

Dynamic Evaluation of Pelvic Floor Reconstructive Surgery

The March – April 2010 issue of the International Braz J Urol presents original contributions and editorials from many different countries, such as USA, India, Turkey, Germany, Thailand, France, Greece, Australia, Indonesia, Canada, Brazil, etc., and as usual, the editor's comment highlights some papers.

Doctor Palma and colleagues, from State University of Campinas, Sao Paulo, Brazil, performed on page 209 a prospective study to achieve visualization of the reestablishment of anatomy after reconstructive surgery in the different pelvic compartments. They studied a total of 30 female patients with stress urinary incontinence (SUI), anterior and posterior vaginal wall prolapse, or both, that underwent surgical repair using radiopaque meshes. Three-dimensional reconstruction using helical CT was performed 4 weeks post-operatively. The authors clearly visualized the mesh in all cases. It was concluded that 3-dimensional helical tomography images of the female pelvis using radiopaque meshes have a potential role in improving the understanding of pelvic floor reconstructive surgeries.

Dr. Soloway and co-workers from University of Miami, Florida, USA, assessed on page 177 whether the time interval between prostate biopsy and total prostatectomy (TP) has an impact on the surgical outcome. They performed a retrospective analysis on patients who underwent TP by a single surgeon from 1992 to 2008. Two groups were studied according to the time interval between biopsy and TP; group 1 \leq 6 weeks and group 2 $>$ 6 weeks. Nine hundred and twenty-three patients were included. There was a significant difference between the two groups in the surgeons' ability to perform a bilateral nerve sparing procedure. Those who had a TP within six weeks of the biopsy were less likely to have a bilateral nerve sparing procedure. No significant difference was noted in the other variables, which included Gleason score, surgical margin status, estimated blood loss, postoperative infection, incontinence, erectile function, and biochemical recurrence. Although safe without any increase in complications, it was concluded that a TP within six weeks of a biopsy significantly reduced the surgeon's perception of whether a bilateral nerve sparing procedure was performed.

Doctors Jun-Ou and Lojanapiwat, from Chiangmai University, Thailand, compared on page 171 the efficacy and safety of the tubeless supracostal versus the standard supracostal percutaneous nephrolithotomy (PCNL). After studying 95 patients they found that in the tubeless PCNL group (Group-I) 90.7% were stone-free while those with standard routine postoperative nephrostomy tube (Group-II) 84.6% were stone-free. Additionally, stone fragments of less than 4 mm in diameter were found in 9.3% of patients in group-I and 25.4% in group-II. The success rate, hematocrit change and complication were not significantly different between both groups. The analgesic requirement, operative time and hospital stay were all significantly less in the tubeless supracostal group (Group-I). None of group I and only one patient of group II needed inter-

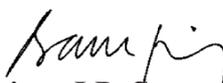
EDITOR'S COMMENT - *continued*

costal drainage. The authors concluded that tubeless supracostal percutaneous nephrolithotomy in selected patients is effective with acceptable rate of complications.

Doctor Labanaris and co-authors, from Martha Maria Medical Center, Nuremberg, Germany, examined on page 141 if elderly patients exhibit comparable outcomes and survival benefits to those achieved in younger patients, concerning radical nephrectomy and nephroureterectomy. They assessed 35 patients over 80 years old treated for malignant and inflammatory conditions. The median age was 83.5 years. Radical nephrectomy with a flank approach was performed in 65.7% of cases and nephroureterectomy with a transabdominal approach in 34.3% of cases. Eighty-eight percent of patients were satisfied with their decision to undergo the operation, 91.4% would undergo it once more if needed and 91.4% would advise it to a patient with their age. The authors concluded that radical nephrectomy and nephroureterectomy are safe and effective in well-selected patients over 80 years old. Elderly patients exhibit comparable preoperative outcomes and survival benefits to those achieved in younger patients.

Doctor Karatas and associates, from Memorial Hospital, Istanbul, Turkey, evaluated on page 190 the efficacy and safety of photoselective vaporization of the prostate (PVP) for benign prostatic hyperplasia (BPH) in cardiac patients receiving anticoagulant therapy. The mean patient age was 71.4 years (range 55-80). Mean prostate volume on transrectal ultrasonography was 73.2 mL (range 44-120). No patient required an additional procedure due to severe bleeding necessitating intervention during the early postoperative phase. The IPSS values and post voiding residual volume decreased and peak urinary flow rate increased ($p < 0.001$). The results showed that the mean prostate volume had decreased by 53% at 6 months. It was concluded that high-power photo selective laser vaporization prostatectomy is a feasible, safe, and effective alternative for the minimal invasive management of BPH, particularly in cardiac patients receiving anticoagulant therapy.

Doctor Valentine and others, from Université Pierre et Marie Curie, Paris, France, determined on page 218 why community-dwelling women aged 80 years or over were referred for urodynamic evaluation despite their advanced age and which urodynamic diagnosis was made. One hundred consecutive females (80-93 years) were referred to an urodynamics outpatient clinic for evaluation of lower urinary tract symptoms (LUTS). It was found that in this particular community-dwelling with an elderly female population, urodynamics is easily feasible. Incontinence, mainly "complicated" is the more frequent complaint and urgency the more frequent symptom. Urodynamic diagnosis underlines the high incidence of detrusor overactivity as well as impaired detrusor function.


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