

Kravchick and colleagues randomized 53 patients with acute renal colic due to 5 to 15 mm isolated UPJ or proximal ureteral calculi to undergo “emergency” SWL (within 48-72 hours) or elective SWL (within 30 days). Stone free rates, need for retreatment and auxiliary procedure rates were comparable between the 2 groups; however, the group treated “emergently” required fewer days in the hospital and missed fewer work days compared with the group treated electively. Furthermore, no patients treated “emergently” required upper tract drainage compared with 2 patients in the electively treated group. Unfortunately, time to resolution of obstruction was not addressed.

This study suggests that SWL treatment of patients during or within a short time of an episode of acute renal colic avoids unnecessary pain or need for intervention without compromising stone free rates. Other investigators have likewise demonstrated that SWL treatment of patients with high grade or complete obstruction is associated with acceptable stone free rates and results in resolution of the obstruction in most patients within 72 hours, thereby confirming the safety and efficacy of treatment under conditions of acute renal colic and/or obstruction (1,2).

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ENDOUROLOGY & LAPAROSCOPY

Evolution of hand-assisted laparoscopic surgery

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The authors described the history of the first hand assisted splenectomy and nephrectomy, as well as, then the development of hand assisted devices and laparoscopic equipment. The use of laparoscopic endo-GI staplers was not universally accepted among surgeons creating controversy, instrument that became standard in all major laparoscopic ablative surgery.

This manuscript also helps us to understand the importance of societies, associations and their specific publications to better disseminate information, ideas and technology.

Editorial Comment

Since the first laparoscopic procedure was performed in intrabdominal organs, technology and techniques evolved including the hand-assisted laparoscopic surgery. This paper describes the complexity of developing new surgical techniques and the roadblocks that one may encounter despite the efficient surgical team and

willingness of a group of surgeons and their institution. The authors also illustrate the importance of specific societies that can promote the dissemination of ideas and information.

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Laparoscopic radical prostatectomy

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Purpose: After the pioneering period when only few teams were performing the procedure, the laparoscopic approach to radical prostatectomy has become widespread with several technical variations. A comprehensive review of the published literature on laparoscopic radical prostatectomy was performed to determine the current state of the art of this surgical innovation in terms of perioperative parameters, functional results and cancer control.

Materials and Methods: English language, peer-reviewed articles published before June 2004 concerning laparoscopic radical prostatectomy were found by MEDLINE query. All articles were analyzed and none was a priori excluded. Conclusions were drawn from series of 50 or more patients.

Results: Laparoscopic radical prostatectomy is being performed at multiple centers worldwide using various surgical approaches and technologies. Analysis of perioperative parameters, including surgical blood loss, operative time, complications and convalescence, demonstrated low morbidity and showed a clear trend toward improvement with increased experience. The reported positive surgical margin rates were lower in series that are more recent. As measured by prostate specific antigen recurrence and disease-free intervals, oncological results and cancer control rates are difficult to ascertain in the immature series published to date. Functional results in terms of postoperative urinary and sexual function appear encouraging.

Conclusions: Overall, the current operative, oncological and functional results of laparoscopic radical prostatectomy appear to approximate those of open radical retropubic prostatectomy. These results justify the considerable interest of the urological community in laparoscopy, as evidenced by its widespread application. Nevertheless, longer follow-up and more mature data are needed definitively to establish laparoscopic radical prostatectomy as an alternative to the retropubic approach.

Editorial Comment

It is clear that laparoscopic radical prostatectomy is a surgical technique that can be learned and reproduced anywhere in the globe. Long-term data is still lacking in terms of oncological safety but overall this is a technique that seems comparable to open retropubic prostatectomy.

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