

## What's inside

### BIOCHEMICAL RECURRENCE AFTER RADICAL PROSTATECTOMY

Biochemical recurrence after radical prostatectomy occurs in over a third of all men operated upon for curative intent. The challenge in managing such cases is the determination of whether the disease has recurred locally or systemically and what would be the ideal approach to manage such cases. Imaging may play a very limited role in cases detected early, and the time for intervention is also not well defined. McCormick<sup>[1]</sup> discuss all aspects of evaluating and managing such patients including definitions, imaging, markers, and management strategies, and this comprehensive review should help address the increasing number of such patients seen in our practice.

### UNDERACTIVE BLADDER IN WOMEN

Voiding dysfunction in women is a significant problem with very few pharmacologic options available for their management. It is not uncommon to see women routinely undergoing urethral dilatations for suspected stenosis with little-sustained relief. Yamany *et al.*<sup>[2]</sup> reviewed this frequent but poorly understood condition and suggested that while it is very common, there is little research in the subject and an underactive detrusor may be the more common pathology than an outlet obstruction.

### TAMSULOSIN VERSUS TADALAFIL FOR BPH

PDE5 inhibitors are being increasingly used for conditions other than those for which they were initially approved. Their use in managing lower urinary tract symptoms has received regulatory approval. While alpha-adrenergic blockers continue to be the mainstay of therapy, PDE5 inhibitors may offer the added advantage of sexual function improvement. In a crossover randomized trial, Pattanaik *et al.*<sup>[3]</sup> evaluated tamsulosin 0.4 mg versus tadalafil 10 mg in relieving symptoms due to BPH and concluded that both the drugs resulted in similar improvement in symptoms. Interestingly, they found that a significant number of nonresponders to one type of drug therapy responded to the other, opening up a potential for salvaging nonresponders.

### HEMODYNAMIC AND METABOLIC CHANGES DURING PHEOCHROMOCYTOMA SURGERY

Pheochromocytoma surgery has undergone major changes in the last few decades, primarily because

of the improvement in operative techniques and intensive care. Improved preoperative preparation and team efforts have taken away the significant morbidity associated with these rare lesions. Most patients continue to require close monitoring during and after surgery but have excellent long-term outcomes in terms of the resolution of hypertension and diabetes. Prakash *et al.*<sup>[4]</sup> report on these factors in a cohort of 26 patients who underwent 31 procedures and concluded that postoperative hypotension may occur in one-third of the patients but manifests immediately after surgery. Hypoglycemia is less common (15%) but may appear late up to 12 h after surgery. These data can be used to determine the postoperative monitoring schedule for such patients.

### TRANSURETHRAL RESECTION AND URETHRAL STRICTURES

Bipolar electrosurgical units have become increasingly common in urology practice, and bipolar transurethral resection (TUR) is now a standard, and often preferred, method of resection. One of the fears with the use of bipolar devices is a potential risk of urethral strictures due to the return electric current through the sheaths and higher voltages. Kumar *et al.*<sup>[5]</sup> report a trial comparing stricture rates using monopolar and bipolar TURs in a group of 80 subjects and found that though a higher number of strictures occurred in the bipolar group, the difference was not significant.

### ANTEGRADE VERSUS RETROGRADE ACCESS FOR UPPER URETERIC STONES

Upper ureteric stones can be treated by virtually all possible techniques available to urologists from shock-wave lithotripsy to open ureterolithotomy. Endourological techniques allow access both through the ureter and through the kidney, both with their attendant complications and success. Bhat *et al.*<sup>[6]</sup> report a series of 117 patients of whom 64 underwent a percutaneous access while 53 had ureteroscopic stone removal. They found a higher stone clearance rate with the antegrade approach but associated with a higher overall complication rate.

### SUBSPECIALIZATION IN UROLOGY

Urology, a super-specialty training program, is no longer considered sufficiently specialized for practice. A large number of further categorizations now exist within the subject such that further training and expertise is widely expected among urologists. However, training opportunities

for such further specializations are limited, and it is unclear if a trainee urologist is aware or capable of making a choice early in his/her career. Tamhankar *et al.*<sup>[7]</sup> report a survey conducted among urology residents attending a workshop and found significant variability in their exposure to subspecialties. An interesting finding in their survey was that the overwhelming majority wished to continue in academic practice. It is unclear whether this is because they wish to teach or because they feel that their 3 years of training is insufficient for them to venture into practice.

## INTRAOPERATIVE GRADING OF NERVE SPARING AND POTENCY

Potency preservation is one of the trifecta outcomes of surgery following radical prostatectomy for localized disease and remains one of the more difficult ones to achieve. A number of predictors are available with varying validity. A surgeon's intraoperative assessment of nerve sparing could possibly be a prognostic indicator of the success of preservation. Bajpai *et al.*<sup>[8]</sup> report one such surgeon-based intraoperative scoring system and suggested that it may be one of the most important predictors of successful outcomes.

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