

PRESS RELEASE

***LESS* Surgery – A New Horizon in Urology?**

Stockholm, March 19, 2009. At the EAU – European Association of Urology – 24th Annual Congress in Stockholm, Olympus Medical Systems Europa GmbH invited leading urologists to participate in a symposium to discuss the topic of *LESS* – Laparo-Endoscopic Single-Site – surgery. Chaired by Professor Dr. Inderbir S. Gill, Cleveland, Ohio, USA, and Professor Dr. Jens-Uwe Stolzenburg, Leipzig, Germany, the speakers shared their insights into this promising technology and explained the special instruments required to perform laparoscopy through a single umbilical incision. Not only can postoperative cosmetic results be improved with *LESS* surgery, the experts equally anticipate fewer complications caused by injury to inner organs, infections or postoperative hernias. By presenting current case examples, they impressively illustrated the diverse range of indications for advanced laparoscopic procedures in urology. These experts are convinced that *LESS* surgery will open up new horizons in minimally invasive surgery.

Professor Dr. Rene J. Sotelo Nogra, Venezuela, notes a growing trend towards reducing the number of incisions required for laparoscopic procedures. These efforts are not only aimed at lowering morbidity but also at improving cosmetic results. Recently, he performed the very first *LESS* procedure for benign prostatic hyperplasia in Latin America. Professor Dr. Mihir Desai, USA, is another pioneer in *LESS* surgery in urology, having published in 2008 the first clinical reports on *LESS* nephrectomy and pyeloplasty. To perform the laparoscopy, he inserted a transumbilical multi-

site access port and used novel hand instruments with bent stems along with conventional laparoscopic instruments. In the pyeloplasty, he additionally utilized a 2mm needle port which was inserted without a skin incision and did not require suturing.

***LESS* procedures without complications**

Prof Desai was able to perform both surgeries successfully without creating any additional incisions outside the umbilicus. The surgeries took around three hours. After his nephrectomy, the patient could leave hospital as early as one day later, and for the patient undergoing pyeloplasty, two days. The procedures were not associated with any postoperative complications.

In the meantime, innumerable examples of indications for *LESS* surgery have emerged from the field of urology, starting with such standard procedures as partial and radical nephrectomy and adrenalectomy, ranging to advanced procedures, such as live donor nephrectomy and endopyelotomy. In other specialities, such as general surgery and gynaecology, the number of cases is growing, given the relative ease with which conventional laparoscopic procedures can be adapted to the *LESS* technique. Recently, *LESS* surgery has been applied in major interventions such as cholecystectomy, appendectomy and hysterectomy.

Integrated systems for *LESS* surgery

Flanked by qualitative improvements in laparoscopes and the technical refining of hand instruments, the further development of minimally invasive instruments – such as the recently-launched TriPort – is expanding the indications for *LESS* utilization. This phenomenon is also reflected in the rising number of *LESS* procedures performed worldwide. In this respect, Olympus is making a major contribution by providing integrated systems for performing *LESS* procedures.

Evidently, the patients are the main concern and the main benefactors of *LESS* surgery, not just because of improved cosmesis. Indeed, complications such as infections, blood loss or hernias are confined to a single access site. Additionally, patients can benefit from a reduction in postoperative pain. These advantages can lead to a faster recovery. The potential benefit for the surgeons and the hospitals are the lower costs resulting from a decreased infection risk, as well as the decreased need for pain medication and analgesia.

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