

THE TALENTS

The Trans-Atlantic Leaders in ENDourological
Technologies

Anatomical landmarks should
be respected?

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ESUT-IEA18

6th Meeting of the EAU Section
of Uro-Technology in conjunction
with the Italian Endourological
Association

24-26 May 2018, Modena, Italy

An application has
been made to the
UK CCR for the
accréditation of
this event

Evangelos Liatsikos
Professor of Urology
University of Patras
ESUT chairman



Disclosures

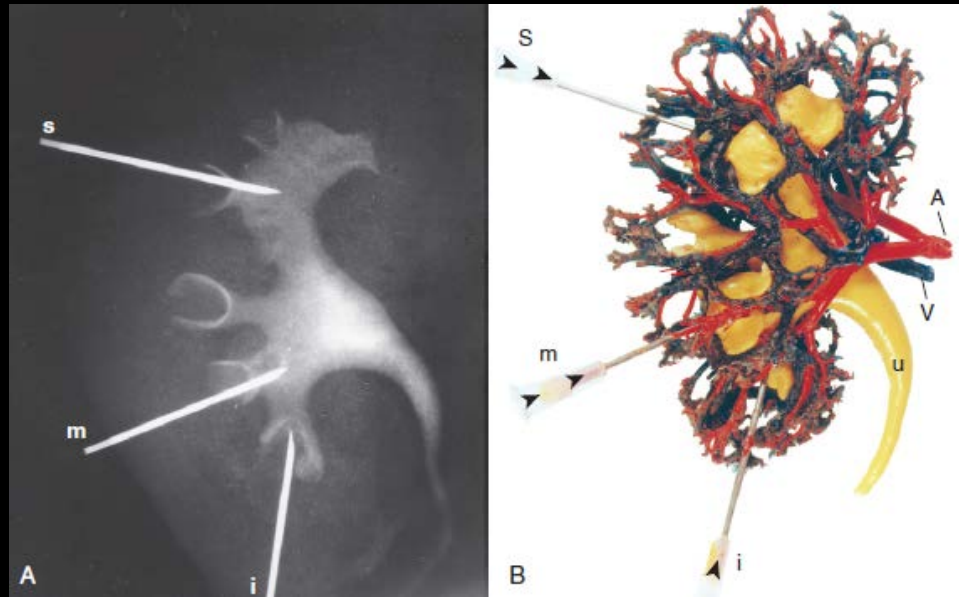
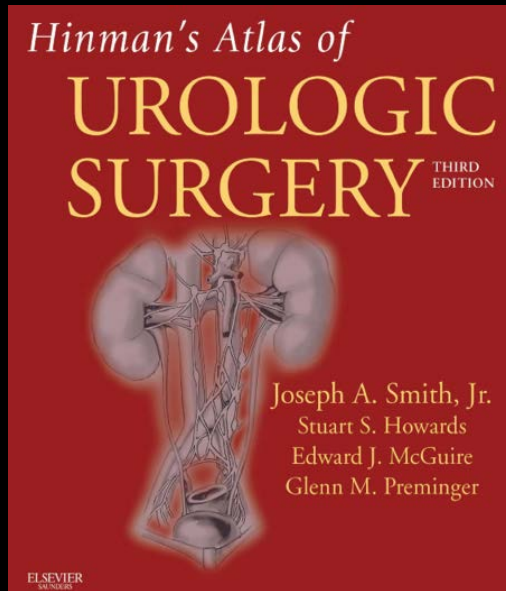
Consultant

- Cook Medical

Lecturer

- Karl Storz
- Boston Scientific
- EMS

Calyceal puncture: a worldwide dogma



*“ The avascular field between the anterior and posterior divisions, known as **Brodel’s bloodless line**, is the ideal point of renal entry. Entry through a posterior calyx usually traverses this line. For this reason, a **posterior calyx is the preferred site of entry for percutaneous access** in that it is associated with a lower risk of vascular injury.”*

What about targeting anywhere in the kidney?

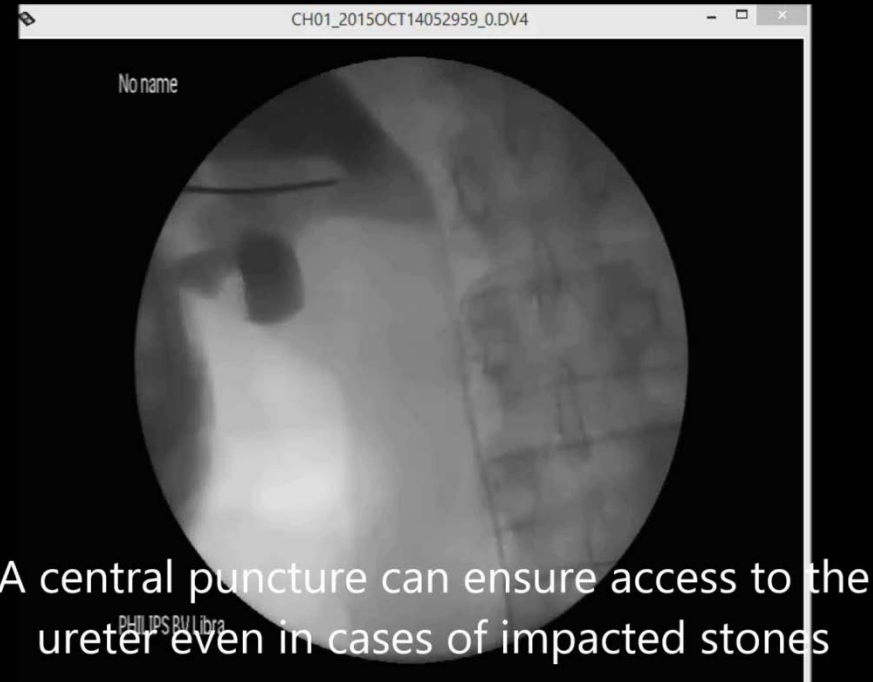
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Is it safe?

Benefits of central puncture



Increases the freedom of bending of the scope to distal calyces

Facilitates access to the ureter even in cases of impacted pelvic stones

ampatzi



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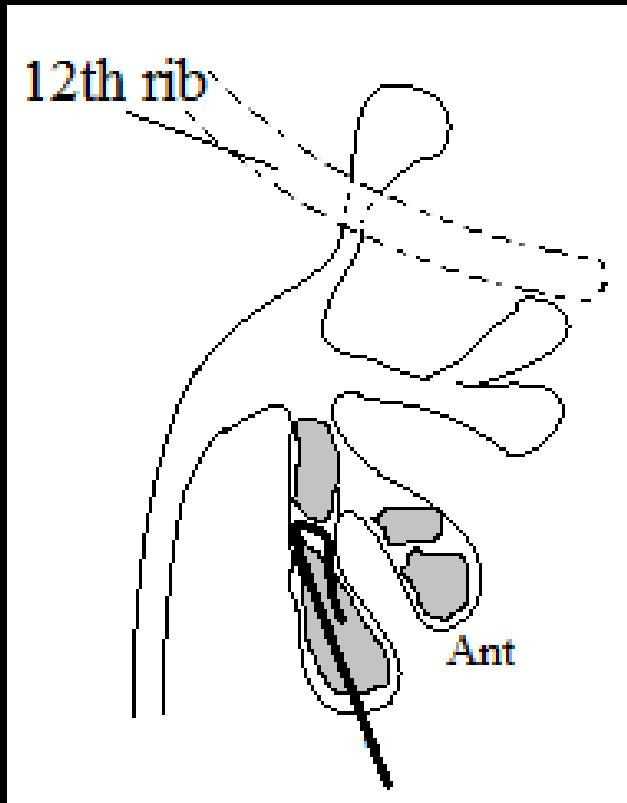


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Internal view of papillary vs central puncture (ECIRS)

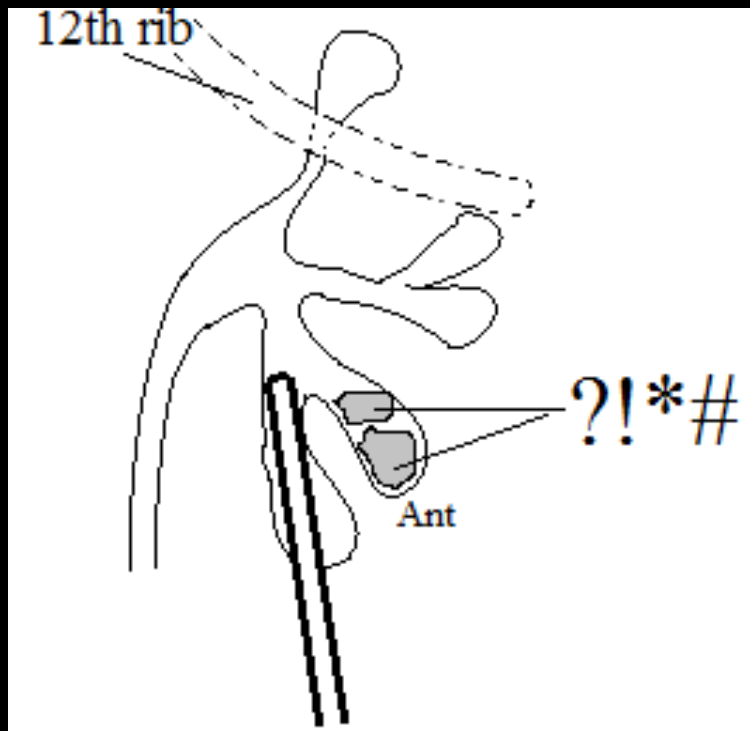


Lower pole puncture



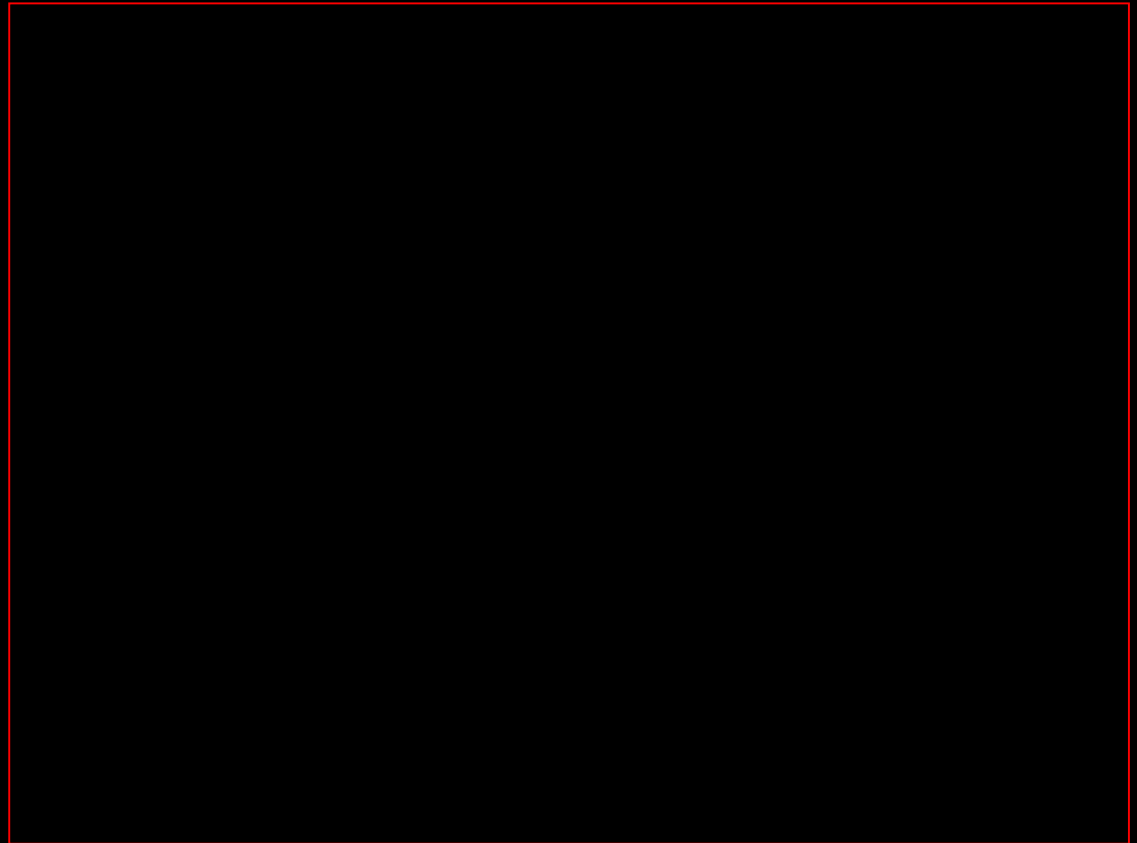
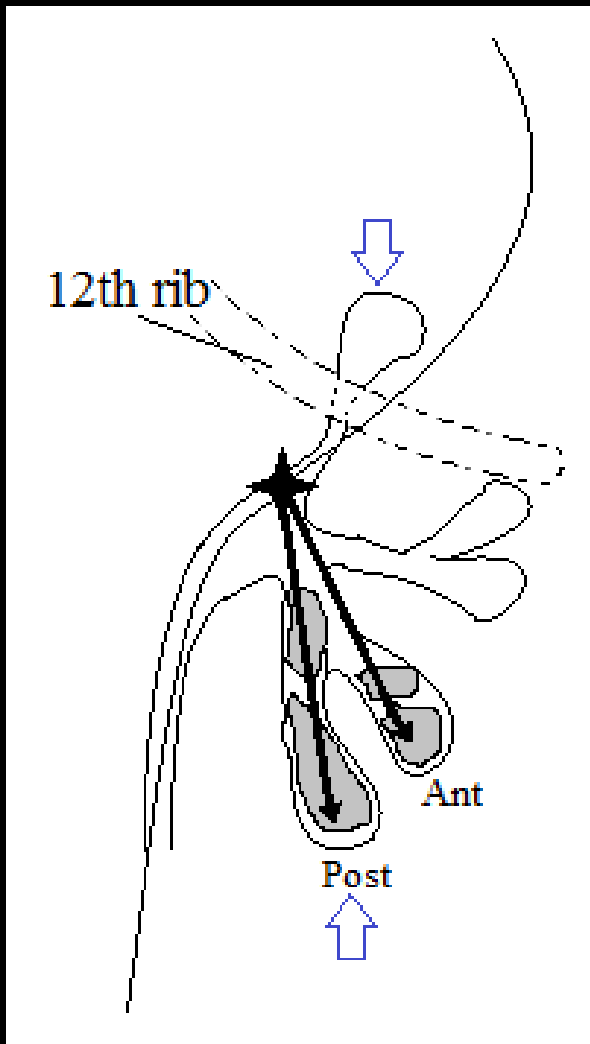
Lower pole puncture will not provide an access to the ureter and in cases of impacted stones dilation will have to be performed with a wire being not deep into the system risking kinking off the system during dilation.

Back to our previous scenario: lower pole calyceal puncture



In addition, access to the neighboring anterior calyx from the posterior calyx might be difficult or impossible even with a flexible scope

Benefits of a more flexible target protocol



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