Editorial comment on “Minimal incisions for laparoscopic radical cystectomy with extracorporeal-assisted urinary diversion”

There are many access ports available in the world for laparoendoscopic single-site (LESS) surgery, such as Triport, GelPOINT, SILS, and Uni-X. However, most of them require an incisional wound of at least 3 cm to set up the entrance. From my personal experience, LagiPort is more suitable for small wounds <3 cm because the wound retractor of LagiPort is flexible enough for it to be placed into a small port. The authors have discussed results for totally extraperitoneal (TEP) procedures in a previous article, showing their excellent experience in hernia repair by LESS TEP. The wound’s average length of 2.5 cm below the umbilicus has a good cosmetic result after surgery. Because of this commercial port not only saving time but also preventing intraoperative malfunctions, it should be recommended for both beginners and experienced LESS surgeons.

TEP procedure has been adopted by increasingly more surgeons, including urologists, and it must be noted that patients with a hernia after a TEP procedure will be challenging to treat after retropubic prostatectomy and cystectomy if prostate cancer or bladder cancer develop thereafter. Even though Do et al² have shown that previous TEP procedure does not adversely affect the functional or oncological outcomes of radical prostatectomy, they need to modify their surgical technique during prostatectomy. Vijan et al³ suggested that using less “inflammatory” mesh or using an open, anterior approach may be a good treatment choice in patients at high risk for subsequent prostate surgery. For these reasons, a digital rectal examination, serum prostate specific antigen level, and urine analysis should be performed in the preoperative evaluation. TEP procedure might be abandoned in patients in whom prostate cancer or bladder cancer is suspected so as not to hamper subsequent surgery for these conditions.

Conflicts of interest

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References


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