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 1: JSLs. 2004 Jan-Mar;8(1):3-7.**Laparoscopic ureteroneocystostomy and vesicopsoas hitch for infiltrative endometriosis.****Nezhat CH, Malik S, Nezhat F, Nezhat C.**

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**OBJECTIVE:** To report a series of laparoscopic vesicopsoas hitch procedures performed for the treatment of infiltrative ureteral endometriosis. **METHODS:** A retrospective chart review of 6 women with severe endometriosis and ureteral obstruction caused by infiltrative disease of the distal ureter was performed. The patients underwent successful laparoscopic ureteroneocystostomy and vesicopsoas hitch. **RESULTS:** Five of the 6 patients had a history of endometriosis, and their obstructions were diagnosed during prior surgeries. The other patient was diagnosed with severe endometriosis of the rectum, bladder, and ureter at the time of the procedure. She was referred for evaluation of an incidental finding of hydroureter and hydronephrosis. Three patients were treated with gonadotrophin-releasing hormone (GnRH) analog for at least 3 months preoperatively. Five patients had ureteral stents in place prior to the psoas hitch surgery. No intra- or postoperative complications occurred. All patients had a normal cystogram performed 10 to 14 days postoperatively prior to Foley catheter removal. Stents were kept in place for 6 to 8 weeks, and an intravenous pyelogram (IVP) was done 2 weeks after removal. All patients had a normal renal ultrasound, computer tomography, or intravenous pyelogram at least 1 year postoperatively. **CONCLUSION:** Laparoscopic vesicopsoas hitch can be a safe and effective alternative to the laparotomy with the known benefits of laparoscopy.

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