Response to "A Novel Technique To Reduce Surgical Tissue Trauma" by Claas Brockschmidt and Associates

Claas Brockschmidt, Doris Henne-Bruns, Mathias Wittau

Dear Editor,

We would like to thank Dr. Zomorrodi for his comments on our article "Minimal access kidney transplant: A novel technique to reduce surgical tissue trauma," which was published in volume 10, issue 4, of *Experimental and Clinical Transplantation*.[1]

Regarding the concerns of Dr. Zomorrodi, we would like to comment on the 5 queries:

1. Kinking of allograft vessels is a general problem that can occur with various techniques. We are aware of this possibility. However, the allograft is placed cranially of the anastomoses and thus, the vessels are straightened. Until now, no kinking of the vessels has been seen after changing position of the allograft.
2. Compression of the allograft by a filled bladder is quite unlikely (and has not been seen) owing to the position of the allograft in the described fashion.
3. The modified Lich-Gregoir technique is, of course, an extravesicular approach. "Intravesical" was a typing error. We are grateful for pointing this out. In the Methods section of the article (page 321, line 16), we describe the modified Lich-Gregoir technique correctly as an "extravesicular approach."
4. Regarding cooling of the allograft, we performed animal experiments and found that cooling the kidney extracorporeally is more sufficient than cooling it intracorporeally. These data are prepared for publication and will be submitted soon.
5. In any complication of the allograft ureter, there might also be a chance of compromising the iliac vessels. However, until now, this complication has not been seen. In the described technique, the perivascular tissue is dissected on a small area only, still "protecting" the iliac vessels. This might be an advantage of this method.

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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