The author replies

We have reviewed the comments of Dr. Ainslie et al. concerning our article [1]. Their technique is quite similar to our own. The underlying principle of both methods is to create a clear operative field by retracting the liver upward instead of retracting the gallbladder. This method makes the operation safer because it prevents narrowing and distortion of Calot's triangle.

The difference between our method and theirs is that we use an articulatable forceps instead of a retractor. In our early cases, we also employed a retractor, but we wanted a retracting device that could be used for another purpose if necessary. For example, we perform intraoperative cholangiography routinely. When the infusion tube is inserted into the cystic duct via the surgeon's left-hand port, the assistant must grasp the gallbladder to keep it in situ. Therefore, we prefer the Roticulator forceps because it cannot only retract the liver atraumatically but also grasp the gallbladder or other things consecutively; we believe that the flexibility of this instrument helps to speed the operation.

Ainslie et al.'s assertions regarding the patient's position and the pneumoperitoneum are true. We also maintain a low-pressure (7–8 mmHg) pneumoperitoneum and take

measures to prevent the operating table from becoming too steep. In elderly patients and other high-risk cases, we employ a gasless technique (the abdominal wall lift method).

Thus, we are essentially in agreement; the principle of our retracting method is quite similar to their own. We hope that this technique will become known and appreciated universally.

References

1. Sekimoto M, Tomita N, Tamura S, Ohsato H, Monden M (1998) New retraction technique to allow better visualization of Calot's triangle during laparoscopic cholecystectomy. *Surg Endosc* 13: 1439–1441

M. Sekimoto

Department of Surgery II
Osaka University Medical School
2-2 Yamadaoka, Suita
Osaka 565-0871
Japan