VIDEOABSTRACT

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# 3-D laparoscopic ureteric reimplantation with Boari Flap for long segment ureteric strictures secondary to genito-urinary tuberculosis: our experience

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In genitourinary tuberculosis (GUTB), long segment ureteric strictures (8–12 cm) are a common presentation, requiring Boari flap reconstruction. Laparoscopic reconstructive surgery in GUTB is technically challenging. We prospectively evaluated our experience of 3-D laparoscopic ureteric reimplantation with Boari flap for long ureteric strictures secondary to GUTB.

In this prospective study, all consecutive patients with long segment ureteric strictures during the course of GUTB requiring Boari flap reconstruction were included. All patients received preoperative Anti-tuberculosis therapy (ATT) for 6 weeks and continued ATT postoperatively for a full year. The various clinical data were recorded and analyzed. We are presenting a video of one such case.

A total of 9 patients were included in the study. The mean age was 31.9 years. The male-to-female and right-to-left distribution were 5/4 and 6/3 respectively. The mean ureteral defect was 9.3 cm. All patients had undergone percutaneous nephrostomy preoperatively. The mean operating time and mean estimated blood loss were 151.7 min and 91.3 ml respectively. There was no open conversion nor intraoperative complications. The mean catheterization time, mean hospital stay and mean convalescence were 10.3 days, 3.9 days and 1.7 weeks respectively. At a mean follow-up time of 29.1 months, postoperative complications were mainly Clavien level 1 or 2 in only 2 patients. All of the patients showed non-obstructed drainage at 1 year, as checked by a diethylene triamine pentaacetic acid (DTPA) scan and CT urography. The mean serum creatinine was preserved at 1.1 mg/dl at 1 year.

3-D laparoscopic ureteric reimplantation with Boari Flap for long segment ureteric strictures secondary to GUTB is feasible and safe with excellent long-term efficacy.

However, this is a technically challenging procedure and should be done by surgeons with significant laparoscopic expertise.

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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