Reply to: 10.1007/s00464-009-0382-x: Single Port Access (SPATM) gastrostomy tube in patients unable to receive percutaneous endoscopic gastrostomy placement (2009 (23) 1142–1145)

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We appreciate the comments regarding our recent article in *Surgical Endoscopy*. In a number of these patients, entering the area of the site from which the tube would exit as an initial entry site would not have been safe because of previous procedures. An entry at the umbilicus was safer, providing adequate visualization for optimal positioning and ensuring tight approximation to the abdominal wall. Subsequently, as an early stage in the development of single port access surgery, all portions of the procedure, with exception of actual tube placement, were performed through a single port of entry at the umbilicus. No special access device was used or necessary.

We also fully agree with your concerns about cost and expense. In one of our earlier publications about SPA cholecystectomy, we addressed this concern looking to the future [2]. Subsequently, with attention to this, we have since begun performing virtually all of our single port access procedures with standard rigid instrumentation without the need for any specialized dissection devices or access devices that would add costs to the procedure [1–7]. We feel strongly that as we move forward in the arena of reduced port surgery, that costs should be controlled and the procedures should not be designed around instrumentation.

We offer this as an option in this group of patients who may benefit from incision reduction, and feel strongly that much more data is necessary to show any increased benefits.

Disclosures Drs. Paul G. Curcillo and Stephanie A. King speak to Single Port Access Surgery for the following companies: Storz Endoscopy, Ethicon Inc., Olympus, Inc., and Microline (PGC only). Drs. Wu and Podolsky have no conflicts of interest or financial ties to disclose.

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