We seek it here, we seek it there – *continued***Reporter's comments**

Pre-operative ureteric stent placement would have avoided this complication. I routinely employ this technique when operating on inflammatory abdominal aortic aneurisms but did not consider it in this case. My practice has changed as a result of this experience and I now stent the ureter whenever it is at risk in abnormal tissues.

CORESS expert's comments

Both these cases illustrate the need for constant vigilance, particularly in difficult circumstances, when any retroperitoneal dissection is performed. The ureter is commonly tethered to the large bowel in inflammatory or neoplastic disease. It may also be displaced medially and become adherent to midline structures in the presence of retroperitoneal fibrosis however caused. How far should the ureter be exposed to identify and safeguard it? The current view is to avoid extensive dissection, especially after radiotherapy, as the blood supply is tenuous and strictures are common

in these circumstances. Many surgeons would agree that pre-operative stenting is a sensible precaution when predictably difficult surgery puts the ureter at high risk of damage. Although this practice may aid identification, it cannot be relied upon to prevent injury if the ureter is not recognised, for instance when buried in dense scar tissue.

Sadly, ureteric damage can occur even in the most experienced hands. The outcome then depends on proper management. These cases could be regarded as success stories! Above all, the damage was recognised at the time. Clearly, if ureteric injury does occur, the ideal is to enlist immediately the help of an experienced urologist who can perform the necessary repair. If, of course, an urologist is unavailable, the operating surgeon will have to resolve the situation. Every general surgeon should be able to repair a cleanly transected ureter. Can you repair a ureter? Is direct repair always possible or appropriate? Might it be a good idea to have a cup of tea with your friendly urological colleague and agree a strategy before this happens to you!

More issues per year

The Editors are delighted to announce that the Council of The Royal College of Surgeons of England have agreed to allow an increase in the number of issues of the *Annals*, from six per year to eight per year. In due course, this will significantly reduce the time from acceptance of an article to its publication and enable us to reach our target of publishing articles within 6 months of acceptance. The Editors are committed to ensuring that only the highest standard of articles will continue to be published in the *Annals*.

Irving Taylor
Editor-in-Chief