

tomography imaging of the pelvicalyceal system with 3-dimensional reconstruction as an aid in selecting the appropriate calyx for PCNL<sup>16</sup>. CT guided percutaneous access has been reported to be feasible alone or with fluoroscopy<sup>17</sup>. Matlaga et al described its use in cases with an unfavorable body habitus or known retrorenal posterior organs<sup>18</sup>. The technique requires a suitable setup in the radiology suite and/or specialized equipment, which may not be available at all institutions. It also requires that access be performed with the patient awake and as a procedure separate from actual percutaneous nephrolithotomy. Khan et al,<sup>19</sup> reported use of ureteroscopic-guided percutaneous renal access. The technique consists in gaining access under ureteroscopic vision with the use of the flexible ureteroscope. In this approach, the patient is in the prone position since the beginning of the procedure, precluding positioning changes. The desired calyx is chosen under ureteroscopic vision. Puncture to the calyx is done under fluoroscopic guidance until the tip of the needle is seen by the ureteroscope. The authors suggest it may be advantageous for nondilated caliceal systems, complex stone burdens, ectopic or malrotated kidneys, and for morbidly obese patients, where the traditional puncture is almost always difficult.

The robotic system to access the renal collecting system for PCNL was first described by Potamianos et al. in 1995 and consisted of a manually positioned robotic arm mounted on the operating table, guided by C-arm fluoroscopy. Cadeddu et al. designed a fully automated robot that managed all aspects of percutaneous access<sup>20</sup>. In the PAKY (percutaneous access to the kidney) system and PAKY-RCM (remote center of motion), the passive robotic arm was improved by adding an electronic needle insertion device and the ability to position the needle by remote control<sup>21</sup>. The "robotic arms" mainly serve to stabilize and in some cases advance the needle, and reduce radiation exposure. However, the urologist still needs to calculate and plan the needle trajectory to the desired renal calyx<sup>22</sup>.

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## Conference News

8<sup>th</sup> INTERNATIONAL CONFERENCE ON GERIATRIC CARE (GSICON) (Under the Aegis of GSI)  
5<sup>th</sup>-6<sup>th</sup> November, 2011

Venue: Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India

Theme: "A Comprehensive Health Care (Medical, Nursing, Social and Spiritual) of Elderly"



### Registration Details:

**Important features:** (i) FELLOWSHIP CEREMONY; (ii) Best paper award. The *International Speakers* will include Dr. Navin C. Nanda (USA), Dr. Anil Mandal (USA), Dr. Harpal Singh Buttar (Canada), Dr. Mohammed Saklayen (USA), Dr. D.W. Wilson (UK), Dr. A.P.S. Hungin (UK), Dr. Brian Tomlinson (Hong kong), Dr. A.A.S. Majumdar (Bangladesh), Prof. Shaeena Asif (Pakistan), Dr. Hari Shankar Sharma (Sweden), Dr. A.C. Potwary (Nepal) & Dr. Attoshhe Rohani (Iran). **National Faculty** includes experts of eminence in Geriatric Medicines. Kindly send the abstracts (oral & poster) to Dr. N.S. Neki before Sept 30, 2011. **Registration details** are given in table. For **Details Contact Dr. N.S. Neki, Organising Chairman, Conference Secretariate:** House No. 88, Gali No. 4, Gopal Nagar, Majitha Road, Amritsar, Punjab, India (M): +91-98724-13788, 95010-29128, (R): +91-183-2426065 **E-mail :** dmsneki\_123@yahoo.com

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