

### Editorial Comment

This study though based on a cross-sectional survey with small patient numbers restraining its power, adds to the limited literature concerning clinically relevant fatigue (CRF) in men with biochemically controlled prostate cancer on long term GnRH-based ADT.

The main findings were as follows:

- CRF prevalence in the sample was 43% (95% CI 35% to 50%) and the difference in scores between those with and without CRF far exceeded the 20 points described as a 'large' clinically significant;

- CRF was associated with moderate/severe pain, depression, anxiety, concurrent co-morbidities and moderate/severe urinary symptoms but the only independent associations of CRF were depression and pain.

Fatigue may be attenuated optimizing depression and pain treatments.

**Dr. Leonardo Oliveira Reis**  
*Assistant Professor of Urology*  
*University of Campinas, Unicamp*  
*Campinas, São Paulo, Brazil*  
*E-mail: reisleo@unicamp.br*

## PEDIATRIC UROLOGY

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### **Surgical outcome in children undergoing hypospadias repair under caudal epidural vs penile block**

Kundra P, Yuvaraj K, Agrawal K, Krishnappa S, Kumar LT

*Department of Anaesthesiology & Critical Care, Jawaharlal Institute of Postgraduate Medical Education*

*and Research (J.I.P.M.E.R), Pondicherry, India* *Department of Plastic Surgery, Jawaharlal Institute of*

*Postgraduate Medical Education and Research (J.I.P.M.E.R), Pondicherry, India* *Department of Paediatric*

*surgery, Jawaharlal Institute of Postgraduate Medical Education and Research (J.I.P.M.E.R), Pondicherry, India*

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**Aim and Objective:** To evaluate the effect of penile block vs caudal epidural on the quality of analgesia and surgical outcome following hypospadias repair.

**Background:** Intraoperative penile engorgement because of caudal epidural may result in tension on surgical sutures and alter surgical outcome.

**Methods:** Fifty-four ASA I and II children were randomly allocated to group P (penile block, 0.25% bupivacaine, 0.5 mg·kg<sup>-1</sup>; n = 27) and group C (caudal epidural, 0.25% bupivacaine, 0.5 mL·kg<sup>-1</sup>; n = 27), respectively. Quality of analgesia was assessed by visual analog scale (VAS) score recorded at 0, 0.5, 3, 6, 12, 24 h, and once a day for the next 4 days. Duration of analgesia was calculated from the institution of block to the first analgesic demand by child or VAS > 5. Total morphine consumption in the first 48 h and oral paracetamol consumption till 5th day were recorded. Children were regularly followed up in their respective outpatient clinic for early or late complications.

**Results:** In group P, lower mean VAS scores were seen from 0.5 h after surgery till day 3 and analgesia lasted for significantly longer duration (82 min) when compared with caudal epidural, P < 0.001. Incidence of urethral fistula formation after primary hypospadias repair was 19.2%, and all had received caudal epidural. An increase of 27% in penile volume from baseline value was observed 10 min after caudal epidural placement, P < 0.05.

Conclusion: Penile block provided better analgesia when compared with caudal epidural in children undergoing primary hypospadias repair. Postoperative urethral fistula formation was more likely in children who received caudal epidural.

### **Editorial Comment**

This is a prospective randomized controlled trial comparing penile block with a caudal block for children undergoing hypospadias repair. They had 27 children in each group. Their patient population was older than most contemporary series with ages ranging from 4-12 years. Penile measurements were taken before and 10 minutes after the block in both groups. Breakthrough fentanyl was given for patients with increase in mean arterial pressure (MAP) or heart rate greater than 15% from baseline. Visual analogue scores were measured at various intervals over the course of 4 days. The authors found that pain scores were significantly worse in the group receiving the caudal block. In addition, changes in MAP and heart rate were significantly higher in the caudal group. This resulted in increased use of narcotics for the caudal block group. Five patients developed urethrocutaneous fistula. All of these patients were in the caudal group. The authors speculated that this may be due to the increase in penile volume that was seen in the caudal group but not observed in the penile block group.

Both penile and caudal blocks are used routinely for hypospadias repair. There is very limited data comparing the two in a prospective fashion as these authors have done. The decision of which type of regional anesthesia to perform is often based on the preference of the surgeon or anesthesiologist involved and over time a particular type of block simply becomes part of the culture of each individual institution. The authors only included patients with midshaft to distal hypospadias. Their fistula rate of nearly 20% seems high for a primary repair in such patients. It is interesting that all of these fistulas occurred in the caudal group. More prospective studies with greater numbers of patients would be helpful to improve our care for a common procedure.

**Dr. M. Chad Wallis**

*Division of Pediatric Urology*

*University of Utah*

*Salt Lake City, Utah, USA*

*E-mail: chad.wallis@hsc.utah.edu*

### **Effects of botulinum toxin type a in the bladder wall of children with neurogenic bladder dysfunction: a comparison of histological features before and after injections**

Pascali MP, Mosiello G, Boldrini R, Salsano ML, Castelli E, De Gennaro M

*Department of Nephro-Urology, Bambino Gesù Pediatric and Research Hospital, Piazza S. Onofrio 4, Rome, Italy*

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Purpose: Botulinum toxin type A has gained popularity in urology. Most reported studies have been in adults at urology centers and most have addressed long-term safety. Since botulinum toxin type A treatment for neurogenic bladder dysfunction requires repeat injections, verifying that such treatment does not induce fibrosis in children seems essential.