Response of the authors to comment by Lagana et al. on: Transvaginal specimen removal in minimally invasive surgery (World J Urol. 2016 Jun; 34(6):779–87)

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Dear Editor,

Transvaginal specimen extraction presents as a very appealing route for the removal of large specimens from the abdominal cavity during conventional laparoscopic and robotic-assisted surgery in females [1]. The approach suits perfectly in the setting of radical or donor nephrectomy as the incision required for the extraction of the large specimen downgrades significantly the minimally invasive character of the endoscopic approach. Despite the well-documented low morbidity of this relatively simple transvaginal technique and the excellent postoperative functional outcomes of the approach associated with no major effects in sexual function or future pregnancy, potentially serious complications can occur. As a result in their commentary, Lagana et al. support a multidisciplinary approach involving specialties such as the gynecologists since they are more familiar than urologists with performing surgery through the vagina [2]. The experience of our group started with the support of an expert gynecologist who performed the access and provided training for the urological team. The same gynecologist still provides consultation and surgical expertise in more complicated

cases. We would like to encourage every urologist interested in transvaginal surgery to close co-operation with experienced gynecologists who would provide proctoring at least in the initial cases of transvaginal specimen removal and would support the development of transvaginal urological surgery. Their contribution is invaluable in avoiding mishaps and assisting proper management of technical challenges and potential complications. We strongly believe that the positive impact of the technique on the morbidity of laparoscopic or robotic nephrectomy will eventually lead on its wider adaptation by urologic community.

References

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