importance is the fact that lifestyle change—weight reduction, increased physical activity, and an anti-atherogenic diet composition—will improve all of the metabolic risk factors. It has been well demonstrated that if weight can be reduced to desirable levels and if regular exercise can be sustained, all of the risk factors of the syndrome will be improved, and progression to more advanced stages will be slowed. The issue about lifestyle intervention for patients with the metabolic syndrome is not about efficacy of intervention but the level of commitment of society and the medical community to the lifestyle approach. To enhance this commitment, a trial to assess the erectogenic effect of lifestyle intervention in men with ED and the metabolic syndrome should be a priority.

References


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Re: Transobturator Vaginal Tape Inside Out for the Surgical Treatment of Female Stress Urinary Incontinence: Anatomical Considerations
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Experts’ summary:
The cadaver study outlining anatomic considerations of the relatively novel transabdominal vaginal tape inside-out (TVT-O) technique in patients with stress urinary incontinence (SUI) has been published by a group of recognized experts led by de Laval [1,2]. The study was performed on 12 female cadavers, wherein the standard TVT-O procedure was followed by a careful anatomic dissection of pelvic structures to analyse the passage of the tape. The path is well-described using photographs and anatomic sketches. The authors discuss their findings in comparison with those of Delmas et al. [3], a similar study that had been performed to describe the anatomic considerations of the outside-in technique.

Experts’ comments:
A few questions may arise while reviewing this paper. First, are the anatomic studies on cadavers actually needed in the development of the new techniques of surgical treatment of SUI? One may argue that such data do not have much clinical relevance, because the new technique has to be validated in randomised clinical trials anyway. Second, do the data obtained from such studies performed on “healthy” cadavers actually represent the deviated anatomy of patients with SUI of various stages? A significant number of patients come to urologic wards following various surgeries on the pelvis or after unsuccessful attempts to correct SUI [4]. Such patients have intrinsically jeopardised tissues with diminished elasticity, local scarring, and intrapelvic adhesions and require additional attention and surgical skills [5]. We do not agree with authors’ positivism regarding the little variability among their subjects as well as relative independence of the outcome from the surgeon’s experience.

For research purposes a cohort of patients with high degrees of vaginal prolapse and cystocele could be taken into a single-arm imaging study, where the results of the operation are assessed using computed tomography scanning high-resolution imaging. Overall, up to 30% of all patients with SUI present with cystocele or vaginal prolapse, where normal anatomy of the pelvis is grossly deviated. Such patients require outmost attention. In these situations the TVT-O becomes a surgery of first choice because it allows a skilled surgeon to pass the tape without excessive mobilisation of periurethral tissues.

Despite our selective skepticism, we have found this study to be useful, especially in its details of coursing away from vascular and nerve structures. Recent results from a small randomised trial comparing retropubic and transobturator routes were published, suggesting in very little difference in the outcome. Nevertheless, there is a tendency that for larger trials, fewer short- and long-term complications are expected with TVT-O. Although the authors strongly suggest that this operation does not require cystoscopy, we advocate an elective approach. Patients with severe stages of cystocele and prolapse may need direct visualisation of the
bladder to control trocar passage, especially if simultaneous prolapse repair is being performed. Some authors suggest maintaining cystoscopy as part of a routine to rule out bladder injury because reports from the different studies remain controversial.

References


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