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LESS in urology

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“The only constant is change” (Heraclitus, a Greek Philosopher, 500 BC)

Since the first cases using a single port/single site access were performed in 2007, these techniques have come a long way. The nomenclature of LESS, bringing these procedures under one umbrella, was bestowed in 2008 by the LESSCAR group. This terminology was accepted and incorporated by what is now the LESS/NOTES working group of the Endourology Society. This group has been at the forefront of forming a registry of and documenting complications arising from all such procedures in urology.

Most procedures in urological laparoscopy are fairly complex and do not lend themselves easily to what is undoubtedly a more technically challenging surgery than standard laparoscopy. In spite of this, we have published data of more than 2000 cases in peer reviewed journals in the last 4 years. Although LESS is now an established technique added to the armamentarium of minimal access surgery, questions remain. Does this technique bring anything worthwhile to the patient? Will it be easily reproducible by smaller volume centers where the learning curve will be harder to overcome? Will this technique be able to surpass the gold standard that is standard laparoscopy today? Will the long-term results show oncological efficacy similar to that of standard laparoscopy which has almost 20 years of data today?

Most importantly, will this technique continue to progress? Improvement in access devices and instruments is essential. Newer materials, improved articulating instruments, and robotics will be required to drive the future of LESS as well as increasingly minimal invasive surgery.

We hope that these excellent articles from a few of the thought leaders in this field will go some way toward shedding light on these issues.

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