

Conclusions: Progress has been made in reducing mortality and preventing complications of RC. Postoperative morbidity remains high, partly because of the complexity of the procedures. The issues of surgical volume and standardised prospective reporting of RC morbidity to create evidence-based guidelines are essential for further reducing morbidity and improving patients' QoL.

Editorial Comment

Radical cystectomy (RC) is the treatment of choice for muscle-invasive bladder cancer. RC is a major procedure with an inherent rate of complications and morbidity. This collaborative multi-institutional international review of the literature on prevention and management of complication is recommended reading not only for surgeons involved in such operations but also for urologists in training. Many aspects are covered in detail and reflect the large experience of the authors and their institutions, e.g. fast-track surgery, bowel preparation, perioperative and postoperative complications. Recommendations for prevention and treatment of typical situations are given such as blood loss, urinary extravasation, pneumonia, ileus, lymphocele, metabolic disorders. In summary, it evolves that radical cystectomy is a procedure for experienced urologists only which should be performed in high-volume centers. Many factors before, during and after the operation have to be considered to provide good outcomes for our patients.

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Prevalence and characteristics of sexual hookups among first-semester female college students

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First-semester female college students (N = 118) completed surveys to estimate the prevalence of sexual hookups and event-level assessments to clarify the behavioral characteristics of their most recent hookup. Hookups involving oral, vaginal, or anal sex were reported by 51% before college, 36% during their first semester, and 60% by the end of their first semester. Event-level analyses revealed that hookups were more likely to involve friends (47%) or acquaintances (23%) rather than strangers (14%); alcohol use (median = 3 drinks) preceded 64% of hookups. Condoms were used during 69% of vaginal sex hookups.

Editorial Comment

This article allows the reader to veritably gaze through the proverbial looking glass at the behavior of young female students just beginning their college career. The article states in its first paragraph that one of its goals is to describe what exactly "a hookup" is and how common are these hookups. The authors state that the use of the word hookup is not relegated only to oral or vaginal sex. In fact, they only describe 27% of the

interactions as being truly sex. It seems that even when the brief interaction only includes sexual fondling or kissing, the interaction is felt to be classified as a hookup. Disconcerting for those hopelessly in love with one special person is that friends and acquaintances compromise 70% of the hookups and even strangers (14%) had a higher degree of hooking up than did ex-boyfriends (12%). Of specific interest to the urologist is the notation that condom use was never used for oral sex during these hookups and surprisingly in only 69% of those interactions involving vaginal sex. This statistic is of particular value to remember when examining a young female patient with the potential presentation of the first occurrence of genital herpes or paroxysmal voiding symptoms. The article is well worth the read especially with regards to the discussion and comparison of the characteristics of the casual affair versus the romantic relationship.

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Adjustable continence therapy for severe intrinsic sphincter deficiency and recurrent female stress urinary incontinence: long-term experience

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Purpose: Adjustable continence therapy (ACT) was developed to treat female stress urinary incontinence resulting from intrinsic sphincter deficiency by increasing urethral resistance. We evaluated the implantation procedure and assessed patient outcomes at our center.

Materials and Methods: The adjustable continence device consists of 2 silicone balloons on either side of the proximal urethra under the bladder neck, each attached to a titanium port buried in the labia to allow postoperative titration. Urodynamic assessment was done in 57 female patients in whom previous pelvic surgery had failed. Pad use and an incontinence quality of life questionnaire were evaluated before ACT implantation, postoperatively at 1,3,6 and 12 months, and annually thereafter. Patients recorded the overall impression and percent of improvement postoperatively based on the Patient Global Impression Index and a visual analog scale.

Results: Mean follow-up was 72 months (range 12 to 84). At 6-year follow-up in 29 patients mean pad use improved from 5.6 daily at baseline to 0.41 and intrinsic sphincter deficiency improved from 27.2 to 78.6 ($p < 0.001$). As measured on the visual analog scale, 68% of patients considered themselves dry. On the Patient Global Impression Index questionnaire 64% were very much improved, 23% were much improved and 13% were only minimally improved or unchanged. No patients considered themselves worse after the procedure. Complications necessitating device removal developed in 21.1% of patients.

Conclusions: Relative ease of insertion and the ability to tailor this therapy to individual needs makes this an attractive option for the challenging treatment for recurrent stress urinary incontinence due to intrinsic sphincter deficiency.

Editorial Comment

The authors review their experience with an anti-incontinence device comprised of two silicone balloons which is placed transvaginally and allows for postoperative titration to optimize long-term results. The authors