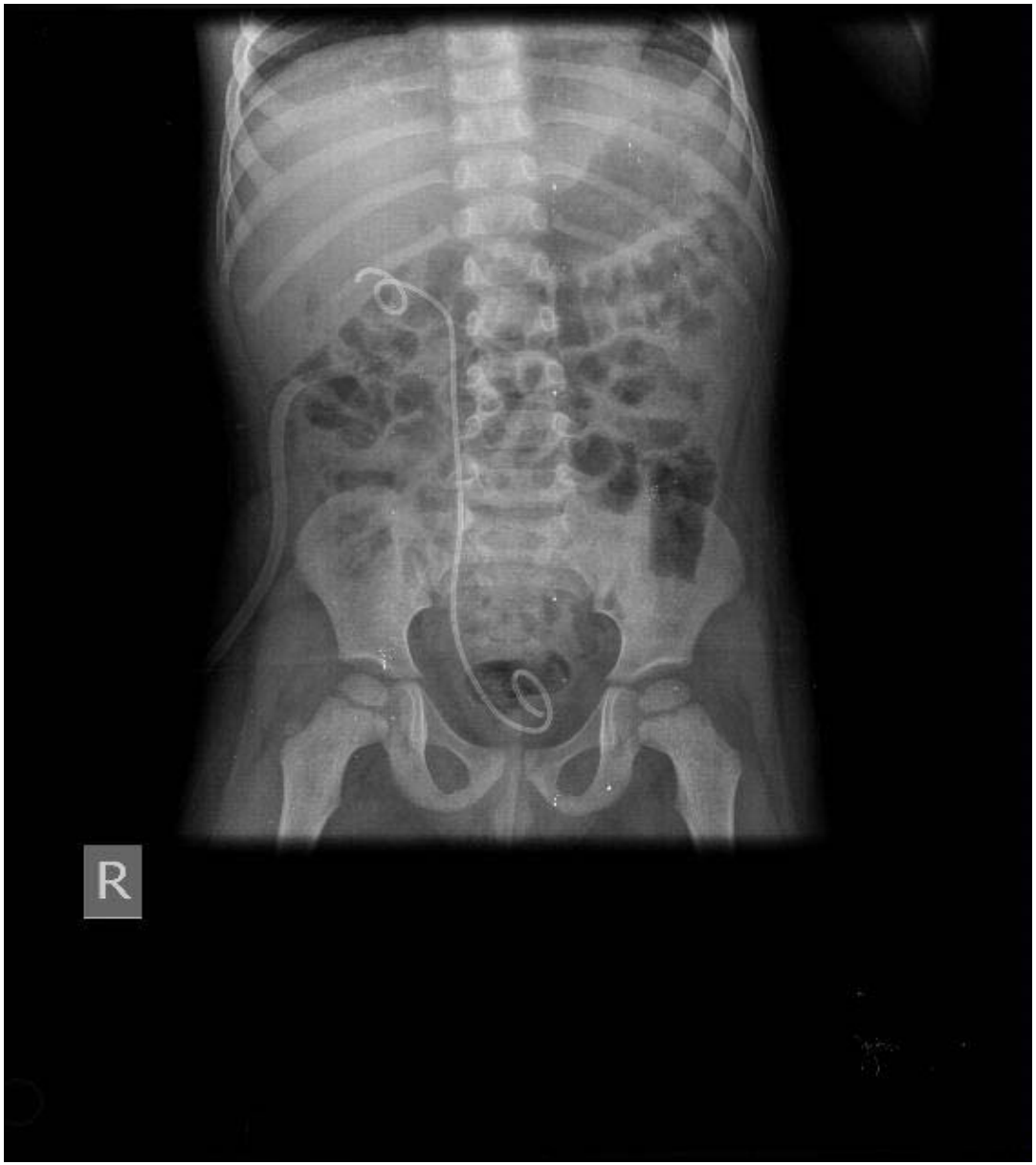
Siemer
POWER
OFF
ON
SIEMENS
V HOLD
H HOLD
BRIGHT
CONTRAST
M44-2


R

Teşekkürler