	授課講師學經歷
姓名	楊文智
現職單位名稱	澄清綜合醫院 職 稱 泌尿外科主治醫師
專長	泌尿道腫瘤、前列腺肥大、腎結石、膀胱結石、血尿、頻尿、小便無力、尿道下列、隱睪、陰囊腫痛、夜尿、尿失禁、男性不孕
學經歷	學經歷: 現任澄清綜合醫院泌尿外科主治醫師台灣大學醫學士 秀傳醫院泌尿科主治醫師 桃園醫院泌尿科主任 專業證照: 醫師證書 泌尿科專科醫師證書 ACLS ATLS
符合資格 (勾選)	□(一)具有教育部審定講師級(含)以上資格者。 □(二)護理人員或其他領域枝講師,需具有政府核發枝專業證書(護人員需為護理師),並符合下列資格(1)碩士以上學歷,有三年(会以上授課領域經歷;(2)大學學歷,有五年(含)以上授課領域經歷;(3)專科學歷,有七年(含)以上授課領域經歷。 ■(三)專科醫師領有證明文件者。 □(四)現(曾)任主管機關相關職務者。
主辦單位	澄清綜合醫院 醫教室
聯絡電話	04-24632000 轉 66825

課程名稱(主題):Clinical significance of residual stone fragments

following stone removal

課程日期:107.08.17,課程時間:07:30~09:00

課程地點:澄清綜合醫院(平等)3F 會議室—台中市中區平等街 139 號

摘要:

The presence of residual calculi following shock wave lithotripsy (SWL) or percutaneous nephrolithotomy (PNL) is associated with an increased risk of stone formation or stone growth. As a result, it is not acceptable to use the term "clinically insignificant stone fragments," since residual fragments may act as a nidus for further stone growth.

The presence of residual stone fragments after stone removal increases the risk for future clinical stone disease. Thus, all attempts to render a patient completely stone free should be made. To limit morbidity resulting from undiagnosed residual stone fragments, it is important to properly image patients two to three months following their stone removal procedures.

Underlying metabolic predispositions to stone formation persist after surgical procedures to remove stones; thus, the likelihood of recurrent disease among patients with residual calculi after SWL or PNL is inextricably linked to whether appropriate medical therapy is initiated.