

patients treated with HIFU are very interesting and should be analyzed carefully. Here, the authors report on 803 patients treated with HIFU against localized primary prostate cancer. Forty percent, 46% and 14% were of low, intermediate and high-risk group according to Amico, respectively. If only the outcomes of the most recently treated patients is regarded, only 57% had a nadir PSA < 0.3, 19% had a nadir PSA between 0.3 and 1, and 19% had a nadir PSA of > 1. The biochemical-free survival rates of these groups are important for the assessment of the curative efficacy. After 7 years of follow-up roughly 90% of patients with a PSA nadir of < 0.3 remained biochemically recurrence-free, whereas these figures were much lower for patients with a PSA nadir of 0.3-1 (~ 50% recurrence-free) and with a PSA nadir of > 1 (~ 40% recurrence-free).

These and other figures show that the cure rate of patients with localized prostate cancer after HIFU treatment to my opinion is not yet comparable to the outcome after radical prostatectomy or modern radiation therapy.

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## NEUROLOGY & FEMALE UROLOGY

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### **Salvage spiral sling techniques: alternatives to manage disabling recurrent urinary incontinence in females**

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**Purpose:** Females with recurrent stress urinary incontinence after anti-incontinence surgery represent a therapeutic challenge. In our experience and that of others standard sling procedures have occasionally failed to correct these problems. We determined the effectiveness of various spiral sling techniques used in these cases to manage pipe stem urethras in which conventional slings had failed.

**Materials And Methods:** Between January 2007 and July 2008 we evaluated 30 female patients with persistent stress urinary incontinence after multiple failed anti-incontinence procedures. Preoperative and postoperative evaluation consisted of history, physical examination, number of pads, Stamey score and quality of life questionnaires.

**Results:** We followed 28 patients a minimum of 15 months (range 15 to 18). Mean patient age was 60 years (range 36 to 84). At presentation patients had undergone a mean of 3.5 prior vaginal procedures (range 1 to 6) and used a mean of 7 pads daily (range 3 to 12). Of the patients 21 received a synthetic spiral sling, 5 received an autologous spiral sling (rectus fascia in 3 and fascia lata in 2) and 3 received a lateral spiral sling. Mean pad use decreased to 0.9 daily (range 0 to 2,  $p < 0.05$ ). Postoperative mean Stamey score decreased from 2.6 to 0.3 ( $p < 0.05$ ). Complications included unilateral vesical perforation in 3 patients with a contralateral lateral spiral sling. The overall success rate was 72%.

Conclusions: Salvage spiral sling techniques are a satisfactory alternative treatment for refractory stress urinary incontinence. When synthetic material cannot be used, autologous tissue can provide similar results. When the bladder is perforated unilaterally, a lateral spiral sling can be used on the contralateral side.

### Editorial Comment

This paper discusses the use of a salvage spiral urethral sling in a very difficult to treat patient population, that is, females who have failed multiple vaginal operations for urinary incontinence. The authors provide an excellent technical analysis and state that when using this technique they are able to salvage approximately three out of four. Of interest is that they describe the use of both autologous fascia as well as synthetic graft. Operative tactics are described in the event of a bladder injury at the time of dissection (laterally placed spiral sling); this is very valuable in view of the potential for injury during the periurethral dissection in this patient population with a history of multiple surgeries. In addition, the authors discuss the use of this operation as opposed to the use of artificial urinary sphincter. Given the success rate of this operation mirrors that reported for artificial urinary sphincter in female patients, it has a potential to achieve a great deal of popularity in this very difficult to treat population (1).

### Reference

1. Thomas K, Venn SN, Mundy AR: Outcome of the artificial urinary sphincter in female patients. *J Urol.* 2002; 167: 1720-2.

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### Long-term durability of percutaneous tibial nerve stimulation for the treatment of overactive bladder

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**Purpose:** The Overactive Bladder Innovative Therapy Trial during phase 1 was a randomized trial demonstrating comparable effectiveness of percutaneous tibial nerve stimulation and extended-release tolterodine during 12 weeks of therapy for frequency, nocturia, urgency, voided volume and urge incontinence episodes. In this second phase of the Overactive Bladder Innovative Therapy Trial we assessed the sustained therapeutic efficacy of percutaneous tibial nerve stimulation in subjects with overactive bladder during 1 year.

**Materials and Methods:** After 12 weeks subjects randomized to weekly percutaneous tibial nerve stimulation with Urgent((R)) PC were offered an additional 9 months of treatment with assessments at 6 and 12 months from baseline. Outcome measures included voiding diary data, overactive bladder questionnaires, global response assessments and safety assessments.