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IN BRIEF

SURGERY

Anthropometric measures can predict difficulty of LRN

Body habitus can affect operative difficulty, especially for retroperitoneal laparoscopic radical nephrectomy (LRN). Researchers in Japan have identified the anthropometric measurements associated with surgical difficulty of LRN in a cohort of 96 patients. They found that anterior perirenal fat distance was associated with operative duration ($P=0.016$) and estimated blood loss ($P=0.001$), and distance from the 12th rib to the iliac crest was associated with operative duration ($P=0.038$). Notably, BMI was not a predictor of surgical difficulty.

Original article Akaihata, H. *et al.* Does body habitus of patients affect operative difficulty during retroperitoneal laparoscopic radical nephrectomy? *J. Endourol.* doi:10.1089/end.2012.0383

SEXUAL DYSFUNCTION

Pubic arch anatomy might explain unsustainable erections

Full penile rigidity is dependent on compression of the deep dorsal vein to keep blood within the penis. Using newly developed CT technology, researchers have analysed venous drainage during erection in men who are unable to maintain erection with no identified cause ($n=37$) and compared their pubic anatomy with healthy men ($n=30$). They found that the puboischial rami are at a significantly wider angle in men with unsustainable erections and normal venous drainage than in those with anomalous drainage and in men with normal erection.

Original article Paul, J. F. & Virag, R. Does anatomy of the pubic arch interfere with the maintaining of erection? *J. Sex. Med.* doi:10.1111/jsm.12026

URINARY INCONTINENCE

Novel nonsurgical method to treat vesicovaginal fistula

A minimally invasive technique comprising injection of autologous platelet-rich plasma and interpositioning of platelet-rich fibrin glue has been tested in 12 women with vesicovaginal fistula with promising results. 6 months after the procedure, 11 patients considered themselves clinically cured and reported improvements on the International Consultation on Incontinence Questionnaire (in terms of both urinary incontinence and quality of life).

Original article Shirvan, M. K. *et al.* A novel method for iatrogenic vesicovaginal fistula treatment: autologous platelet-rich-plasma injection and platelet-rich-fibrin-glue interposition. *J. Urol.* doi:10.1016/j.juro.2012.12.064

SURGERY

Robotic nephrectomy outcomes noninferior to laparoscopy

A French research team has prospectively compared the perioperative outcomes of robot-assisted laparoscopic partial nephrectomy and laparoscopic partial nephrectomy in a multicentre cohort ($n=265$). The mean values for operative duration ($P<0.001$) estimated blood loss ($P=0.01$), warm ischaemia time ($P=0.03$) and length of stay ($P=0.05$) were lower for patients who underwent robotic surgery than for those who underwent laparoscopic partial nephrectomy, demonstrating noninferiority.

Original article Masson-Lecomte, A. *et al.* A prospective comparison of surgical and pathological outcomes obtained after robot-assisted or pure laparoscopic partial nephrectomy in moderate to complex renal tumours: results from a French multicentre collaborative study. *BJU Int.* doi:10.1011/j.1464-410X.2012.11528.x