

“A Novel Technique To Reduce Surgical Tissue Trauma” by Claas Brockschmidt and Associates

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Dear Editor,

Please accept my warm thanks to the journal of *Experimental and Clinical Transplantation*. I thank Brockschmidt and associates for their article, “Minimal access kidney transplant: A novel technique to reduce surgical tissue.”¹ I have some comments about the article.

- (1) In this technique, the allograft had been placed extracorporeally, and in this position an anastomosis was performed. Changing the position of the kidney to place the allograft intracorporeally after anastomosing it led to a chance of kinking the vessel, because intracorporeally, the distance between the iliac artery and allografted kidney was reduced.
- (2) The allografted kidney was placed close to the bladder so there was a chance of pressure on the allograft when filling the bladder.
- (3) In describing anastomosing of the ureter, the writer described an modified “intravesicular” Lich-Gregoir technique; however, the modified

Lich is “extravesicular” not “intravesicular” (pp 323, first column, third paragraph, first line).

- (4) The authors write that while using this technique, cooling of the allografted kidney is possible. In any technique for kidney transplant, cooling of the allografted kidney is possible either intracorporeally or extracorporeally.
- (5) The authors address by this writing that when anastomosing the allografted ureter, the paraureter bladder is dissected. In this position, the allografted ureter is closer to the iliac vessel, so that if there is a complication with the allografted ureter, it can compromise the iliac vessels.

References

1. Brockschmidt C, Huber N, Paschke S, Hartmann B, Henne-Bruns D, Wittau M. Minimal access kidney transplant: a novel technique to reduce surgical tissue trauma. *Exp Clin Transplant*. 2012;10(4):319-324.

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