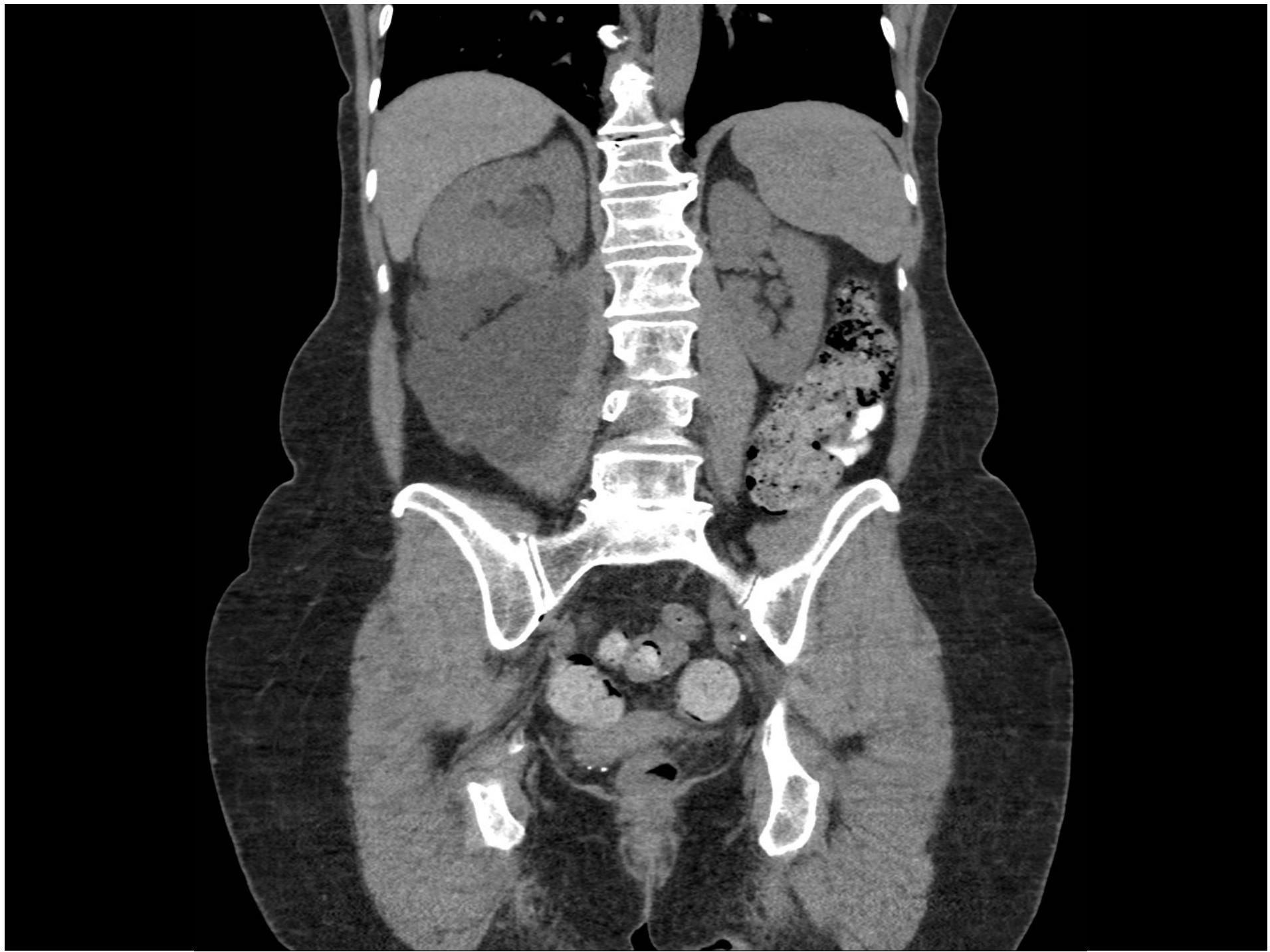


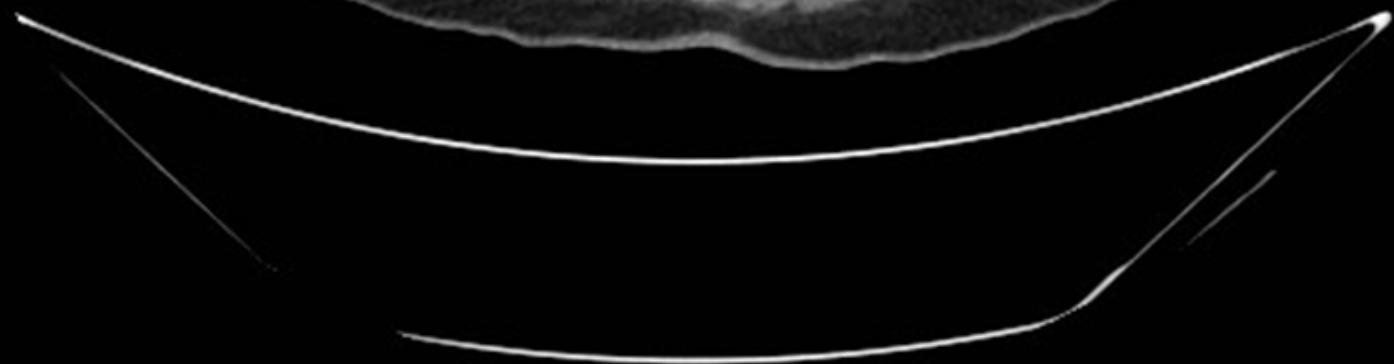
James Knutson – MGH IR Fellow  
[jknutson@partners.org](mailto:jknutson@partners.org)

- 72 yo F w/ abdominal pain







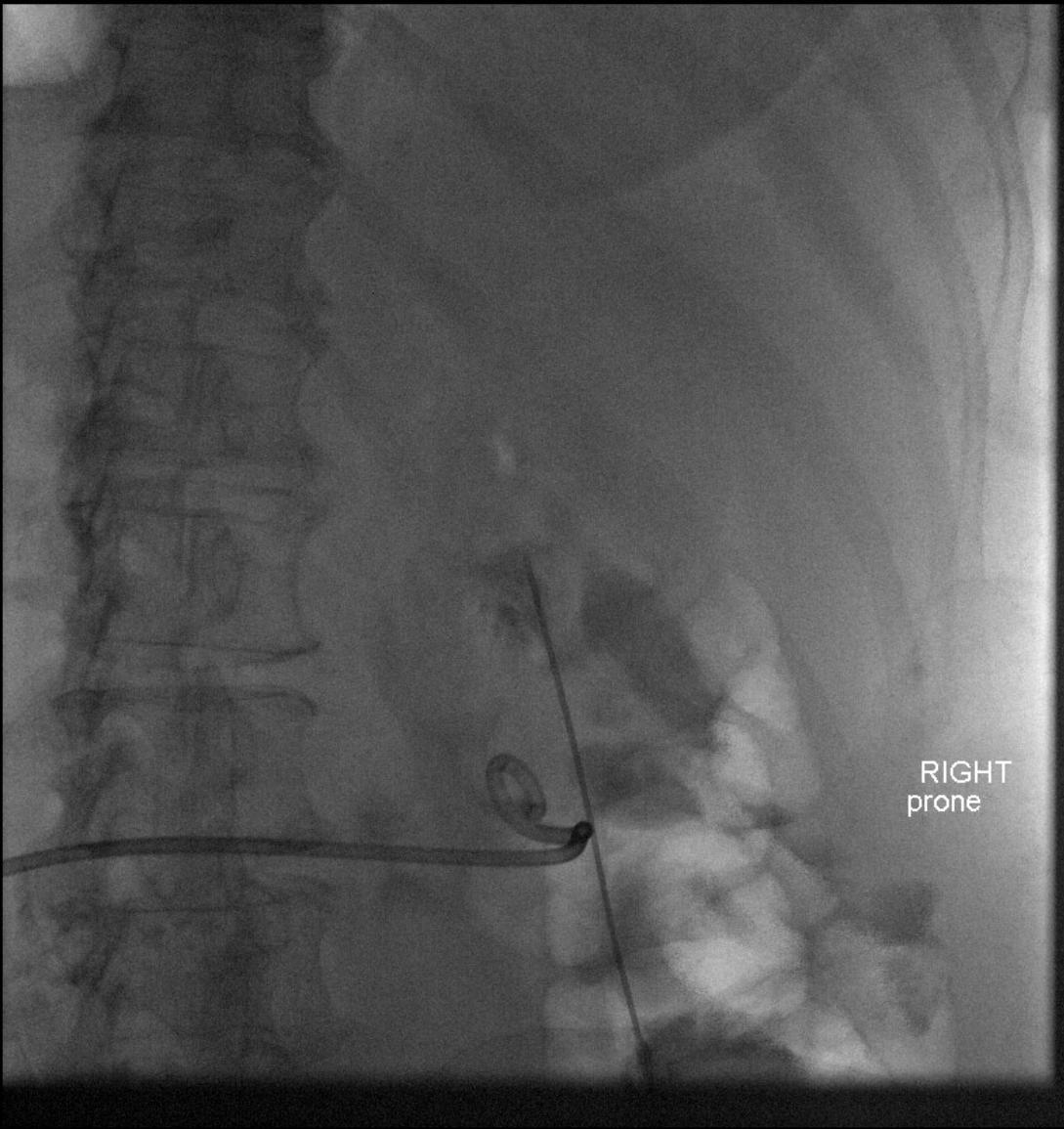


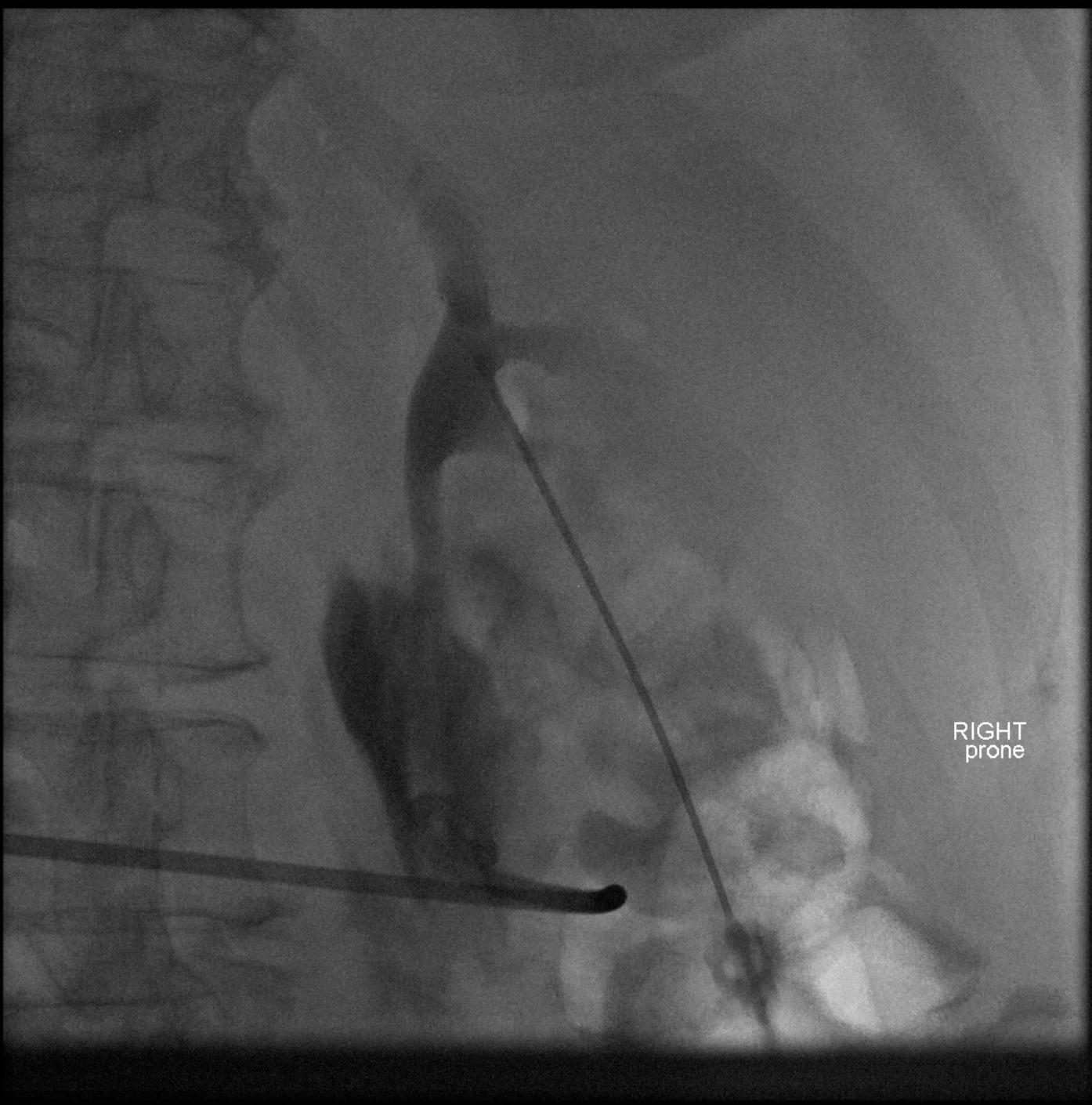


Spin: -90  
Tilt: 0

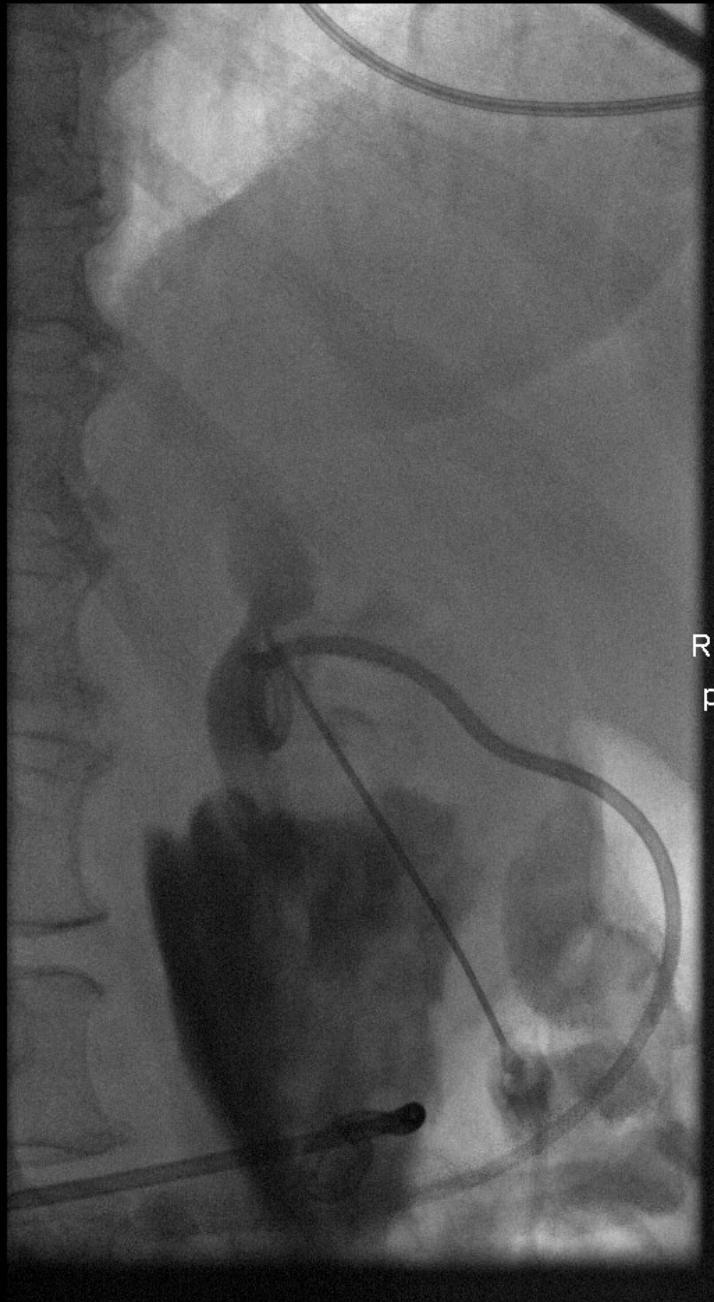
L







RIGHT  
prone



RIGHT  
prone

- Urinoma persists despite drainage
- Next nephrostomy tube change:
  - Can't pass wire down the ureter
  - Contrast won't go down the ureter
- Concern for ureteral injury



A lateral radiograph of the spine and pelvis. A thin, dark line represents a catheter or guidewire, which enters from the bottom left, passes through the sacrum, and curves upwards towards the lumbar spine. A small black dot is placed on the curve of the catheter in the lower thoracic/lumbar region. The vertebrae are visible as stacked, roughly circular structures. The sacrum is prominent at the bottom center. The text 'RIGHT' and 'supine' is located in the bottom left corner of the image frame.

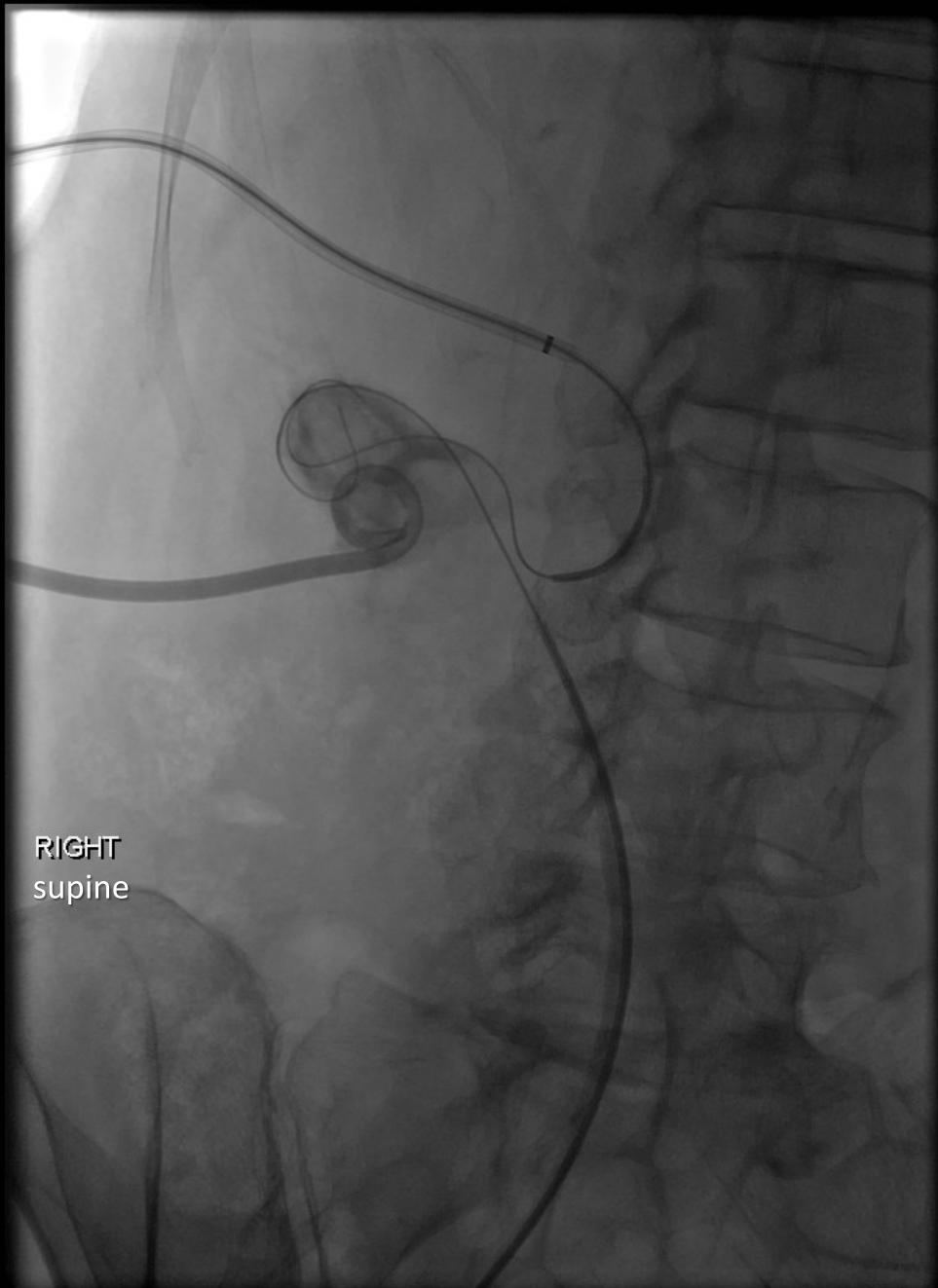
RIGHT  
supine



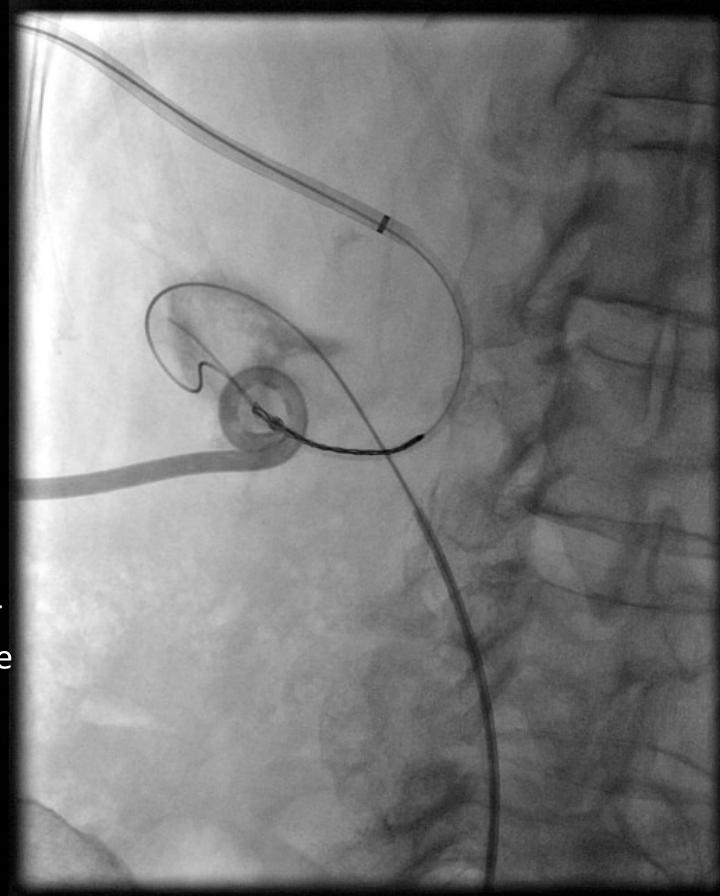
RIGHT  
supine



RIGHT  
supine



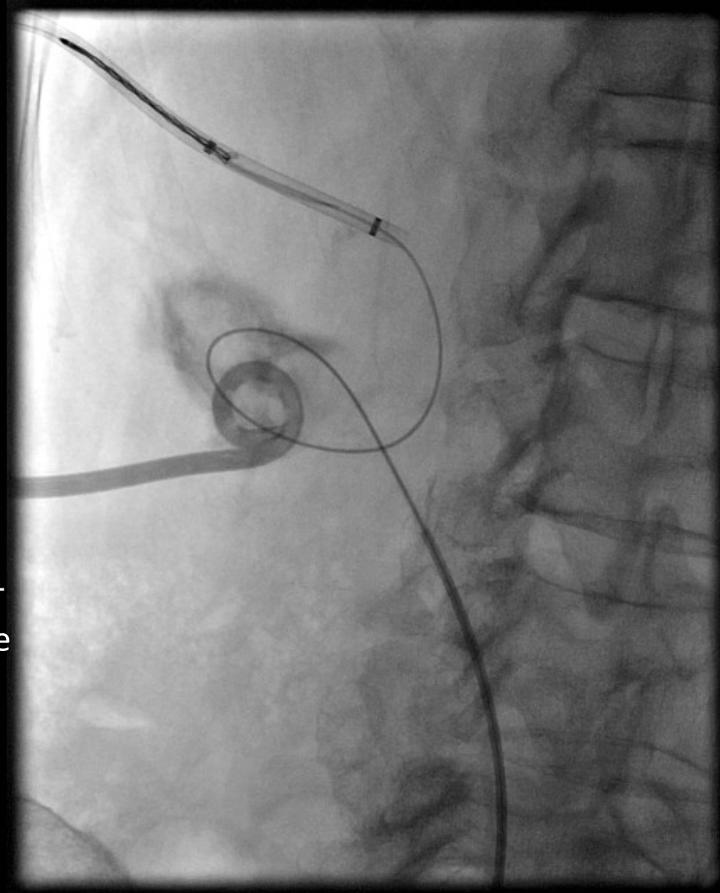
RIGHT  
supine



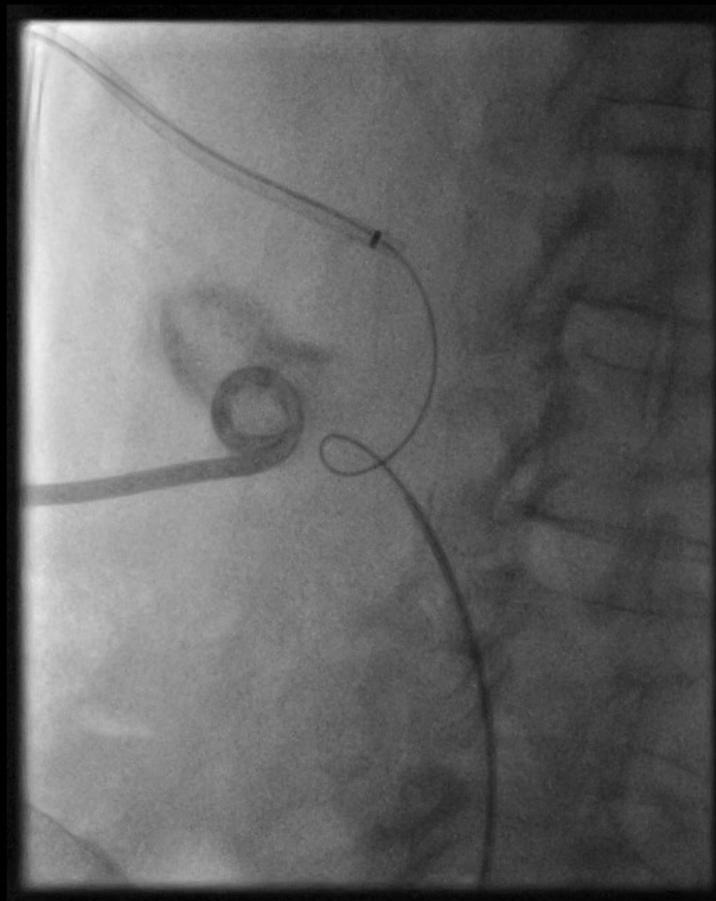
RIGHT  
supine

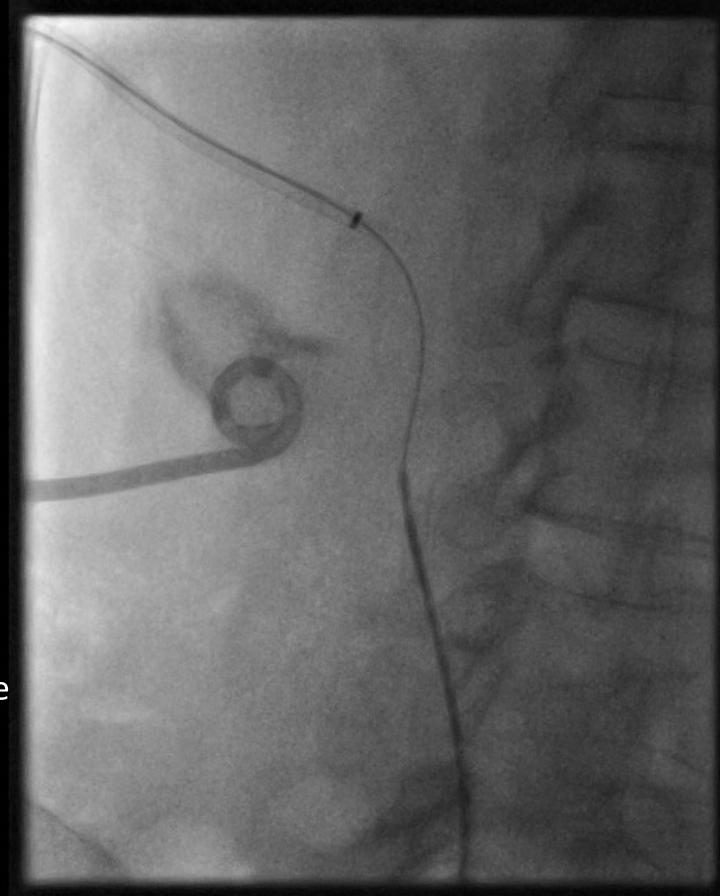


RIGHT  
supine



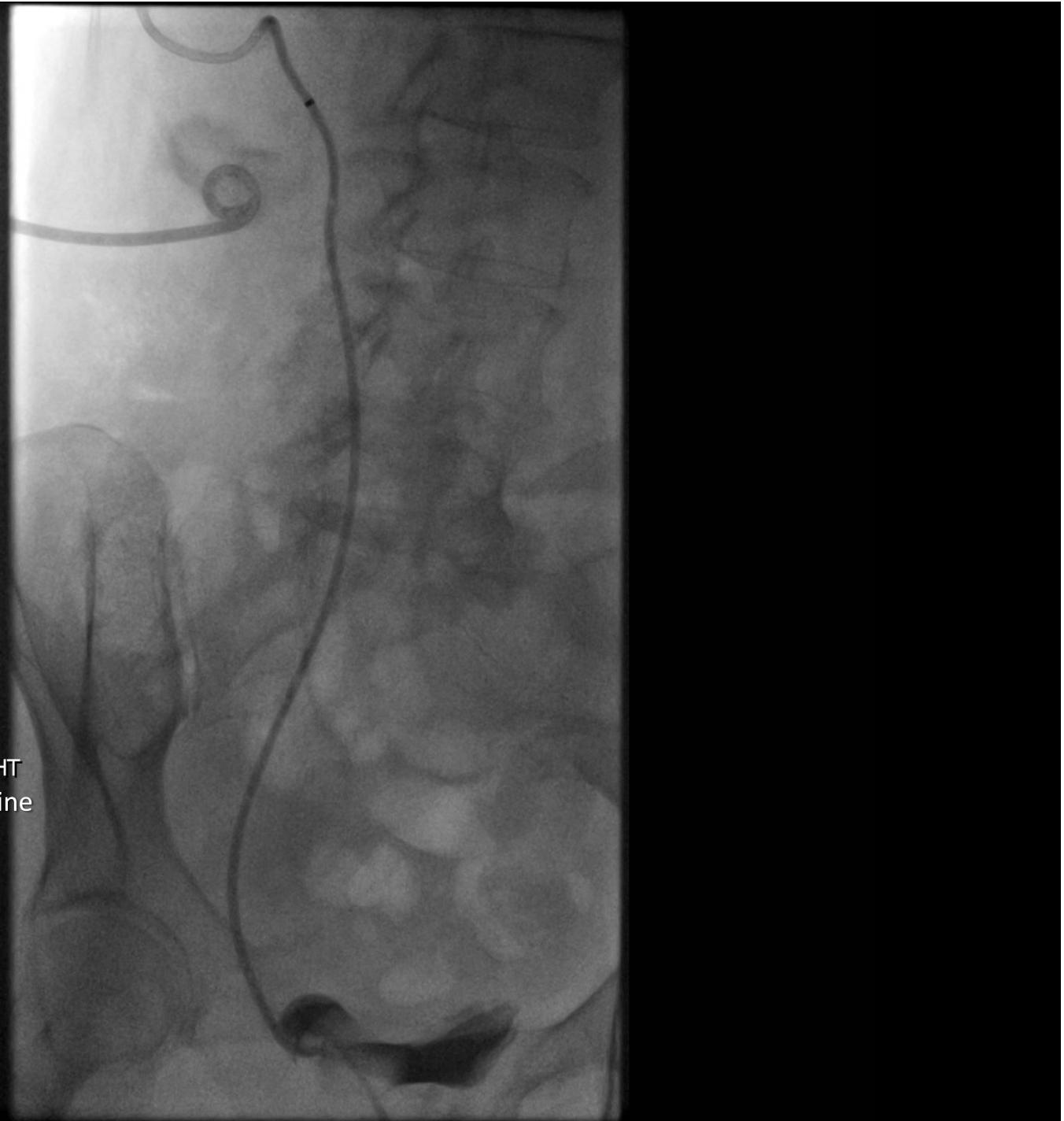
RIGHT  
supine

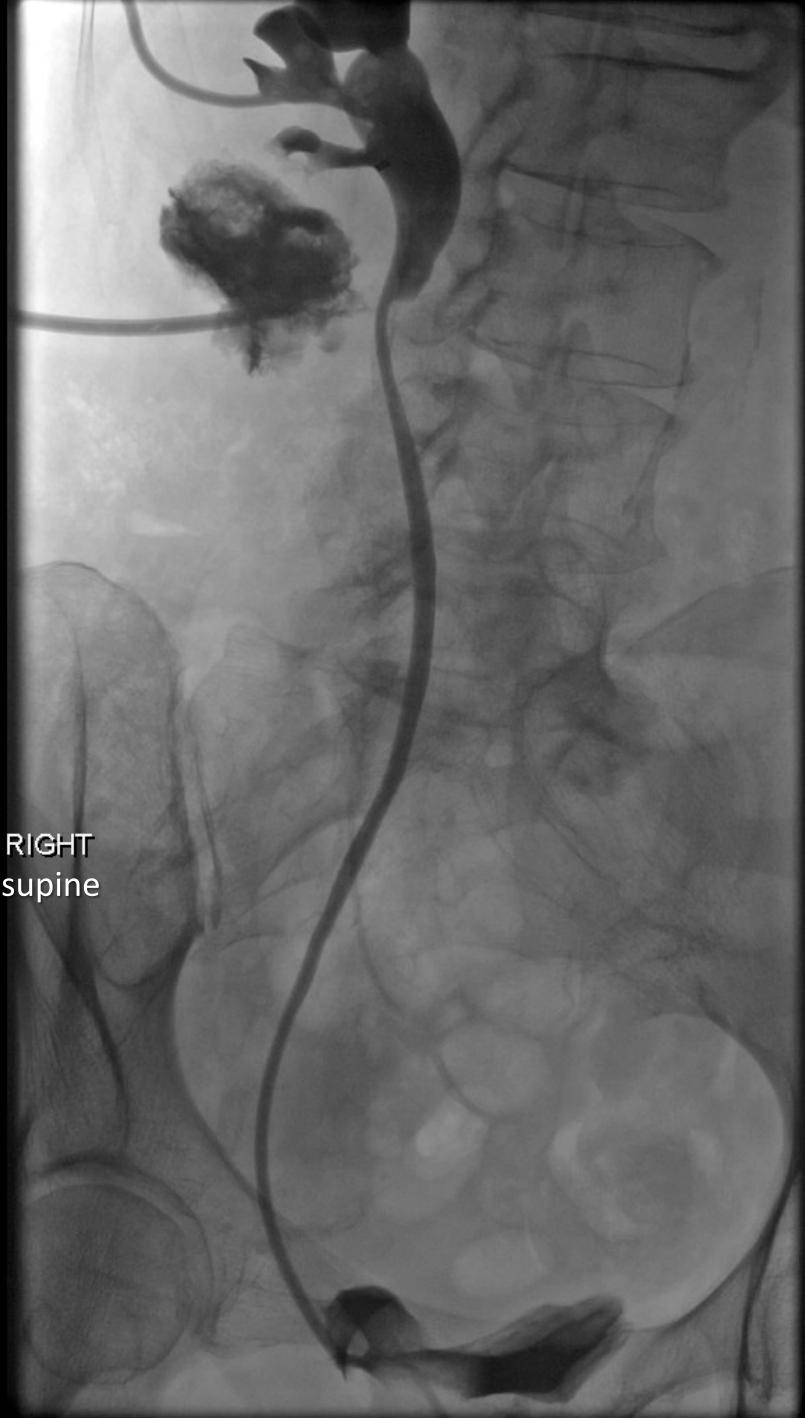




RIGHT  
supine

RIGHT  
supine





RIGHT  
supine

# Post RFA Complications

- Hemorrhage
  - Most common
  - Transfuse/manage obstruction
- Ureteral injury (1-2%)
- Urine leak/urinoma
- Burns at grounding pads
- Tract seeding rare (inflammatory nodules)

*Radiofrequency Ablation of Renal Cell Carcinoma: Part 1, Indications, Results, and Role in Patient Management over a 6-Year Period and Ablation of 100 Tumors*

Debra A. Gervais, Francis J. McGovern, Ronald S. Arellano, W. Scott McDougal, and Peter R. Mueller American Journal of Roentgenology. 2005;185: 64-71.

*Radiofrequency Ablation of Renal Cell Carcinoma: Part 2, Lessons Learned with Ablation of 100 Tumors*

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Thanks