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## Outcome of patients after second, third and fourth kidney transplantation

Supuni Patabendhi, Frank Friedersdorff and Kurt Miller  
Charite University Hospital Berlin, Germany

**Introduction & Objective:** A debate exists whether patients after graft loss should be considered for a second and subsequent graft. Hence, a retrospective analysis was undertaken to assess outcomes of patients who underwent second, third and fourth transplantation.

**Materials & Methods:** A total number of 63 kidney transplantations, were included in the present study. 46 patients out of them underwent a second kidney transplantation, 13 were third graft recipients and 3 were fourth graft recipients. Data and variables on patient and graft survival were retrieved and analyzed using Kaplan–Meier statistics. Postoperative complications were assessed and graded based on Clavien–Dindo classification.

**Results:** Patient survival was 97% after one year and 91.9% after 5 years (second graft). Graft survival was 100% after 5 years (second graft). Patient survival of third graft recipients was 92.3% after 1 year and 76.9% after 5 years. One year censored graft survival was 100% and a 5-year graft survival was 74.1% (third graft), respectively. In the cases of fourth transplantation, graft survivals of 33.3% at 1 and 2 years were noted among 3 patients. All fourth graft recipients have survived during our observation time. The overall rate of postoperative surgical complications among second graft recipients was 12.8%, 46.2% among third graft recipients and 66.7% among patients after fourth transplantation.

**Conclusions:** Results on second and third kidney transplantation showed satisfactory patient and graft survival with acceptable outcome for patients who underwent second and third transplantation. A fourth kidney transplantation also offers a survival advantage; however it is inferior to second and third transplantation.

supuni.patabendhi@charite.de

## Pain associated with indwelling urethral catheterization and it's treatment: A systematic review

Tely D Jangeer  
Azadi Teaching Hospital, Iraq

Temporary drainage of the lower urinary tract by urethral stents is a routine procedure in endourology. Our aim was to evaluate pain and treatment options of stent-related pain. We carried out a systematic review according to the preferred reporting items for systematic reviews. 112 patients have been recorded. Available data clearly support the use of lubricant and lidocaine gel in patients suffering from catheter-related pain is clearly beneficial, however risks associated with local anaesthesia/antiseptic gel and the occurrence of paraphimosis are discussed. The pain associated with urethral catheter has variable causes: Patient's concept afraid from catheterization & pressure on the urethra caused by a large size catheter as the callibar size has its own painful effect, or from drainage bag traction, or due to bladder spasm or catheter blockage, and injury to the bladder and rectum (back pressure) caused by incorrectly inserting the catheter is addressed. In conclusion, once identified, the cause of catheter pain is often treatable, but should not affect the indication of catheterization, as the urinary retention and discomfort should be decompressed soon.

telykhanki@yahoo.com