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<p>Abbreviation Used APV = appendicovesicostomy</p>

DOI: 10.1089/end.2014.0723

Editorial Comment for Chung *et al.*

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IN THE REALM of continually growing pediatric robotic urologic surgery, this is the next milestone in regard to its applications for redo reconstructive surgery. The at par outcomes in complex lower urinary tract reconstruction¹ have allowed the surgeons with experience to achieve this next step. Of utmost importance is to know that these procedures necessitate a certain level of expertise and need to be exercised at well-established centers.

The important point to note about the added advantage, here demonstrated by the authors, is the reduced intraperi-

toneal adhesions that we have previously seen in the porcine model,² which may be an additional benefit for the spina bifida population to further reduce abdominal complications with multiple surgeries (e.g., intestinal obstruction) with this approach.

The question that remains is how can we convince the readers about reduced morbidity and sustainable results? Hence, the next goal in this field should be to conduct a comparative study with prospective long-term follow-up. It is also crucial to develop a robust training program for these complex reconstructions³ and create

an algorithm to prevent complications, especially stomal incontinence.⁴

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