International Braz J Urol

EDITOR'S COMMENT

Thai Urological Association

It is my pleasure to announce that starting with the March – April 2008 issue, the International Braz J Urol, in addition to being the official Journal of the Brazilian Society of Urology, and of the Confederácion Americana de Urologia, is now the official Journal of the Thai Urological Association under the Royal Patronage. The already known international characteristic of our Journal is now even more present. In additional to our four Associate Editors, Dr. Wachira Kochakarn, from Mahidol University, Bangkok, Thailand, was designated as Associate Editor for the Thai Urological Association side.

The March - April 2008 issue of the International Braz J Urol presents interesting contributions from different countries, and as usual, the editor's comment highlights some papers.

Doctor Canes and colleagues, from Lahey Clinic Medical Center, Burlington, Massachusetts, USA, assessed on page151 the outcomes of a selective drain placement strategy during laparoscopic radical prostatectomy (LRP) with a running urethrovesical anastomosis (RUVA) using cystographic imaging in all patients. The authors studied 208 patients submitted to surgery and cystogram was available for 206 patients. The authors found that routine placement of a pelvic drain after LRP with a RUVA is not necessary, unless the anastomotic integrity is suboptimal intraoperatively. Experienced clinical judgment is essential and accurate in identifying patients at risk for postoperative leakage. When suspicion is low, omitting a drain does not increase morbidity.

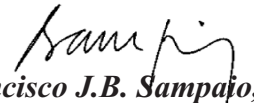
Doctor Demirkesen and co-workers, from University of Istanbul, Cerrahpasa School of Medicine, Istanbul, Turkey, evaluated on page 214 the sexual satisfaction rates of women who underwent tension-free vaginal tape (TVT) procedure for stress urinary incontinence and compare it with the results of Burch-colposuspension. By using a self-administered questionnaire given to 81 patients who had undergone TVT or Burch-colposuspension the authors determined the sexual satisfaction rates and reasons for dissatisfaction. When evaluating sexual satisfaction, 73% in the TVT group and 86% in the Burch-colposuspension group did not report any difference in sexual satisfaction following surgery, while in the TVT group, 23% expressed negative and 4% positive changes, and in the Burch-colposuspension group 9% expressed negative and 5% positive post surgical changes. The differences in sexual satisfaction rates between the two groups were not considered significant. The authors concluded that although sexual satisfaction seems to be more adversely affected by TVT compared to Burch-colposuspension, the difference was not statistically significant.

Doctor Shah and collaborators, from Northwestern University, Feinberg School of Medicine, Chicago, Illinois, USA, reported on page 159 the initial experience with 62 patients undergoing robotic-assisted laparoscopic prostatectomy (RALP), focusing on the primary parameter of positive surgical margins. The authors demonstrated that excellent oncologic outcomes can be attained with a less steep learning curve than previously hypothesized. The authors found that patients with pathologic T2 and T3 disease had a positive surgical margin rate of 1.8% and 16.7%, respectively. They concluded that RALP can have equal

if not better pathologic outcomes compared to open radical prostatectomy even during the initial series of cases. The authors argue that the learning curve for RALP is shorter than previously thought with respect to oncologic outcomes, and concerns asserting that lack of tactile feedback leads to poor oncologic outcomes are unfounded.

Doctor Freilich and co-workers, from Children's Hospital Boston, Harvard Medical School, Boston, Massachusetts, USA, evaluated on page 198 the safety and outcome of managing patients with bilateral UPJ obstruction with concurrent robotic-assisted laparoscopic pyeloplasty. They retrospectively review five patients with bilateral ureteropelvic junction obstruction who underwent concurrent bilateral robotic-assisted pyeloplasties. The operative time, complications, analgesic needs, length of hospitalization, and overall success of the procedure were evaluated. The patients did not present any kind of surgical complications. All kidneys demonstrated decreased hydronephrosis on postoperative ultrasound or improved drainage parameters on diuretic renography or intravenous pyelogram. The authors concluded that simultaneous bilateral robotic-assisted laparoscopic pyeloplasties utilizing 4-port access is feasible and safe. It provides an effective method of managing patients with bilateral UPJ obstruction, avoiding the burden and morbidity of performing staged surgeries.

Doctor Kulkarni and colleagues, from Bombay Hospital Institute of Medical Sciences, Mumbai, India reported on page 180 a series of female patients with transitional cell carcinoma of the bladder who underwent extraperitoneal retrograde radical cystectomy sparing the female reproductive organs with neobladder creation. They studied 14 female patients (45 to 72 years) who underwent gynecologic-tract sparing cystectomy (GTSC) with neobladder. The operating time ranged from 4.5 to six hours with a mean of 5.3 hours. Ten patients were able to void satisfactorily while four required self-catheterization for complete emptying of the bladder. Seven patients were continent day and night and another 7 reported varying degrees of daytime and nighttime incontinence. One patient died of metastases and another of pelvic recurrence. There were no urethral recurrences. Patient satisfaction with the procedure was high. The authors concluded that gynecologic-tract sparing cystectomy with orthotopic neobladder is a viable alternative in female patients with muscle invasive traditional cell carcinoma of the bladder, providing oncological safety with improved quality of life.



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