

SINGLE CENTER DEFLUX EXPERIENCE

Hypothesis / aims of study

Deflux has changed the paradigm for the treatment of vesicoureteral reflux, whereas the old dictum was to treat with prophylactic antibiotics for many years in some cases, only to ultimately proceed on to ureteroneocystostomy. Often this decision was prompted by break-through infections or even by the patient's chronology. In any case, the number of Deflux cases has risen over the last several years.

Study design, materials and methods

We examined our results for the treatment of VUR over a five year period from 2005-2010. A total of 78 patients were treated, 122 ureters, 7 children (44 males and 30 females) and 4 adults. The documented reflux was 9 grade I, 14 grade II, 38 grade III, 9 grade IV and 32 bilateral. Grade V reflux was so treated, in 4 patients. After the procedures, the patients were instructed to complete their current antibiotic prophylaxes or if on no antibiotics, they were treated for three days. All patients returned for a renal and pelvic ultrasound in three months. Repeat VCUG's were performed only in the circumstances of a febrile UTI. At the time of the Deflux procedure a static cystogram until 2010 and thereafter a positionally inserted contrast cystogram (PICC) was performed. Then Deflux was replaced if reflux was not corrected.

Results

Complications of this procedure were few. Three patients had a UTI in the first 30 days, but no other events were noted. No obstructions were seen either clinically or on the three month ultrasound. There were 24 febrile UTI's in the follow-up time period. VCUG's were obtained and 17 had recurrent reflux for a 78% success rate. Thirteen were given a second Deflux and four underwent a ureteroneocystostomy.

Interpretation of results

Admittedly, the success rate of 78% may be skewed by the fact of no VCUG's in the post-treatment period for patients who were clinically well. The test was eschewed as we felt the clinical information was sufficient, given a negative test at the time of surgery.

Concluding message

Clearly, Deflux not only is effective, but also may ultimately and completely alter the treatment paradigm of vesicoureteral reflux.

<i>Specify source of funding or grant</i>	None
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Not needed
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes