To the editor: The authors present an elegant DVD describing different techniques for managing the renal hilum during laparoscopic nephrectomy and report on 130 laparoscopic nephrectomies and the use of a 10 mm Hem-o-lok clip. They used the Hem-o-lok clip for the renal artery and on the renal vein after grasping and closing the jaws of a 5-mm laparoscopic Babcock to reduce the diameter of the vein to fit the clips. No significant bleeding from the renal hilum was reported. The arguments for the use of Hem-o-lok clips for management of the renal hilum are lengthening of the renal vein during laparoscopic donor nephrectomy, the cost-effectiveness of the procedure and a more reliable division of the renal vein as compared to the endovascular gastrointestinal stapler are discussed in the article. However, since the first report on the technique by Janetschek and co-workers who ligated the vein prior to clip application in order to diminish the diameter of the vein to fit a 10 mm clip (1), a 15 mm clip has become available (Figure 1). This clip can be applied on almost any renal vein, without using the laparoscopic Babcock as described by the authors in the present series and with minimal handling of the vein, even large right-sided renal veins. The same 15 mm Hem-o-lok clip can be used on the artery, utilizing all six clips in a package in a cost-effective way. I share Baumert and co-workers recommendation to use Hem-o-lok clips for the renal hilum, but suggest 15 mm clips in order to minimize the manipulation of the renal vein prior applying the clips.
Figure 1. Ten (below) and fifteen (above) millimeter Hem-o-lok clip in the applicator used for each clip size.