

A pre-tested questionnaire was filled interviewing the victim or bystander. Needed injury descriptions were adopted from the bed-head-tickets.

Results: Out of 274 victims, 203(74%) were males and 71(26%) were females. Victims' age ranged from one year to 78 years. The youth; 20-39 years comprised 54% of the sample. Motorcyclists and pillion riders were involved in majority (50%) of RTC. Skidding (34%) and head-on collision (30%) were the most common types of RTC. The commonest cause for RTC was high speed (36%). Nearly 2/3rd of the crashes occurred during the day (6am-6pm). Majority of the victims (51%) were brought to hospital by three-wheeler. Only 7% had received first-aid on site. The limbs (68%) and head, face and neck (48%) were the commonest body regions injured. Apart from the superficial injuries (76%), crush and fractures accounted for 30% and 26% of the injuries respectively. Minimal to maximal days of stay at hospital varied from one to 36 with a mean of 3. Restricted activities were experienced by many. 16% of victims were recommended physiotherapy for more than three months.

Conclusions: Male youth riding on motorcycles were highly susceptible for RTC. Extremities were injured in majority of the victims causing long/short term limitations in domestic and social activities.

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Laparoscopic Ureterolithotomy for large ureteric stone: Single center experience

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Objectives: Laparoscopic ureterolithotomy (LU) is a minimally invasive treatment option for large impacted ureteric calculi not amenable to pneumatic ureteroscopic treatment or shock wave lithotripsy. The objective of the study was to evaluate the efficacy and safety of LU for management of ureteric stones.

Methods: Prospective study was carried out from September 2013 to August 2014. All patients with large ureteric stones >1.5 cm in size with density >1000 HU with upper tract dilatation were included. Stone extraction was done using a lap-bag using 3 or 4 port technique. Double-J stent was inserted with intracorporeal suture repair of the ureterotomy. Patients' characteristics, stone characteristics, peri and post-operative complications (minimum follow-up of one year) were analyzed.

Results: Fifteen (15) patients with mean age of 43±12 years, with median BMI of 27.7 kgm² were included. 60% were males. Mean stone diameter was 19mm (1.5-2.9mm) and density was 1215HU. Two (02) stones were at pelvi-ureteric junction, nine (09) at upper and four (04) at mid ureter. Thirteen patients had single stone disease, and rest had two each. Mean operative time was 107±50 minutes. There were two conversions to open ureterolithotomy. All patients had complete stone clearance (100%). Mean hospital stay was 4days and duration of double-J stenting was 8 weeks. None of the patients developed long-term post-operative complications during the mean follow up of 18 months.

Conclusions: LU is a safe and effective approach for selected patients with large and dense ureteric stones where there is no LASER facility. This should replace open surgery as reduced postoperative complications and short hospital stay, and should be considered as a treatment option for such stones.