Double J Indication.

- prophylactic befor Renal Surgery.
- to protect ureter from Injury In Abdomen Surgy, when you put (JJ) Inside the ureter you will ↑ureter thickness, and mark it more obvius to avoid Injury
- to bypass obstruction, whatever the cause.
- to maintain healing and urin draining after Renal/ureter Surgery.

Emergency Indication JJ

الأهم
1) Intractable Pain.
2) obstructive nephropathy (↓ Renal Function with single kidney or bilateral Stone).
3) obstructive pylonephritis.
4) UTI Not Releived by Antibiotic

when nephrostomy superior to JJ

* If there IS thick secretion (as pus).
* difficulty In JJ tube Insertion,
* Nephrostomy required Local anasthesia, while JJ need G.A. So In cases difficulty to do GA.

* ركز على الـ mangment وحش تشغل كل واحد وانو ⇐ CPCNL the best. modality.

* Don't use EHL to Renal Stone. there. is high risk to tissue Injury Just to Bladder Stone

Stone type according to componet.

Radiopaque

* Ca^{+2} - oxalate (85%) ⇒ HC, Risk For Formation Ca: oxalte 50:50
  - Most resistance Stone to ESWL treatment.
* Ca^{+2} - phosphat (10%) → only Stone form with alkaline urine, other Stone form with acidic urin (esp uric acid Ston).

Radio Lucent

* Uric acid Stone (5-10%) → Form with acidic urine, so try to alkalinezation of urine contribute as protection.
* Rare → xathine, trimetrence, Indinavire.
  → HIV pt, only Stone Dx with CT with contrast., others Dx by CT without contrast

Radiolucent

* cystine 1% → 2nd most resistance Stone to ESWL.
* Strutive 2-20% → all type of Stone more in male, except this Strutive more in female (mostly with UTI ~~pt~~ which more in Female.

* why Stone more common in male?
  ↑ testerone level ↑ oxalte production.
* within 1 year of calcium oxalate Stone. ~~more~~ 10% will develop another one
  within 10 year " " " " 50% " " " "
* use of Alpha-blocker help in dailation of Distal ~~ureter~~ ureter.
  help in spotenous passge of Stone

Semines Samer Rawashdeh Notes.

① UTI

① The only 2 C/I of DRE
- *Anal Fissure.
- *Septic (prostitis).

② Isolated UTI ⇒ one infection in 6 Math.
Persistance ⇒ there is hidden source of Bacteria.

③ *Dx UTI Symptomatic + 10^2, in the past was just 10^5.

④ emphysematous pyelonephritis. ⇒ Nephrostomy +IV Antibiotic Not enough.
Go to Nephrectomy.

⑤ xanthogranulomatosis Pyelonephritis ⇒ Mostly associated with Stone.

② Renal cancer.

1) * Polycystic kidney disease → complex start with ages (40s).
* Multicystic kidney disease → Genetic (1 or 2 kidneys), at birth.

2) ⊕ In Radical Nephrectomy [+ upper part of ureter].

3) Biopsy in Renal Mass: Just in.
a) Pt Diagnosed already with some Malignacy mostly (lymphoma) and you suspect this mass is Mets.
b) The mass is abscess as indicated by CT.

4) If adrenal gland involve it is T_4

Bladder CA + Hydronephrosis
It is at least T2 (Start invasion)

③ Bladder.

Multifocal + low Stage → intravesical chem.
High Grade CIS → BCG

Radical adeno carcinoma in bladder
① bladder + L.N [- iliac (extend and internal common iliac)
- obturator L.N] + Prostate

+ urethra + distal ureter. + vas deferen.
♀ → ovary + uterus + ant. vaginal wall.

Scrotal pain / swelling

- Dull
  - "hydrocele"
- acute
  - Torsion.
    - "Youngest age can suffer from torsion → intrauterin"
    - pt child early adolecent
    - More sudden.
    - swelling / hot
    - preceed by traum
    - ass. vomiting
    - elevated horizontal.
    - -ve cremastric Reflux (abcent)
      - Sensory femoral branch.
      - Motor Genital branch.
    - elevation increased pain.
    - ↑ WBC
    - ↓ Blood flow with doppler
  - epididemo ritis.
    - sexual actv pt
    - Gradull.
    - Swelling / hot
    - X.
    - ass. Fever. (urinary symptom)
    - Normal testes.
    - Abcence / presen.
    - elevation decrea. Pain.
    - ↑↑↑ WBC.
    - ↑ B. Flow

[redacted] Investigation.

* CBC.
* Urinalysis
* KFT.
* CT ± I/- contrast
  - → Golden Standard to Stone.
  - → to cancer assessed.
* KUB → *Symphesis Pubis appear.
  * Need preparation
  * ↓ Radition dose.

  } [redacted] Dif. between. KUB vs Abdomin X-Ray.
* US with full bladder.
* Scrotal US.
* IVU. → In emergency ~~case~~ OP to detect vascular injury.
* MUC → Reflux.
* Cystogram.
* MRI - Not preferable, but in Pregnent., Prostatectomised.

Colic

Renal.
- upper flank
- distention in Renal capsule.
- less painful.
- No Radition.
- False colic
- + ⊕ fever continous.
- Treated Medically by IV fluid / Antibiotic

ureteric.
- lower flank.
- obstruction.
- More painful.
- Radiate to. RIF, LIF. hemiscrotum, hemipenis / hemivulva
- True colic.
- ⊕ vomiting & Nausea. pain free interval.
- Treated surgical.

Varicocele. dailation in pelixform vein.

1) Grading

ⓐ * clincally (examin on stand position)
- # 1 → palpable with valsuva manuv.
- 2 → palpable without valsuva man.
- 3 → vesible.

ⓑ Radiology. (vein dimeter)
- 2mm - 2.5mm.
- 2.5 - 3 m.
- ↑ 3mm

ⓒ Severity (Mild, Moderate, Sever). size.

2) Indication of Surgery.
- * pain.
- * sub fertile.
- * cosmatic
- * Atrophy in testes. (urgent surgery).

34 normal temp. If ↑ → 53% atrophy.

Semineal analysis "after 3days of No semen exit".

*Grossly (color, Smell, --)

*Microscopic

① content → Nomal 12milion/1 ml

② volume → 2-6 ml.

③ Motality → Normal 40% of total. , 32% in progressim.

④ pH → Alkalim.

⑤ viscosity → 60 minut. (lequifaltive time).

⑥ Morphology → 4%. Nomal is enough.

* Normal spermatogenisis. 72-74 days CR

* Result of varicocele Surgery noticed within 3math.

Complication of varicocele Surgery

1) Paresthesia in Scrotum due to ilio inginal nerve injury.

2) Ischemia due to Artery injury (name)

3) vas defenence injury (Aspermia)

4) Lympatic injury → Hydrocele.

5) Hernia

6) Infection.

7) Recurrence.

Content of spemtic canal.

* Genital branch of Femoral N.
* testicular A.V.
* Lymphatic vessle.
* vas defenence.

** ilio inguinal nerve Not Insid the canal.

why name.

Blood flow of teste.

* testicular A.
* Cremasteric A.
* vas A.

Surgery approch.

* Inguinal