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Letter to the Editor

Reply to Hervé Baumert's Letter to the Editor re: Matthew N. Simmons, Benjamin I. Chung, Inderbir S. Gill. Perioperative Efficacy of Laparoscopic Partial Nephrectomy for Tumors Larger than 4 cm. Eur Urol 2009;55:199–208

Ischemia remains a primary concern during open or laparoscopic partial nephrectomy (LPN). We fully agree with Dr Baumert's comments with regard to the early unclamping technique [1], and we compliment him and his team for publishing the initial report in 2007 [2]. Dr. Baumert's pioneering contribution is acknowledged and applauded. Also in 2007, Dr Bollens described his variation of an ''on-demand'' unclamping technique of LPN [3].

Our independent conceptualization and parallel development of our technique of *early unclamping* LPN and our experience in our first 50 patients, published in early 2008, has provided similarly excellent results [4]. Unique differences in our technique include use of radiolucent Hem-o-lok clips for rapid control of transected major intrarenal blood vessels, sutured hemostasis and collecting system repair with undersewing of Hem-o-lok clips, and complete elimination of the compressive bolster in approximately 85–90% of patients. Our current mean ischemia time is 13 min (91% of patients had ischemia $\leq$20 min, none had ischemia >30 min), and postoperative hemorrhage rate is2.7% (K. Kamoi et al, unpublished data). Our single-surgeon overall experience is now >800 LPNs (I.S. Gill et al, unpublished data). Of these procedures, the most recent consecutive 300 LPNs were performed with the early unclamping technique, which is now our routine approach. This approach is used with anatomically complex hilar tumors, central tumors, completely intrarenal tumors, tumor in solitary kidney, and even bilateral single-session LPN. Any step toward reducing warm ischemia is a step forward.

Conflicts of interest: The authors have nothing to disclose.

References

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March 13, 2009
Published online on March 31, 2009

DOIs of original articles: 10.1016/j.eururo.2008.07.039, 10.1016/j.eururo.2009.02.007

0302-2838/$ – see back matter © 2009 European Association of Urology. Published by Elsevier B.V. All rights reserved. doi:10.1016/j.eururo.2009.03.061