

Bleeding complications can be minimized by carefully inspecting the abdomen at the conclusion of surgery. Examination after lowering the intra-abdominal pressure can reveal bleeding veins tamponaded by the pneumoperitoneum. One also needs to carefully inspect the area of surgical dissection and the trocar sites for adequate hemostasis.

Common areas of postoperative intra-abdominal bleeding include the adrenal gland, renal hilum, mesentery, gonadal vessels, and ureteral stump.

Patients undergoing laparoscopic renal surgery can experience intravascular volume overload, because the laparoscopic approach is associated with far less insensible fluid loss compared with the open procedures.

There is also a vascular-mediated oliguria that should not be aggressively treated because diuresis is seen after release of the pneumoperitoneum.

CONCLUSION

Based on literature review and our own experience laparoscopy for urological procedures are well established and is still evolving technique in more complex procedures. In high volume centres with more experience in laparoscopy treating kidney diseases is viable option offers several advantage over open technique especially in

terms of patient comfort, post-operative pain, shorter convalescence, less blood loss, lower complication rates without compromising the ultimate outcome. Laparoscopy is potentially becoming a new standard of care in kidney pathology. Laparoscopy will replace open surgical procedures in near future.

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NAFTOPIDIL

DRUG PROFILE

Description: Naftopidil, a novel α_1 -adverse receptors antagonist with high degree of selectivity. **Mechanism of action:** The systems associated with benign prostatic hyperplasia (BPH) are related to bladder outlet obstruction, which is comprised of two underlying components: static and dynamic. The static component is related to an increase in prostate size caused, in part by, a proliferation of smooth muscle cells in the prostatic stroma. However, the severity of BPH systems and the degree of urethral obstruction do not correlate well with the size of the prostate. The dynamic component is a function of an increase in smooth muscle tone in the prostate and bladder neck leading to constriction of the bladder outlet. Smooth muscle one is mediated by the Sympathetic nervous stimulation of α_1 -adrenoceptors, which are abundant in the prostate, prostatic capsule, prostatic urethra and bladder neck. Blockade of these adrenoceptors can cause smooth muscles in the bladder neck and prostate to relax, resulting in an improvement in urine flow rate and areduction in symptoms of BPH. **Pharmacokinetics:** The bioavailability is approximately 17% after oral administration of 50 mg Naftopidil. The time to peak plasma concentration is approximately 3 hour. The bioavailability, plasma level and half- times of naftopidil were significantly increased in liver impairment patients. **Indications:** Naftopidil is indicated in the treatment of Benign prostatic hypertrophy associated with lower urinary tract symptoms. **Dose and administration:** naftopidil 50mg tablets administered orally once daily. **Warning and precautions:** syncope is a potential risk with alpha-adrenergic blocking agents. Rarely priapism (persistent painful penile erection unrelated to sexual activity) occurs. Patients with severe hepatic impairment or evidence for marked changes in hepatic blood flow the dose of naftopidil may require adjustment. Naftopidil can be used safely in patients receiving hemodialysis for chronic renal failure with no particular need for adjustment of dose. **Adverse effects:** these includes dizziness, abnormal ejaculation and, less frequently headache, asthenia, postural hypotension, palpitations and rihintis. Gastrointestinal reactions such as nausea, vomiting diarrhoea, and constipation can occasionally occur. Hypersensitivity reactions such as rash, pruritus and urticaria can occur occasionally. As with other alpha-blockers, drowsiness, blurred vision, dry mouth or edema can occur. Syncope has been reported rarely, and there have been very rare reports of angioedema and priapism.

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