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Ureteroscopy and laser lithotripsy for upper tract stones in a urology centre in Anambra state: our initial experience*Mbaeri TU¹, Nwadi UV¹, Onu OA¹, Odo C²*¹Department of Surgery, Nnamdi Azikiwe University Teaching Hospital, Nnewi.²Department of Surgery, Federal Teaching Hospital, Abakaliki.**Correspondence:** Dr. Timothy Uzoma Mbaeri Email:duzo2001@yahoo.com**Objective:** To demonstrate the outcome of initial experience of upper tract stone management with ureteroscopy and laser lithotripsy in 32 patients.**Methodology:** The data of thirty-two patients who had ureteroscopy and laser lithotripsy for upper genitourinary tract stones at a private urology centre in Awka, Anambra State Nigeria from September 2020 to June 2022 (20months) were retrospectively studied. Their sociodemographic data, clinical symptoms, the location and size of the stones, preoperative and postoperative stent use, hospital stay, complications and stone-clearance rates were analyzed.**Results:** A total of 33 procedures were performed for 32 patients. The mean age of the patients was 44.7 ± 12.2 years. The mean stone size was 15.4 ± 6.7 mm, with a range of 8.0-39mm, with Hounsfield unit ranging from 233-906. The stone was on the right tract, left tract and bilateral in 46.9%, 43.7%, 9.4% of the cases respectively. The patients had a mean length of hospital stay of 3.31 ± 1.45 days. The stone clearance rate was 90.3%. 53.1% of the patients had post-operative complications with 40.6% of those accounted by post-operative fever which resolved with antibiotics. There was treatment failure in one patient due to the inability to scope the ureter on account of ureteral stricture.**Conclusion:** Ureteroscopy and laser lithotripsy is a safe and effective option in the management of upper tract stones with the advantages of being performed via a natural orifice, being less painful, reduced risk of severe bleeding and irreversible loss of renal parenchyma, and short hospital stay.**Key words:** Ureter, Stones, Ureteroscopy, Holmium laser, Lithotripsy.

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