

Both, disease-specific and overall survival was impaired in the delay group.

Interestingly, scheduling delay was the reason most often indicated.

In conclusion, a delay of more than three months may be dangerous for the patients and cystectomy should be performed as soon as possible – a scheduling delay of more than 3 months should not be tolerable.

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## NEUROUROLOGY & FEMALE UROLOGY

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### **Long-term Results of Robotic Assisted Laparoscopic Sacrocolpopexy for the Treatment of High Grade Vaginal Vault Prolapse**

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**Purpose:** Transabdominal sacrocolpopexy is a definitive treatment option for vaginal vault prolapse with durable success rates. However, it is associated with increased morbidity compared with vaginal repairs. We describe a minimally invasive technique of vaginal vault prolapse repair and present our experience with a minimum of 1 year followup.

**Materials and Methods:** The surgical technique involves 5 laparoscopic ports: 3 for the da Vinci robot and 2 for the assistant. A polypropylene mesh is attached to the sacral promontory and vaginal apex using polytetrafluoroethylene sutures. The mesh material is then covered by peritoneum. Patient analysis focused on complications, urinary continence, patient satisfaction and morbidity with a minimum of 12 months followup.

**Results:** A total of 30 patients with post-hysterectomy vaginal vault prolapse underwent robotic assisted laparoscopic sacrocolpopexy at our institution and 21 have a minimum of 12 months followup. Mean followup was 24 months (range 12 to 36) and mean age was 67 years (range 47 to 83). Mean operative time was 3.1 hours (range 2.15 to 4.75). All but 1 patient were discharged home on postoperative day 1 and the 1 patient left on postoperative day 2. Recurrent grade 3 rectocele developed in 1 patient, 1 had recurrent vault prolapse and 2 had vaginal extrusion of mesh. All patients were satisfied with outcome.

**Conclusions:** The robotic assisted laparoscopic sacrocolpopexy is a minimally invasive technique for vaginal vault prolapse repair, combining the advantages of open sacrocolpopexy with the decreased morbidity of laparoscopy. We found a decreased hospital stay, low complication rates and high patient satisfaction with a minimum of 1 year followup.

### **Editorial Comment**

This article discusses the use of robotic assisted laparoscopic sacrocolpopexy for female vaginal vault prolapse. The authors review their findings in thirty patients treated with this technique with a minimum of 12 month follow-up and found excellent results at the end of the study period.

These surgeons should be congratulated for this and their previous report on the use of robotic technology in urologic and pelvic floor reconstruction (1). Currently, the vast majority of discussion of the use of the robot

has been with prostatic surgery when it appears, as presently reported, that it has great potential applicability to pelvic floor reconstruction. Praise should be extended for the author's frank discussion of their management of short and long term complications and in describing the evolution of their surgical technique to address and minimize same. Their dedication to the principles and tenets of pelvic floor reconstruction should be noted. I hope that in the future, the readership of this journal will have the opportunity to review the 3 and 5 year durability rates of this studied patient population.

#### Reference

1. DiMarco DS, Chow GC, Gettman MT, Elliott DS: Robotic-assisted laparoscopic sacrocolpopexy for treatment of vaginal vault prolapse. *Urology*. 2004; 63: 373-6.

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#### **Dorsal Graft Urethroplasty for Female Urethral Stricture**

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*J Urol*. 2006; 176: 611-3

**Purpose:** Urethral strictures in females are uncommon, and treatment options and outcome are not well-defined with scanty reports. We describe a new method of urethroplasty for the repair of female urethral stricture.

**Materials and Methods:** Three 60-year-old females, each with a history of recurrent urinary tract infections and obstructive voiding symptoms due to urethral stricture, underwent urethroplasty with a dorsal vaginal or buccal mucosal graft. The dorsal aspect of the distal urethra was dissected from the surrounding tissue through a suprameatal incision and the urethral wall was incised through the stricture at the 12 o'clock position. A 1.5 cm wide free graft was harvested from the vaginal wall or buccal mucosa in 1 case, and the mucosal surface was placed upon the urethral lumen and sutured with a running 5-zero polyglactin suture to the open urethra. Indwelling 18Fr urethral and 16Fr suprapubic catheters were left in place for 2 and 3 weeks, respectively.

**Results:** No additional treatment was required during the 1, 8 and 27 months of followup. All patients had normal micturition following catheter removal.

**Conclusions:** Dorsal graft urethroplasty is feasible and effective for the correction of persistent female urethral stricture.

#### **Editorial Comment**

The authors describe a method of addressing female urethral stricture through a suprameatal approach. The technique utilized both vaginal wall graft as well buccal mucosa with excellent results.

These surgeons used the same incision as that used for the suprameatal transvaginal urethrolisis (1). Of note is though significant strictures were addressed, there was no incidence of stress urinary incontinence postoperatively. As discussed with the use of the suprameatal transvaginal urethrolisis, patients should be warned of potential sexual dysfunction utilizing this approach secondary to its proximity to the clitoris<sup>1</sup>. Though the authors suffered no stress urinary incontinence in their patient population, they do make the excellent point

that the area of potential addressment with a suburethral sling is not surgically altered through their urethroplasty approach.

#### Reference

1. Petrou SP, Brown JA, Blaivas JG: Suprameatal transvaginal urethrolisis. *J Urol.* 1999; 161: 1268-71.

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## PEDIATRIC UROLOGY

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### **Bladder Reservoir Function in Children with Monosymptomatic Nocturnal Enuresis and Healthy Controls**

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*J Urol.* 2006;176:759-63

**Purpose:** We investigated bladder reservoir function in children with monosymptomatic nocturnal enuresis and in healthy controls.

**Materials and Methods:** A total of 18 children with monosymptomatic nocturnal enuresis and 119 controls who were 7 to 13 years old were recruited. Children completed frequency volume charts and measurements of nocturnal urine production. Mean diuresis in the period preceding each voiding was calculated. Those with enuresis were grouped according to bladder capacity and hospitalized for 4 nights, including a baseline night and 3 with an oral water load. Enuresis volumes and post-void residual volume were estimated, allowing the calculation of bladder volume at the time of enuresis.

**Results:** Nine children with monosymptomatic nocturnal enuresis were characterized as having normal bladder capacity and 9 had decreased bladder capacity. We found large intra-individual variability in daytime voided volume in all 3 groups of participants. Children with enuresis and small bladder capacity generally voided with volumes close to maximal voided volume. A total of 93 enuresis episodes were recorded. Large intra-individual variability was seen in bladder volume at enuresis and it was lower than maximal voided volume in more than 50% of episodes. Variability in bladder volume at enuresis was greatest in the patient group with decreased bladder capacity. We found a significant correlation between diuresis and bladder capacity in all groups during the day and night.

**Conclusions:** There is a great intra-individual diurnal variability in voided volume in children with enuresis and in healthy children. Enuresis seems to occur at bladder volumes that are smaller and larger than the maximal voided volume obtained from voiding charts.

#### **Editorial Comment**

The authors attempted to measure bladder size in children using voiding diaries and, in enuretic children, observed voiding overnight in hospital, including after water loading. They found that about half of children