CONTENTS Continued

Individuals who had participated as living-liver donors were anonymously surveyed after a greater than 1-year waiting period to assess their opinions on the donation process, recovery, post-donation complications, and the application of living-liver donation, as well as assess post-donation health via a widely recognized health survey. Response was generally more favorable in donors who did not experience a complication. While endorsing the application of living-liver donation, donors did express concern over post-operative pain, their surgical wound, and the time necessary to achieve a complete postoperative recovery.

Geraldine C. Diaz, BS, John F. Renz, MD, PhD, Chris Mudge, RN, John P. Roberts, MD, Nancy L. Ascher, MD, PhD, Jean C. Emond, MD, and Philip Rosenthal, MD

This study is an analysis of 87 laparoscopic live donor nephrectomies and 83 conventional live donor nephrectomies, which compares intraoperative fluid administration, donor and recipient urine output and early graft function. Although the fluid administration to laparoscopic donors was significantly less than that administered to the open group, short-term renal function was similar among both groups.

Eric J. Hazebroek, MD, Diederik Gommers, MD, PhD, Michiel A. Schreve, MD, Teun van Gelder, MD, PhD, Joke I. Roodnat, MD, Willem Weimar, MD, PhD, H. Jaap Bonjer, MD, PhD, and Jan N. M. Ijzermans, MD, PhD

ERRATA

In the August 2001 issue of *Annals of Surgery*, the title of PhD was mistakenly placed after the name of Rainer W. Gruessner, MD, a co-author on the paper by Matas et al. titled "2,500 Living Donor Kidney Transplants: A Single-Center Experience." We apologize for any inconvenience this error may have caused to our readers.

In the article "Prognostic Evaluation of Stage B Colon Cancer Patients is Improved by an Adequate Lymphadenectomy" (Annals of Surgery 2002; 235:458—463) by Prandi et al., co-author Dr. Morsiani's name appeared incorrectly as Morziani.