

LESS: INITIAL EXPERIENCE IN A UK DISTRICT GENERAL HOSPITAL.

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Intro & objective: Laparo-endoscopic single site surgery (LESS) is challenging to surgeons but provides patients the advantage of a single nearly invisible scar. LESS has been performed mainly by enthusiasts and in large medical centres where the technical facilities and equipment availability are not an issue. We describe our initial experience in a district general hospital using available standard laparoendoscopic equipment.

Methods: Since May 2009, a total of 7 cases have been done, all for benign indications (2 - pyeloplasty, 2 - simple nephrectomy, 2 - excision of renal cyst and 1 - bilateral varicocele). A SILS port (Covidien) was used transumbilically in all the cases. In the absence of an integrated laparoscope, a 55cm long 5mm rigid bronchoscope (30 °) and a standard 10mm laparoscope (0 °) were used. The length of the bronchoscope allowed performance of tasks without significant instrument clashes. In the case of pyeloplasty, an additional 5mm port was used to facilitate triangulation. Also, during pyeloplasty, a roticulating scissor was used for reconstruction.

Results: All procedures were completed successfully with no intraoperative complications. Average operating time was 149 minutes (range: 70-240). Average blood loss was 28cc (range: 0-100). There were no complications within 60 days of operation. All operations have been deemed successful in terms of capability. Renogram results are awaited in the pyeloplasty cases. In all the other cases, there has been complete symptomatic relief.

Conclusions: Our early series suggests that LESS can be carried out in district general hospitals by dedicated urologists with available laparoscopic equipment. The use of an additional port adds little to morbidity. Also, there is no increase in operating time compared to our standard laparoscopic series.