

## **ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ**

мочекаменной болезни, аденомы предстательной железы и других заболеваний почек и мочевыводящих путей с применением современных малотравматичных технологий для жителей всех субъектов Российской Федерации

Университетская клиника СПбГУ, ФГБУ «Санкт - Петербургский многопрофильный центр» Минздрава России, 2015



**Северо-Западный центр эндоурологии и литотрипсии (СЗЦЭЛТ),**  
основан в 2011 году

- **Мочекаменная болезнь**
- **Аденома предстательной железы**
- **и другие заболевания почек и мочевыводящих путей**



## ОСНОВНАЯ ИДЕОЛОГИЯ

**суперспециализация** с целью сосредоточения в одном клиническом подразделении всех **современных возможностей медицины** в области эндоурологии для **достижения наилучших результатов** лечения.



СЕВЕРО-ЗАПАДНЫЙ ЦЕНТР  
ЭНДОУРОЛОГИИ И  
ЛИТОТРИПСИИ

# Стремление к лучшим результатам

• Все хирурги, выполняющие сложные эндоурологические операции, одновременно занимаются научно-исследовательской работой в указанном направлении

• Ежегодно в СЗЦЭЛТ выполняется более 700 эндоурологических хирургических вмешательств

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**ORIGINAL PAPER**

## Urologists versus radiologists made PCNL tracts: the UK experience

Mohamed E. Adam<sup>1</sup>, Ali Taheri<sup>2</sup>, Brian Duggan<sup>3</sup>, Amar Hamad<sup>1</sup>, Colin Macfie<sup>1</sup>, Doug O'Keefe<sup>4</sup>, Trevor Walker<sup>5</sup>

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**Abstract** We aim to explore the practice of who makes the PCNL tract in the UK and Northern Ireland as well as processing and data for two different approaches to PCNL tracts in Northern Ireland. A national questionnaire survey was carried out over the National Health Service (NHS), and in addition, a retrospective analysis of 134 PCNL cases were carried out at the Croydon (CRON) (57%) versus that at the Glasgow (GLAS) (53%) sites. The survey returned 409 (42) of the responses, obtained a methodology score of 88.7 (81) on a weighted mean, and each with the following 111 (111) with the following: radiologist performed tracts in 60 cases, while urologists performed 345. This was for group 1 and was in Group II. The overall case rate for CRON and GLAS for group I and II, respectively. There is a clear correlation for CRON (p = 0.0381). The browser is likely to be different in the completion of the cases in group II. However, neither tract penetration time in real time or effective in a case appears with undergoing in either of our sample groups.

**Keywords** Percutaneous nephrolithotomy • Urologists • Nephrology • Stents • Urology

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**UROLOGY • ORIGINAL PAPER**

## Supine versus prone position in percutaneous nephrolithotomy for kidney calculi: a meta-analysis

Feng X, Wang, Kangji Wang

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**Keywords** Kidney calculi • Metanallysis • Nephrology • Percutaneous • Prone position • Supine position

**Introduction** With the introduction of new technologies in urology, the indications to open surgery for urolithiasis have been decreased considerably. Minimal invasive treatment or surgery has become increasingly popular in urology as compared to open surgery and endoprosthesis.

Following the first description of percutaneous renal access with a patient in the prone position by

**Introduction** The routine management of renal stones has been revolutionized over the past 20 years with the introduction of a number of minimally-invasive techniques. Percutaneous nephrolithotomy (PNL) is an option for the majority of large renal calculi, even those located in the upper pole. However, the optimal approach open for the majority of stones and the ideal access point for the majority of stones has been a matter of debate. The current literature on this subject is heterogeneous and no consensus has been reached.

Percutaneous nephrolithotomy (PCNL) is an option for the majority of stones and the ideal access point for the majority of stones has been a matter of debate. The current literature on this subject is heterogeneous and no consensus has been reached. The ideal access point for the majority of stones and the ideal access point for the majority of stones has been a matter of debate.

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**ORIGINAL ARTICLE**

## Nephrostomy in percutaneous nephrolithotomy (PCNL): does nephrostomy tube size matter? Results from The Global PCNL Study from The Clinical Research Office Endourology Society

Luqman Chaudhry<sup>1</sup>, Chandra Srinivasan<sup>2</sup>, Nabil H. Bishara<sup>3</sup>, Shoukry Elmaghrabi<sup>4</sup>, Rafiqul Islam<sup>5</sup>, Joon S. Park<sup>6</sup>, Zhen Yuan<sup>7</sup>

Received: 03 August 2020 / Accepted: 05 December 2020 / Published online: 17 October 2021  
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**Abstract** Purpose To explore the relationship between nephrostomy tube (NT) size and outcome of percutaneous nephrolithotomy (PCNL). Methods The Clinical Research Office of Endourology Society Global PCNL prospective collected data from 495 consecutive patients treated with PCNL over a 3-year period. We reviewed 100 cases of PCNL with a 16–24 Fr NT. Results were analyzed in terms of stone-free rate (SFR), postoperative complications, and postoperative pain scores. Results Patients who received a 16–24 Fr NT had a significantly higher SFR (88.5% vs. 84.5%, p = 0.003), lower postoperative complications (2.5% vs. 3.5%, p = 0.002), and lower postoperative pain scores (2.5 vs. 3.5, p = 0.002). Conclusion Larger NT size was associated with higher SFR, lower postoperative complications, and lower postoperative pain scores.

**Keywords** Percutaneous nephrolithotomy • Nephrostomy tube • Stone-free rate • Postoperative complications • Postoperative pain

Luqman Chaudhry, Chandra Srinivasan, Nabil H. Bishara, Shoukry Elmaghrabi, Rafiqul Islam, Joon S. Park, Zhen Yuan (✉)  
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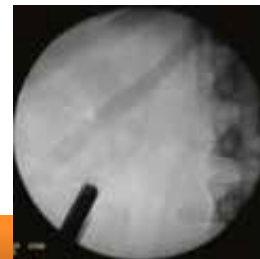
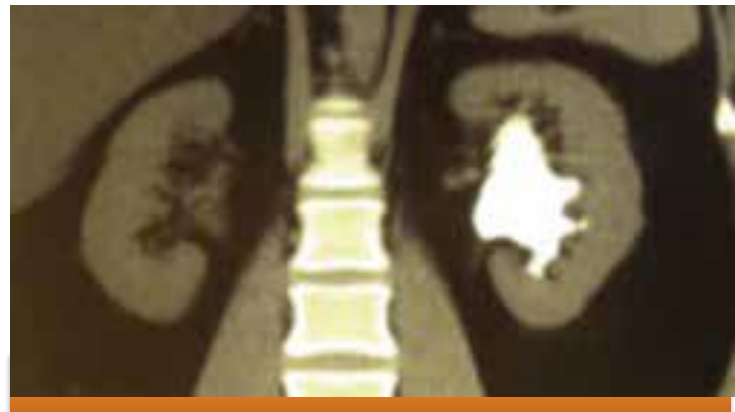
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- ✓ На сегодняшний день практически **нет** **места открытым операциям** в лечении мочекаменной болезни и доброкачественной гиперплазии (аденомы) предстательной железы.

Проблема почечной колики (камня мочеточника) может быть решена в режиме однодневной госпитализации с выходом на работу через 2 дня.

# Преимущества эндоскопии:

- ✓ Современные технологии позволяют из прокола в 1 см удалить из почки камень размером до 7 см.
- ✓ Без повреждения кожных покровов можно избавить пациента от аденомы простаты размером более 150 см<sup>3</sup> и камней мочевого пузыря.



## Преимущества эндоскопии:

- минимальная травматизация тканей и органов пациента;
- высокая эффективность – есть полный визуальный контроль операции;
- снижение риска осложнений;
- резкое снижение продолжительности пребывания в больнице;
- быстрая реабилитация;
- косметический эффект.



# Доступность эндоурологических технологий в РФ

- ✓ Эндоурологические технологии в большинстве региональных клиник РФ находятся в зачаточном состоянии
- ✓ Продолжают повсеместно выполняться открытые операции по поводу камней почки и мочеточников, аденомы простаты и др.





# Доступность эндоурологических технологий в РФ

- ✓ Полноценное внедрение малоинвазивного подхода в клиническую практику на сегодняшний день просто невозможно.
- ✓ **Пример:**  
Оборудование есть в наличии, но его эффективное и безопасное применение невозможно из-за дефицита расходных материалов, по организационным причинам или просто из-за отсутствия у персонала необходимых знаний.



# Наиболее часто применяемые технологии (число операций в год)

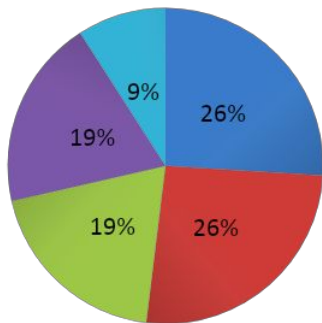
**СЗЦЭЛТ** располагает всеми существующими в мире эндоурологическими технологиями с доказанной эффективностью

- трансуретральная уретеролитотрипсия и нефролитотрипсия полуригидными и гибкими уретеропиелоскопами (**более 200 в год**)
- перкутанная нефролитотрипсия (**более 150 в год**)
- миниперкутанная (**более 70 в год**)
- внутреннее стентирование мочеточника (**более 200 в год**)



Операции

■ КЛТ РИРС ■ СТЕНТ ■ ТУР ПЖ и МП ■ ПЕРК ■ МИНИ



- биполярная плазмокинетическая резекция, вапоризация и энуклеация при аденоме предстательной железы и новообразованиях мочевого пузыря (**более 150 в год**)
- нефролитотрипсия (дробление камней почки) с применением гибкого нефроскопа
- ретроградное и антеградное удаление новообразований верхних мочевых путей
- внутренняя оптическая уретротомия при непротяженных сужениях мочеиспускательного канала

# Оснащение центра

## Оборудование (более 30 наименований), среди них:

- цифровая рентгеновская С-дуга Philips Endura
- ультразвуковой аппарат Philips HD-7XE с интервенционными функциями
- наркозный аппарат Draeger Fabius с возможностью применения севофлурана
- эндоурологические стойки Storz и Olympus
- лазерный литотриптер Wolf MegaPulse и др.



## Расходные материалы (более 70 наименований), среди них:

- проводники с ПТФЭ и гидрофильным покрытием COOK Roadrunner, COOK Biwire, RUSCH, Coloplast
- мочеточниковые кожухи COOK Flexor
- кожухи и бужи Амплатца для перкутанных операций на почке
- внутренние мочеточниковые стенты Urotech, COOK, Biotech
- корзины экстракторы фрагментов камней COOK, SMET и многое др.



# Диагностика

✓ Огромное значение в организации эффективного и безопасного лечения больных с применением эндоурологических технологий играет точная и оперативная диагностика

В распоряжении специалистов СЗЦЭЛТ есть полный спектр технологий: два спиральных компьютерных томографа, экспертные и мобильные аппараты УЗИ, экспресс - лабораторная диагностика.



# Оснащение

- ✓ Для осуществления **полноценной работы** в эндouroлогии требуются значительные ресурсы.
- ✓ Причем большая часть из них должна быть доступна постоянно! **Почему это важно?**



Нередко отсутствие специального приспособления (например, гидрофильной струны) может очень сильно осложнить ситуацию, а порой сделать операцию просто невыполнимой.

# Готовность к эффективной борьбе с осложнениями

- ✓ Даже в самых профессиональных руках и на лучшем оборудовании хирургия невозможна без осложнений.
- ✓ Один из главных показателей класса лечебного учреждения – это его готовность эффективно с ними бороться и побеждать.



# Готовность к эффективной борьбе с осложнениями

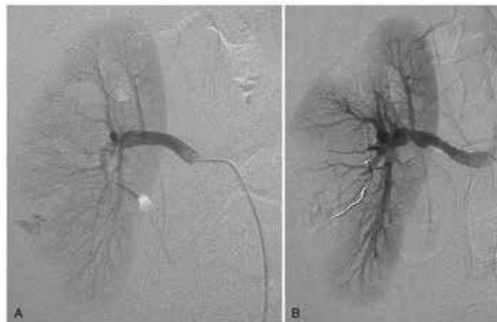
- ✓ Анестезиологическая и реанимационная служба Центра оснащена по последнему слову техники.
- ✓ Врачи и средний медперсонал готовы к лечению самых «тяжелых» пациентов с применением практически всех существующих в мире технологий.



Клиническая база СЗЦЕЛТ – «Санкт-Петербургский Многопрофильный Центр» – крупная федеральная клиника, в которой ежегодно выполняется более 11000 операций в год.

# Готовность к эффективной борьбе с осложнениями

- ✓ В ФГБУ «СПМЦ» Минздрава России имеется мощная кардиохирургическая служба, способная в круглосуточном режиме выполнить эндоваскулярное или открытое пособие при неотложных состояниях.
- ✓ Эффективная борьба с кровотечениями возможна с применением самого эффективного и малотравматичного способа – эндоваскулярной сосудистой эмболизации – **ангиограф доступен круглосуточно.**





# Организация лечения в Северо-Западном центре эндоурологии и литотрипсии

- ✓ Госпитальной базой Северо-Западного центра эндоурологии и литотрипсии является **Университетская клиника СПбГУ, ФГБУ «СПМЦ» Минздрава России** (Бывш. ФГУ СПКК "НМХЦ им. Н.И.Пирогова«)
- ✓ Оказание помощи гражданам РФ в рамках Программы государственных гарантий оказания бесплатной медицинской помощи населению.





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Интернет-сайт СЗЦЭЛТ: **[www.uroportal.ru](http://www.uroportal.ru)**

# Организация лечения в Северо-Западном центре эндоурологии и литотрипсии

Организация госпитализации с целью хирургического лечения осуществляется по принципу «одного окна».

**Написать письмо по электронной почте на ЛЮБОЙ из следующих адресов с формулировкой своего вопроса** (тема письма: «лечение в урологическом отделении»):

**6762525@gosmed.ru**

(Единая информационная служба ФГБУ «СПМЦ» Минздрава России)

**shkarupa.dmitry@mail.ru**

(руководитель СЗЦПП, д.м.н. Шкарупа Д.Д.)



ФОНД ОБЯЗАТЕЛЬНОГО  
МЕДИЦИНСКОГО  
СТРАХОВАНИЯ

На сегодняшний день в нашей клинике Вы можете рассчитывать на высокие показатели качества лечения и при этом получить помощь **бесплатно – в рамках ОМС.**

**Единый справочный телефон  
ФГБУ “СПМЦ” Минздрава России:**

**8 (800) 25-03-03-2 (бесплатно по всей России)**

**8 (812) 676-25-25**

**Интернет-сайт ФГБУ “СПМЦ” Минздрава**

**России: [www.gosmed.ru](http://www.gosmed.ru)**

**[www.uroportal.ru](http://www.uroportal.ru)**

