

to that of historical controls because the two subsets of patients are different cohorts, with regard to the centers, surgeon, patient characters, comorbidities, bladder cancer characters, etc.

Although described as the extraperitoneal technique, most of the steps are transperitoneal viz., excision of the urachus along with the cystectomy specimen, the whole process of bowel isolation and all the bowel anastomosis. The Pfannensteil incision shown in the article essentially implies only a horizontal replacement of a long midline incision of the same length.

Even 'conceptually' it is hard to imagine that the modification in the present study offers the advantages of minimally invasive surgeries. In order to clearly demonstrate the advantages of the present technique it is prudent to compare with the cases with standard vertical midline incision and transperitoneal approach from the author's institution.

**R. P. Shrinivas, Deepak Dubey**

Manipal Institute of Nephrology and Urology, Manipal Hospital,  
Airport Road, Bangalore, India

**For correspondence:** Dr. Deepak Dubey, Manipal Institute of  
Nephrology and Urology, Airport Road, Bangalore - 560 017, India.  
E-mail; drdeepakdubey@rediffmail.com

## REFERENCE

1. Mandhani A, Dharaskar A, Kapoor R. Technical steps of open radical cystectomy and orthotopic neobladder to achieve the goals of "minimally invasive surgery". Indian J Urol 2010;26:277-80.

## Technical steps of open radical cystectomy and orthotopic neobladder to achieve the goals of "minimally invasive surgery"?

Sir,

The article by Madhani,<sup>[1]</sup> excellently demonstrates the modified technique of open radical cystectomy and orthotopic neobladder. The study is sufficiently powered (n=36) to demonstrate the feasibility of the modifications.

The authors in the present study have compared the modified technique with historical controls who have undergone the standard laparoscopic and robotic radical cystectomy and orthotopic neobladder. It is impossible to conclude that the present modification makes the surgical outcome superior

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