

가 J 1

: J 가
 J
 : J 7
 20 1 6 , 24 - 70 ,
 5 , 1 , 8F Nelaton
 neck snare J 가 . Goose -
 stiff J , 0.035 "
 Cobra , 4F
 stiff , Cobra

J
 : 20 19 , 1
 , J 가 가 ,
 J , 가
 . 1 J 가
 . 가 가 , 2
 : 가 J

Indwelling 10 , erosion
 가 . fistula ,
 J 가 (1 - 5). 6
 (7, 9). (6).
 가 , 가 (7).

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²
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snare - catheter system
 ble - J
 J
 1996 1 1998 2
 J 20
 1 6 24 - 70 . 7
 6 (5 , 1),
 1 - 3
 1 - 3 (2.2)
 povidone
 . 8F Nelaton 가
 Nelaton snare
 가 Nelaton
 1:2
 . Goose - neck
 snare (Microvena, MN, U.S.A.) Nelaton
 J
 가
 (Fig. 1). 0.035 " stiff (Terumo, Tokyo,

: 가 J
 Japan)
 (8).
 4F Cobra
 (Mallinckrodt, MO, U.S.A.)



Fig. 2. 4-F Cobra catheter is placed in the right renal pelvis and pelvocalyceal system is opacified by contrast material.



Fig. 1. Goose neck snare grasps the distal end of right double-J ureteral stent.



Fig. 3. The proximal end of new double-J ureteral stent loops in the right renal pelvis properly.

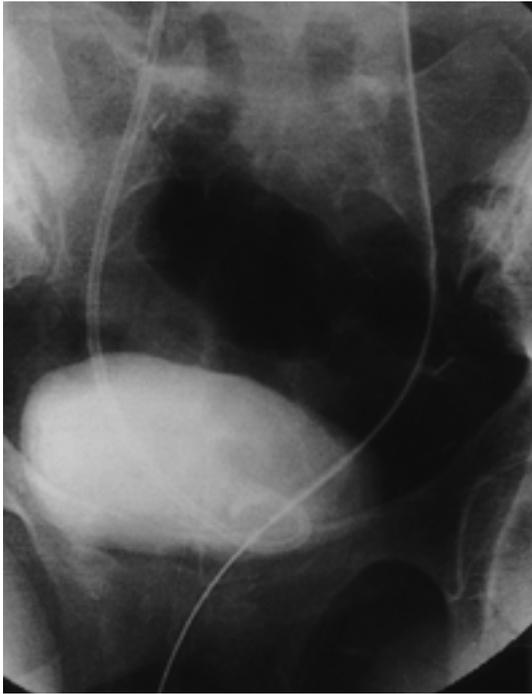


Fig. 4. Using the pusher, the distal end of new double-J ureteral stent is positioned in the bladder



Fig. 5. Finally, it is proper placement of new Double-J ureteral stent.

(Fig. 2). Cobra 가
 , Cobra J (Cook
 20 - 24cm Urological, Spencer, Ind)
 J 가

(Fig. 3). pusher 가

pusher (Fig. 4). J 가

(Fig. 5).

20 (19 95%). 1

가 , 가 J ,

가 가 , J J

가 urinoma가 , 가

1 가
 loop pusher
 Nelaton 23 10 30 가 가
 가

Goose - neck snare

가
 20 2 가

(7, 9).

: 가 J
 . 8F 가 , Joseph 24 가
 가 2 , 1 가
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 (10 - 12). , snare
 Snare - catheter system 1
 가 , .
 가 . 1
 가 , 가
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 (6). 20 - 25 (, pusher)
 가 . Snare - catheter 가 loop)
 system
 가 . Joseph 가
 24 2 .
 . 6
 snare - catheter system 2.2
 (8). Snare - loop system
 lasso technique (7F hockey stick catheter
 folded 0.018 - inch guide wire system) 165
 97% (161/165)
 가 (6). 가 14 가 가
 . Edward lasso technique , 가
 가 (13). Barre 가 가
 lasso technique 2가 Nelaton 8F
 (6). 가 18F .
 snare 가 .
 가 , 가
 가 snare 가 가
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 . 7 1 , 20 , 가
 1 , , 가
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 , 가 가
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Transurethral Exchange of Double-J Ureteral Stent Using Goose-Neck Snare¹

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Purpose: To evaluate the usefulness of transurethral exchange of double-J ureteral stent as an effective alternative to the cystoscopic approach.

Materials and Methods: There were 20 exchange cases involving seven patients (six women and one man) who initially underwent antegrade manipulation of a double-J ureteral stent. Indications for stent placement were ureteral stricture caused by malignancy in six patients [cervical carcinoma (n = 5), stomach carcinoma (n = 1)], and renal tuberculosis in one. An 8-F Nelaton catheter was inserted in the bladder via the urethra and contrast material was injected until the bladder was fully distended. The distal end of a double-J ureteral stent was extracted to the urethral orifice using a goose-neck snare and a 0.035 stiff guide wire was then advanced to the renal pelvis through the stent. After that, the stent was removed and a 4-F Cobra catheter was advanced to the renal pelvis along the guide wire. Contrast material was injected through the catheter, and the renal pelvis, calyx and ureter were opacified. The 0.035 stiff guide wire was again inserted via the catheter, a new double-J ureteral stent was inserted, and the catheter removed. Finally, the new double-J stent was properly located within the renal pelvis and the bladder.

Results: Double-J ureteral stents were successfully exchanged in 19 of 20 exchange cases. After the procedure, all patients reported tolerable, minimal lower abdominal pain.

Conclusion: Transurethral exchange of double-J ureteral stent is a useful alternative to cystoscopy.

Index words : Ureter, stents
Interventional procedures

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