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Is it possible to preserve the blood supply of erectile organs with anastomosing hypogastric artery in renal transplantation?

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Introduction: Three modalities available for treatment of chronic renal failure including peritoneal dialysis, hemodialysis, and kidney transplantation. From all of them kidney transplantation is cost benefit and also associates with near normal lifestyle in patient. In this approach almost external iliac artery of patient is selected for anastomosis but if anastomosis would be associated with complication, sometimes it will be disaster event with loss of foot. Traditional approach for anastomosing renal artery to internal iliac artery (end to end) may be associated with multiple pelvic organ ischemia, if in this approach end to end anastomosis will be replaced by end to side, it will be safer than external iliac artery approach. We present some cases in them end to side anastomosis with internal iliac artery have been carried out

Methodology: In 10 cases with chronic renal failure, 8 males and 2 females aged between 25-50 years in them anastomosis of renal artery of allograft with internal iliac artery instead of end to end, end to side have been carried out

Results: After declamping of vessels, all patients had diuresis, creatinine of them was in normal range and blood flow in branch of internal iliac artery by color Doppler was detectable.

Conclusion: In some chronic renal failure patients with large diameter of internal iliac artery end to side anastomosis may be possible and this approach is safe than external iliac artery.

Biography

Afshar Zomorodi is a Professor of Urology and Kidney Transplant Surgeon, Chief of Organ Transplant Department of Imam Reza Hospital, Tabriz Medical Science University, Tabriz-Iran. He completed his education in Tehran University (1974-1981), Tehran, Iran, and MD degree during 1986-1990. He gained a Fellowship in Kidney Transplantation during 1992-1994 from Tabriz Medical Science University, Tabriz, Iran. He gained an Observership in Kidney Transplant and Pediatric Urology, Sickkid's Hospital, Toronto, Canada in 2001.

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