

postoperative analgesic therapy, lower risk of adhesions that makes easier any re-do surgery. The main criticism of the mini-invasive procedure compared to the open one is the greater length of the learning curve necessary to confidently master all laparoscopic surgical times and in particular the suture technique. This problem can be overcome by a complete and gradual training of the specialist, which includes theoretical courses, fellowships in experienced centers, training in laboratory and in the operating room with the help of an experienced laparoscopist.

Conclusions

Our paper establishes that in case of extrinsic-UPJO, VH is very effective to solve the obstruction even in long term follow-up. According a meticulous clinical and instrumental follow-up we can also excluded the stated risk of polar renal hypotrophy and the correlated renal hypertension in adolescent and adult patients. Our results suggest that modified anatomy due to the vascular hitch procedure does not later induce clinically significant vascular injury to the lower pole of kidney during statural growth or lead to hypertension in the long term.

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