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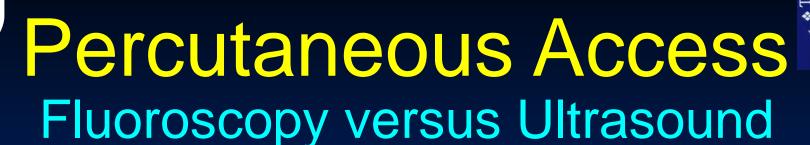
- Fluoroscopy has been used for access during percutaneous nephrolithotomy for over 30 years¹
- In 2013, results from the international CROES PCNL registry demonstrated:
 - -Fluoroscopy was used in 2853 pts (86%) vs ultrasound in 453 pts (14%)²
 - 1. Lowe FC, Urology 1986
 - Andonian, S et al. J Endourol 2013





- Ultrasound has grown in popularity due to radiation concerns
- Systematic reviews and meta-analysis have shown ultrasound guided access associated with:
 - Equivalent or better stone free rates
 - -Shorter access times
 - Lower complications
 - Less bleeding

- 1. Liu Q, et al. Urolithiasis 2017
- 2. Wang K, et al. Urol Int 2015
- . Breda A, et al. Scand J Urol 2017





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Radiation Reduction Ultrasound during PNL

	Ultrasound + Fluoroscopy	Fluoroscopy	p Value
Basiri A, et al.	41.4 s	57.0 s	p=0.0001
Agarwal M, et al.	14.4 s	28.6 s	p<0.01





Fluoroscopy versus Ultrasound



Less radiation



case?



Percutaneous Access Fluoroscopy versus Ultrasound



- With ultrasound, as depth increases resolution decreases
- Many series of PNL have median BMI > 30 kg/m²



Fluoroscopy versus Ultrasound

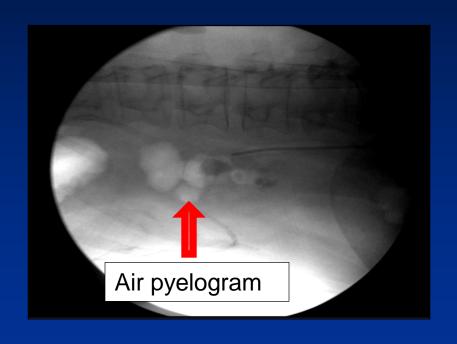
Ultrasound Guidance to Assist Percutaneous Nephrolithotomy Reduces Radiation Exposure in Obese Patients

Manint Usawachintachit, Selma Masic, Helena C. Chang, Isabel E. Allen, and Thomas Chi

- Demonstrated 45.7% success rate for ultrasound guided access in obese patients
 - Significantly lower than in normal weight patients

Radiation Reduction Obese patients without Ultrasound

- Air pyelogram shown to reduce radiation exposure by ~ 50%
 - -Median BMI 31.6





Radiation Reduction

Fluoroscopy protocol-obese patients

- Reduced flouroscopy protocol
 - Pulse rate set at 1 frame/sec
 - Timed fluoro at expiration
 - -Measured tract length on pre-op CT
- Mean BMI > 30
- Reduced fluoro time from 175.6 sec to 33.7 sec



Percutaneous Access







aneous