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Clipless Needlescopic Bilateral Varix Ligation

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We report a novel technique of clipless needlescopic bilateral varix ligation and compare its results with the conventional laparoscopic approach. The positions of ports and surgical procedures were similar to those of the conventional 3-port laparoscopic technique, but all 5- and 10-mm trocars were replaced by 2-mm trocars. The internal spermatic veins proximal to the internal inguinal ring were isolated and coagulated for an adequate segment with a 2-mm bipolar electrocautery apparatus and then transected. The perioperative parameters of 25 patients operated on in this manner were compared with a historical cohort of 25 patients operated on using the conventional laparoscopic approach. Both groups of patients had uneventful surgery with no complications. The mean amount of analgesics used (1.25 vs 3.68 mg of morphine sulfate equivalent, $P = .03$), the maximal and mean postoperative pain scores (3.5 vs 5.6 and 2.5 vs 4.0, respectively, both $P < .05$), the postoperative hospital stay (0.5 vs 1.1 days, $P = .03$), and convalescence to normal activity (0.56 ± 0.3 vs 1.64 ± 0.4 weeks, $P = .01$) were all significantly decreased in the needlescopic group. We conclude that needlescopic bilateral varix ligation not only is feasible and safe but also provides the same therapeutic efficacy of a conventional laparoscopic approach; most importantly, it causes less pain and yields faster convalescence and excellent cosmetic results.

Key words: Needlescope, laparoscope, varicocele, varicocelectomy, bipolar

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