With regard to hospital stay and analgesic use, the single probe group subanalysis still favors the percutaneous approach. Indeed, among patients treated with only 1 probe the hospital stay was 1.0 days for the percutaneous group vs 2.1 days for the laparoscopic group (p = 0.004). Narcotic use was also lower, at 1.3 vs 13.3 morphine sulfate equivalents for the PCA vs LCA group. This decreased amount of postoperative analgesics was just shy of achieving statistical significance (p = 0.06). While the length of hospital stay is more impressive, we are well aware that the laparoscopic procedures were largely done before the percutaneous procedures, and this comparison could be flawed due to the retrospective nature of the study. However, with regard to analgesic use, we believe that this result would be less susceptible to variation with respect to chronology of treatment.

Given this subanalysis, we believe that our data quite strongly support the conclusion that patient comfort and hospitalization time are benefited greatly by the percutaneous approach. To be sure, a randomized study in this regard would provide the highest level of evidence. However, given our patient population, we doubt that we could complete a study of this type.

Re: Genitofemoral Nerve Injury After Laparoscopic Varicocelectomy in Adolescents

O. J. Muensterer


To the Editor: I read the article by Muensterer with interest. The author did not mention the indication for laparoscopic varicocele ligation in this cohort of boys with a median age of 14 years. The number and experience of the surgeons were also not given. In 2 patients following laparoscopic varicocele ligation using ultrasonic shears paresthesia occurred, affecting the genital branch of the genitofemoral nerve. What was the cremasteric reflex in these boys like? (There is no report in the literature so far.) The reason for introducing the more expensive technique using ultrasonic shears rather than simple (and inexpensive) clips was not given. This article underlines the necessity of including this temporary phenomenon into informed consent and—if one believes that the reported problem is really a problem—to perform laparoscopic varicocele ligation with clips without awaiting a prospective study.

Respectfully,

Christian Doehn
Department of Urology
University of Lubeck Medical School
Lubeck, Germany

Reply by Author: I appreciate the interest of Doehn regarding this study. The indications for the procedures were varicoceles associated with scrotal pain in most cases and, less frequently, testicular hypotrophy. According to the literature, scrotal pain is alleviated or reduced postoperatively in more than 90% of patients.1 Hypotrophy in adolescents is age dependent and present in less than 10% of patients in the age group studied.2 All operations were performed by 5 experienced pediatric surgeons.

While atrophy of the cremaster fibers has indeed been associated with varicocele,3 the clinical implication of this finding remains uncertain, and data on the presence or absence of the cremasteric muscle were not included in this study. Use of the ultrasonic shears was dependent on physician preference. The main advantage is the ability to cut and coagulate at the same time, making instrument changes during the procedure unnecessary. While I do not perform varicocele ligation with ultrasound shears anymore, I believe that more prospective data are needed before universal recommendations on varicocele ligation methods should be made.