term oncologic outcomes are equivalent to tertiary care centres. We therefore believe that we have created a laparoscopic colorectal surgery program with outcomes similar to tertiary care centres. Dr. Rulli and colleagues are quite right that many reports in the literature would suggest that our volumes are less than optimal, but several points need to be stated. First, may of these series involve tertiary care open colorectal surgeons transitioning themselves to a laparoscopic approach, and often these surgeons have no other laparoscopic practice. Conversely, community surgeons often have a large laparoscopic surgical practice outside their colorectal work. We respectfully suggest that the literature from academic centres may not be an appropriate yardstick when attempting to gain insight into community surgeons' practices. During the 3 years of our colorectal case series, we performed 2 Heller myotomies, 85 antireflux procedures, 3 splenectomies, 4 gastrectomies, 100 colorectal procedures, 22 ventral hernia repairs, 20 inguinal hernia repairs, 305 laparoscopic cholecystectomies and 100 laparoscopic appendectomies. Laparoscopy begets laparoscopy, and it may be that community surgeons with good outcome laparoscopic practices may be uniquely suited to adopting laparoscopic colorectal techniques. For similar reasons, the classical learning curve data published for transition from open to laparoscopic cholecystectomy may not be fruitful in understanding the transition to advanced laparoscopy from basic laparoscopy. We hope that we have sufficiently addressed the comments of Dr. Rulli and colleagues.

**Craig A. McKinley, MD**
Centre for Minimal Access Surgery,
McMaster University, Hamilton
and the North Bay District Hospital,
North Bay, Ont.

**Competing interests:** None declared.

### References

1. Sebajang H, Hegge S, McKinley C. Can community surgeons perform laparoscopic colorectal surgery with outcomes similar to tertiary care centres? *Can J Surg* 2007; 50:110-4.
2. Do LV, Laplante R, Miller S, et al. Laparoscopic colon surgery performed safely by general surgeons in a community hospital: a review of 154 cases. *Surg Endosc* 2005;19:1533-7.
3. McKinley C, Anvari M. Telerobotic assisting: an important enabling tool for the community surgeon [abstract]. *Canadian Surgery Forum*; 2004 Sept 9-12; Ottawa (ON). Ottawa: Canadian Medical Association; 2004.
4. Sebajang H, Trudeau P, Dougall A, et al. Telementoring: an important enabling tool for the community surgeon [abstract]. *Canadian Surgery Forum*; 2004 Sept 9-12; Ottawa (ON). Ottawa: Canadian Medical Association; 2004.
5. Sebajang H, Trudeau P, Dougall A, et al. The role of telementoring and telerobotic assistance in the provision of laparoscopic colorectal surgery in rural areas. *Surg Endosc* 2006;20:1389-93.
6. Sebajang H, Trudeau P, Dougall A, et al. Telementoring: an important enabling tool for the community surgeon. *Surg Innov* 2005;12:327-31.
7. Anvari M, McKinley C, Stein H. Establishment of the world's first telerobotic remote surgical service for provision of advanced laparoscopic surgery in a rural community. *Ann Surg* 2005;241:460-4.

Congratulations to Dr. Sebajang and colleagues for their paper "Can community surgeons perform laparoscopic colorectal surgery with outcomes similar to tertiary care centres?"[1] (published in the April issue of the *Canadian Journal of Surgery)*.

We published an article on the same topic in 2005, titled, "Laparoscopic colon surgery performed safely by general surgeons in a community hospital: a review of 154 consecutive cases."[2] It is interesting to note that 2 groups of motivated and dedicated surgeons can reach the same conclusion regarding the introduction of advanced laparoscopic procedures in the community setting.

**Jean-Pierre Gagné, MD**
Centre Hospitalier
Universitaire de Québec,
Pavillon CHUL,
Sainte-Foy, Québec

**Competing interests:** None declared.

### References

1. Sebajang H, Hegge S, McKinley C. Can community surgeons perform laparoscopic colorectal surgery with outcomes similar to tertiary care centres? *Can J Surg* 2007; 50:110-4.
2. Do LV, Laplante R, Miller S, et al. Laparoscopic colon surgery performed safely by general surgeons in a community hospital: a review of 154 cases. *Surg Endosc* 2005;19:1533-7.

## Wait-lists

I must take exception to the comments of my friend and colleague, Dr. Michael Gross, regarding "Citations and wait-lists: much ado about nothing?"[1] (published in the April issue of the *Canadian Journal of Surgery)*. His conclusions, based on the paper of Gaudet and colleagues,[2] are broad and inaccurate. Dr. Gaudet's paper is cause for the profession to feel relieved that patients are prioritized on the basis of need rather than on any other social factors. However, Dr. Gross's conclusion that this is in some way due to surgeons controlling wait-lists is completely erroneous.

With the Alberta Hip and Knee Replacement Project underway in Alberta, we have found in Edmonton, which has centralization of wait lists, that at least 30% of patients on a wait list are there inappropriately. Many patients are on multiple wait-lists, have already been operated on, are not interested in surgery or have died. The remaining patients on a wait-list also present a very heterogeneous group. Some are awaiting other medical tests or consultations before surgery may be booked. Other patients simply do not want surgery now and would rather wait until it is more convenient for them. Because of this, I feel our wait-lists need to be categorized as patients who are awaiting surgery and who are ready to come in next week and patients who wish to pick a date for surgery in the future or who are not yet ready for surgery.

It is inaccurate to accept a surgeon's office wait-list, as it requires a great deal of massaging before patients actually get to the operating room. Accurate data collection is important and will further the cause of surgery if we have centralized and standardized databases.

**D. William C. Johnston, MD**
Site Medical Director,
Stollery Children's Hospital,
University of Alberta Hospital,
Edmonton, Alta.

**Competing interests:** None declared.

### References

1. Gross M. Citations and wait-lists: much ado about nothing? *Can J Surg* 2007;50:94-5.
2. Gaudet MC, Ehrmann Feldman D, Rossignol M. The wait for total hip replacement in patients with osteoarthritis. *Can J Surg* 2007;50:101-9.