Reply to: doi:10.1007/s00464-010-1525-9: Use of a peripheral venous catheter in single-incision laparoscopic surgery

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We thank Dr. Bhandarkar and colleagues for their interest in our article. Controlled smoke evacuation to improve visibility in single-incision laparoscopic surgery (SILS) seems to be a common problem not yet satisfactorily resolved by industry. Bhandarkar et al. are using a Veress needle inserted through the same skin incision next to the trocars for smoke evacuation. We agree that this is a cost-effective and safe way to handle the smoke problem. However, for intraoperative cholangiography, the Veress

needle cannot be used. A PVC, as employed in our series, does not require a skin incision and leaves no apparent scar. It permits both smoke evacuation by a direct route away from the optical lens and at the same time effective introduction of a cholangiography catheter. Even in obese patients, abdominal wall thickness in the right upper quadrant usually does not preclude use of a PVC (see Fig. 2 in our report), although malfunction occasionally may be an issue.

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