

dorsally and the short urethral plate ventrally. The buccal mucosa graft is quilted to the ventral side of the corpora cavernosa between the native orifice and the tip of the glans. The labia minora flap is dissected from its inner surface to form the ventral aspect of the neourethra. All suture lines are covered by the well-vascularized subcutaneous tissue originating from the labia minora. The labia majora are joined in the midline and 2 silicone testicular implants are inserted to create the scrotum. The neophallus is covered with the remaining clitoral and labial skin.

Results: The median follow-up was 22 months (range 11-42). The median neophallic length was 5.6 cm (range 4-9.2). The total length of the neourethra was 9.4-14.2 cm (median 10.8). Voiding while standing was reported by all 38 patients, and temporary dribbling and spraying were noted by 12. Two fistulas and one urethral erosion resulted from the testicular implant and required secondary revision.

Conclusions: A combined buccal mucosa graft and labia minora flap present a good choice for urethral reconstruction in female-to-male transsexuals, with minimal postoperative complications.

Editorial Comment

Belgrade has established itself as one of the premier centers for urologic reconstruction. Specifically, they have pushed advances in female-to-male sex reassignment surgery. In this article, accompanied by several instructive photographs, they describe the technique and results of the metoidoplasty with urethral lengthening using buccal mucosa. This technique represents a departure from the radial forearm free flap technique. Instead, they rely on pre-operative clitoral lengthening with a combination of androgens and a vacuum pump. The enlarged clitoris is freed from its ligamentous attachments and the urethral plate is divided to achieve adequate length. This leaves a urethral defect of several centimeters, which is then bridged with a dorsal buccal graft, and a ventral onlay of labia minor flap.

From a reconstructive standpoint, this is really a sensible and beautiful operation. It employs techniques familiar to the urethral reconstructionist. Many of the men are able to obtain erections postoperatively, although none was sufficient for penetration. All were able to void in the standing position. Hopefully this variation of the metoidoplasty can offer a relief from the complications of urethral construction associated with previous female-to-male transsexual procedures. We look forward to hearing long-term results.

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Urodynamic changes and initial results of the AdVance male sling

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Objectives: To present the urodynamic changes and early results associated with the AdVance male sling. The AdVance male sling is a treatment option for postprostatectomy incontinence (PPI), with the goal of eliminating urinary incontinence without affecting voiding parameters. A concern of any procedure in treating men with PPI is whether the treatment induces obstruction and causes retention.

Methods: Data were prospectively collected from 13 patients undergoing AdVance male sling placement for PPI. Urodynamic testing was performed at baseline and repeated at 6 months postoperatively. A 24-hour pad

test and the Incontinence Quality of Life questionnaire were completed preoperatively and at 3 and 6 months postoperatively.

Results: The median age at the procedure was 63.3 years (range 44.7-74.7). The mean preoperative and 6-month postoperative patient-reported pad use was 4.52 and 1.04, respectively (2-tailed t test, $P = .0009$). The 24-hour pad test, performed preoperatively and at 6 months postoperatively, yielded a pad weight of 779.3 and 67.6 g, respectively ($P = .03$). The Valsalva leak point pressure improved significantly ($P = .032$), but the detrusor voiding pressure, postvoid residual urine volume, and maximal and average flow rates remained relatively unchanged. At 3 and 6 months postoperatively, the Incontinence Quality of Life scores had improved significantly compared with the preoperative scores ($P < .01$).

Conclusions: These results are encouraging, because this series has demonstrated a significant improvement in patient-reported pad use, 24-hour pad test weights, and Valsalva leak point pressure without signs of obstruction. The improvement in incontinence was accompanied without any changes in the other voiding parameters and with significant improvement in the quality-of-life measures. Ongoing studies with longer follow-up are pending to compare their results with these promising early results.

Editorial Comment

The authors present urodynamic data supporting the concept that the transobturator sling achieves continence by means other than compression. Original reports from developers of the sling (1) supported the concept that it achieved continence by lengthening of the membranous urethra. The current article does not shed light on whether that is indeed the mechanism but it does show that pressure-flows studies are not consistent with obstruction. Curiously, 2 of 13 patients had to perform intermittent catheterization postoperatively for urinary retention lasting up to 2 weeks. It would be interesting to know whether the urodynamic outcomes of these 2 patients were any different from the rest. With only 13 patients and large standard deviations around the variables of interest, the study is underpowered to test anything but an enormous difference in voiding parameters; however, with pre- and post-op flow rates and pressures so close to each other it is hard to believe the findings would be clinically significantly different even with a larger cohort. While the findings deserve to be validated by other centers, the conclusions remain important.

Reference

1. Rehder P, Gozzi C: Transobturator sling suspension for male urinary incontinence including post-radical prostatectomy. *Eur Urol.* 2007; 52: 860-6.

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UROLOGICAL ONCOLOGY

Prostate cancer detection rate in patients with repeated extended 21-sample needle biopsy

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