Kidney Stones:

General

Urology stone services at University Hospital Southampton

   Steps taken to improve urology stone services: Lessons learnt from our university teaching hospital.  

2. Chan M, Somani B K.  
   Necessity and compliance with venous thromboembolism (VTE) prophylaxis for patients admitted with renal colic’s: The Southampton model.  

   First experience of Ultramini PCNL (UMP) in UK: Results from University hospital Southampton (UHS).  
   *South Central Annual Urology meeting*, 2015.

   Can Day-case uroscopy (URS) rates for renal or ureteric stones increase with the use of a pre-operative/anesthetic protocol and following WHO (World Health Organization) checklist? Results from a University teaching hospital.  

   Assessment of basic stone screening for patients presenting with acute renal colic and renal stones: How we improved standards  
   *Challenges in Endourology meeting 2014, Paris.*

   Streamlining urology stone services in the modern era: A dream or a reality.  

Quality of Life

1. New F, Somani B K.  
   A complete world literature review of Quality of life in patients with kidney stone disease.  

2. New F, Somani B K.  
   Quality of life in patients with kidney stone disease (KSD): Results of a systematic review.  
   *World Congress of Endourology Meeting*, 2016.
Medical Expulsive therapy

   Medical Expulsive Therapy: The evidence is clear.
   *World Congress of Endourology Meeting*, 2016.

   Medical Expulsive Therapy for ureteral stones: where do we go from here?

   Medical Expulsive Therapy, Evidence from Randomised trials Meta-analysis.

Metabolic Syndrome (Obesity, High blood pressure, Diabetes)

   Metabolic syndrome and kidney stone disease: A systematic review of literature.

2. Wong Y V, Cook P, Somani B K.
   The association of Metabolic Syndrome and Urolithiasis.

3. Ishii H, Cook P, Somani B K.
   Safety and efficacy of ureteroscopy for stone disease in obese patients: Results from a University teaching hospital

   Outcomes of systematic literature review of Ureteroscopy for stone disease in the Obese and Morbidly Obese Population.

5. Ishii H, Cook P, Somani B K.
   Ureteroscopy for stone disease in obese patients: No, Yes or Always?
   *Urology 2014; 84: 4(S1) S353, UP.612.

   Prevalence of urolithiasis rises with increasing number of metabolic syndrome traits: Results of a systematic review.
Urinary infection and stones

1. Moore S, Cook P, Somani B.
   What is the optimal management and follow-up of struvite stone patients?
   Outcomes from our University teaching hospital.
   *World Congress of Endourology Meeting, 2016.*

   Association between deprivation index and infection stones: 7-year results from a
   University teaching hospital.
   *World Congress of Endourology Meeting, 2016.*

3. Shah S, Somani B K, Cook P.
   Patients with struvite stones need to be extensively investigated: Experience from a
   metabolic stone clinic
   *Urology 2014; 84: 4(S1) S246, UP.246.*

   Changing trends in antibiotic resistance for urinary *E. coli* infections over five years in a
   University Hospital.

5. Ishii H, Cook P, Somani B K.
   What predicts post-operative uro-sepsis in patients undergoing ureteroscopy
   lasertripsy (URSL) for stones: Evidence from a prospective study

   Outcomes of ureteroscopy and stone treatment for patients with urosepsis/obstruction is independent of the mode of pre-operative drainage.

   Pyonephrotic Obstructed Kindeys (POK) due to stone disease: Defining prognostic factors’.

Investigations and Radiation dose

1. Rob S, Bryant T, Wilson I, Somani B K.
   Ultra low dose, low dose and standard dose CTKUB: Is there a difference? Results from a systematic review of literature.
   *World Congress of Endourology Meeting, 2016.*

   Radiation dose for on-table fluoroscopy during PCNL is significantly reduced in modern interventional radiology (IR) suite.
   *Challenges of Endourology meeting, Paris (2015).*
3. Wells H, Muller D, **Somani B**.
   Non-contrast CT scan (CTKUB) for acute renal colic: Comparative regional outcomes between primary and secondary care over similar time period.
   *World Congress of Endourology Meeting, 2016.*

4. Drake T, Jain N, Bryant T, Wilson I, **Somani B K**.
   Should low-dose CTKUB (LDCT) be the new investigation of choice in suspected renal colic? A systematic review.

4. Anwar S, Bryant T, Wilson I, **Somani B K**.
   Stone detection for renal colic: Comparative results between IVU and NCCT.
   *World Congress of Endourology, 2013.*

5. Anwar S, **Somani B K**.
   Missed diagnosis on intravenous urography (IVU): Our rationale of switching from IVU to non-contrast CT (NCCT) for suspected renal colic.

6. Anwar S, **Somani B K**.
   Comparison of stone detection between Intravenous Urogram (IVU) and Non-Contrast CT (NCCT) for suspected renal colic: Results from a University teaching hospital.

   Additional findings of CTKUB done for renal colic: Are we opening a Pandora’s box.

   Fate of indeterminate lesions detected on Non-Contrast Computed Tomography scan for suspected urolithiasis-A Retrospective Cohort Study.
   *Urology 2014 Dec;84(6):1272-4.*

   CTKUB for renal colic: Additional findings in 900 patients.
   *Journal of Endourology 2012, UP-405.*

    Is Low dose CTKUB (LDCT) the new investigation of choice for suspected renal colic: A review of literature.
    *Journal of Endourology 2012, MP31-08.*

    Is IVU an obsolete investigation for acute flank pain suspicious of renal colic?
    *Journal of Endourology 2012, UP-403.*
Kidney Stone Disease (KSD) Assessment

   Citrate salts for preventing and treating calcium containing kidney stones in adults.

   What is the optimal management and follow-up of struvite stone patients?
   Outcomes from our University teaching hospital.
   *World Congress of Endourology Meeting*, 2016.

   Stone and fragments entire removed (SaFER): the necessary minimum standard for
cystine stone formers? Outcomes from a University teaching hospital.
   *World Congress of Endourology Meeting*, 2016

4. Saraogi M, Somani B K, Cook P.
   Outcomes of serum parameters from dedicated Metabolic stone screening for high-
risk patients: Experience from a University teaching hospital.
   *World Congress of Endourology Meeting*, 2016

5. Moore S L, Somani B K, Cook P.
   To what extent does early specialist medical intervention decrease recurrence rates
in cystinurics? Results from a Specialist Stone Centre.
   *World Congress of Endourology Meeting*, 2016

   Association between deprivation index and infection stones: 7-year results from a
University teaching hospital.
   *World Congress of Endourology Meeting*, 2016

   Value of simple urinary pH should not be forgotten in metabolic stone screening for
high-risk patients: Results from our ‘Medical stone clinic’.

   Serum uric acid is useless as a marker for hyperuricosuria: Results from a University
teaching hospital.

9. Shah S, Somani B K, Cook P.
   Patients with struvite stones need to be extensively investigated: Experience from a
metabolic stone clinic
   *Urology* 2014; 84: 4(S1) S246, UP.246.

    Assessment of basic stone screening for patients presenting with acute renal colic
and renal stones: How we improved standards
    *Challenges in Endourology meeting 2014, Paris.*
Audit of metabolic workup of patients presenting with Urinary Tract Stone Diseases.

Ethnic Diversity of Stone Patients in an inner City hospital in the UK.

Kidney stone disease and training

1. Somani B K.
Introduction of new technologies in Endourology – lessons learnt from CROES.

2. Rukin N J, Williams K, Somani B, Wright A E.
Intra-renal pressure and irrigation flow with commonly used ureteric access sheaths and instruments.

Tips and tricks of ureteroscopy: Consensus statement Part I. Basic Ureteroscopy.

Tips and tricks of ureteroscopy: Consensus statement Part II. Advanced Ureteroscopy.

5. Wright A, Rukin N, Somani B K.
Ureteroscopy and stones: Current status and future expectations.

Comprehensive flexible ureteroscopy (FURS) simulator for training in Endourology: The K-box model.

7. Somani B K, Aboumarzouk O, Srivastava A, Traxer O.
Tips and tricks of Flexible Ureterorenoscopy.

8. Somani B K, Robertson A, Kata S G.
Decreasing cost of Flexible ureterorenoscopic procedures: Cost volume relationship.


Kidney stones (Others)
