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**Editorial Comment on: Laparoscopic Augmentation Ileocystoplasty: Results and Outcome**

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Laparoscopy is a fundamental part of the current armamentarium of urology, achieving similar results to open surgery in centres with laparoscopic expertise. It has been developed and established with the view that similar results can be achieved with less traumatisation, especially as far as systemic stress response is concerned.

It is widely appreciated that large-scale, prospective, randomised trials comparing laparoscopic versus robotic versus open surgery are still missing [1]. Differences in the method of data collection in outcome assessment studies affect the surgical success rates. Therefore, critical documentation of experiences from several institutions, especially analysis of complications, is important for further development of laparoscopic techniques.
Laparoscopic enterocystoplasty has the promise to become a viable alternative to its open counterpart. Process modifications based on the recently published new experimental work [2], surgical details [3], or discussions among experienced colleagues are aiming to improve its outcome.

The authors deserve congratulation for their reasonable prospective study [4]. Regardless of their indications for the procedure, a mean operative time of 202 min is relatively long, considering the use of the hand-assisted procedure which is considered less time-consuming [5]. Otherwise, the follow-up was relatively long with parameters comparable with the published data. We agree with the authors about procedure safety and satisfactory outcome, but such studies can be significantly biased (bias of surgeon, different levels of experience, patients’ morbidity). Before/after study of cases performed by the same surgeon might provide more reliable results.

Reports on the patient perspective and symptomatic outcome following enterocystoplasty document good results. Issues such as the individual definition of cure, social acceptability, and effect on self-esteem were discussed [3].

Finally, the future challenge is the complete definition of indications and selection criteria for this laparoscopic surgery. Future developments such as robotics may enable laparoscopy to become the standard approach to enterocystoplasty.

References


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