

AUTHOR'S REPLY

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We thank Dr Kasyan for his insightful and constructive comments. We agree that minimally invasive surgery, in the form of laparoscopy and robotic surgery, has made these complex surgeries technically feasible with minimal complications and good functional outcomes. In our previous publication and the accompanied video [1], we demonstrated a detailed description of the technique used for our laparoscopic intracorporeal ileal ureter. In this case, the operating time was acceptable with minimal blood loss and no perioperative complications. The magnification of laparoscopy allows precise suturing for anastomosis and minimizes complications related to open surgeries. The pioneers have demonstrated feasibility of more complex surgeries using minimally invasive techniques [2, 3, 4]. Benefits such as shorter hospital stay with less blood loss have been demonstrated consistently.

With adequate experience and refinement of techniques, we have subsequently embarked on more

complex intracorporeal surgeries such as intracorporeal neobladder after completion of robotic-assisted radical cystectomy [5]. In the three cases reported by us, the Y pouch neobladder was constructed entirely intracorporeally. The operating time was 340 minutes with minimal blood loss. There were no reported perioperative complications and initial functional outcomes were satisfactory. In this instance, robotic surgery is beneficial in allowing fine operative movements and a greater range of movements to aid in the construction of a neobladder intracorporeally. With the improvement of technologies and refinement of surgical techniques, more and more will take on minimally invasive surgeries in the field of upper urinary tract reconstructions. However, in order to maximize the benefits for patients, these complex surgeries should be performed by high-volume surgeons from high-volume hospitals in view of steep learning curves. More prospective studies are needed in the future.

References

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