

082**A COST EFFECTIVE ALTERNATIVE TO SYNTHETIC GRAFT - VEIN TRANSPOSITION AVF**

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This is a retrospective descriptive analysis of our patients who underwent venous transposition fistulae between 2003 and 2010. All patients for basilic vein transposition underwent Doppler imaging of the vein. The total number of vein transposition fistulae was 39. We had 28 basilic vein transpositions, 8 forearm vein transpositions, 3 autologous vein transfer. Out of total 39, there were 22 patent at 06 months. The complications seen were 2 haematomas, 2 aneurysm, 2 stricture, 3 thrombus and 3 lymphorrhea. There are 11 patients follow up with us at present. 5 patients died and 23 patients were lost to follow up. Our patency rate was 82.05% which was comparable to world literature. We conclude that basilica vein transposed fistulae are a good and cost effective option for dialysis access. Duplex imaging of the basilica vein a must before harvesting.

083**LAPAROSCOPIC NEPHRECTOMY: A LIVE SINGLE DONOR CENTRE EXPERIENCE**

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To describe our experience with transperitoneal laparoscopic live donor nephrectomy. Patients and methods: Donors were accepted between ages 18 and 65 years after a comprehensive workup to rule out any medical risk factors. From January 2000 to December 2009, 662 cases (193 M: 469 F) were successfully completed laparoscopically. In the initial part of the series, closed Transperitoneal technique using Veress needle was used to create pneumoperitoneum. Later on, open Hasson technique for port placement was used. The vessels were clipped using a pair of Hem-o-lok clips and the kidney was retrieved by hand assistance. In the initial part of the series, lumbar muscle cutting incision was used, and later on, Pfannensteil muscle splitting incision was used. Results: The mean age of the donors was 40.4 + 11.6 years, operative duration 150 -210 min, mean warm ischaemia time 3.8 min (range 2 – 7 min), blood loss 50-125 ml, analgesic requirement 150-330 mg of tramadol, pain score range 2-5 (on visual analogue scale) and

hospital stay (3.14 days). Re-exploration was required in eight patients. Trocar induced bowel injury in two, and bleeding in six cases. Conversion was required in 15 patients. Diaphragmatic injury and hydrothorax occurred in two patients which were managed conservatively. Overall complication rate was 11.78% in the entire series including single mortality. Majority of conversions and complications including the mortality were seen in initial 50 cases. Pfannensteil incision was aesthetically pleasing, less painful and more acceptable to the patients. The overall costs incurred to the donor is 650-700 USD, including hospital stay. Conclusions: Transperitoneal laparoscopic live donor nephrectomy can be safely performed, and is cost effective with the use of double Hem-o-lok clips. Open Hasson technique should be preferred for the initial port placement. Pfannensteil muscle splitting incision is aesthetically superior.

084**URETERIC COMPLICATIONS IN LIVE RELATED RENAL TRANSPLANTATION**

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This study was performed with an aim of analyzing the incidence, diagnosis and treatment of urological complications in live related renal transplants done at our institute. Emphasis was also placed on any effect on long term outcome of the renal allograft in such cases. Patients and Methods- A retrospective analysis of 'in patient' and 'follow up' records of 1945 consecutive live related renal transplants performed from 1989 to 2009 was done. Cases having ureteric complications were sorted out and compared to non complication group. In initial 500 cases DJ stent was placed randomly at the time of ureterovesical anastomosis(Lich Gregoir technique). Subsequently we have been placing stent in all the cases. In non complication group sufficient data for analysis was available in 1405 patients. Statistical analysis was performed using Kaplan-Meier techniques. Results- The overall incidence of urological complications is 2%. Complications occurred at a mean interval of 32.6 days after transplantation. Mean follow up after transplantation was 86.7 months. All cases of obstruction were initially managed by PCN and antegrade placement of DJ stent. Surgical treatment was used for cases where problem recurred after removal of stent. Survival analysis showed that urological complications did not increase the risk of graft failure or patient death. Conclusion- Urological complications are not uncommon in live related transplants. If managed properly there is no impairment of graft or patient survival in such cases. Routine use of DJ stents is recommended.