

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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بعض الوثائق الأصلية تالفة





بالرسالة صفحات لم ترد بالأصل



PERCUTANEOUS RENAL SURGERY

"Preliminary Experience"

THESIS

Submitted for Partial Fulfillment of *MASTER DEGREE* in
UROLOGY

BY

Esam Roshdy Hassan
M.B.B.Ch.,

SUPERVISED BY

Prof. Dr. Mohamed Hamdy Abou El-Hassan
Professor and Chairman of Urology Department,
Faculty of Medicine, El-Minia University

Dr. Mohamed Abdel-Malek Hassan
Assistant Professor of Urology,
Faculty of Medicine, El-Minia University

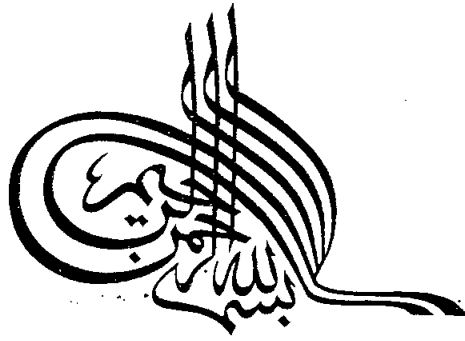
Dr. Lotfy Mohamed Abdel-Kader
Lecturer of Urology
Faculty of Medicine, El-Minia University

FACULTY OF MEDICINE
EL-MINIA UNIVERSITY

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﴿ وما أُوتِيتُمْ مِنَ الْعِلْمِ إِلَّا قَلِيلًا ﴾

صَلَّى
الْعَظِيمِ

سورة الإسراء آية (٨٥)

TO
THE SOUL OF
MY BROTHER
"ASHRAF"

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INTRODUCTION
AND
AIM OF THE WORK

INTRODUCTION AND AIM OF THE WORK

Before the development and widespread acceptance of percutaneous nephrostolithotomy, individuals with urinary tract stones required open surgical removal. Although open removal of stones from the kidneys is a well established form of surgery and is an every day practice for the urologist yet some complications can occur with the inexperienced hands and in difficult cases. The lengthy hospitalization and prolonged treatment period negated many of the potential benefits compared with open surgical stone removal.

With the beginning of the ninth decade, there has been an exciting form of relatively painless, less terrifying, and less invasive treatment modality, that is the percutaneous renal surgery. Since that time and with the great advancement in optics, physics, and technology, that led to significant advances in the endoscopic and auxiliary instrumentation available to the urologic surgeon, percutaneous nephrostolithotomy became the procedure of choice for most renal stones (Brannen and Bush, 1985).

Percutaneous stone extraction was often a tedious and time-consuming procedure that required a prolonged treatment period to dilate and mature the nephrostomy tract. It was possible to demonstrate clear advantages in terms of

length of hospital stay, treatment cost, and decreased loss of working days in comparison with open stone surgery.

Although initially limited to calculous disease, today the span of endourology encompasses a means of diagnosis and treatment for a whole host of maladies affecting the upper urinary tract formerly only approachable by open surgery.

The work that remains to be done is to further refine each of these techniques until its respective success rate routinely equals or exceeds the outcome of its surgical counterpart. To this end, the urologist and the bioengineer need to work hand in hand to develop and then critically test each new, as it becomes available.

The aim of this study is the post-operative assessment of the results, benefits and outcome of the use of percutaneous nephrostomy drainage of cases with advanced hydronephrosis infected and non infected and severely ill uremic conditions with correlation with the size of drainage tube and duration of draiage.

REVIEW OF LITERATURE