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Title: The Impact of Minimally Invasive Surgery on Major Iatrogenic Ureteral Injury and Subsequent Ureteral Repair during Hysterectomy: a National Analysis of Risk Factors and Outcomes

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Reply to Editors:**The Impact of Minimally Invasive Surgery on Major Iatrogenic Ureteral Injury and Subsequent Ureteral Repair During Hysterectomy: A National Analysis of Risk Factors and Outcomes**

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Keywords: complications; ureteral injury; hysterectomy; reconstructive surgical procedures; robotics; minimally invasive surgery

We agree that the ACS-NSQIP database has several weaknesses and that future studies specifically exploring the implications of prior pelvic surgeries, exact mechanism of ureteral injury, and incidence of therapeutic stenting for minor iatrogenic ureteral injuries would be informative. However, a database containing a high volume of iatrogenic ureteral injuries with this level of granularity is only possible from an extensive prospective multi-institutional collaboration.

The ability to define “major” ureteral trauma/injuries can be challenging in the post-operative setting. Intra-operatively discovered Grade 2-5 ureteral injuries by the American Association for the Surgery of Trauma (any laceration or complete tear of the ureter) are considered major by both the American Urologic Association and European Association of Urology guidelines, which recommend various reconstructive repairs

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