
Abstracts

Mentor Inflatable Penile Prosthesis Clinical Experience in 52 patients

By D. C. Merrill

British Journal of Urology, 56 512-515

The mentor inflatable penile prosthesis is said to be less elastic and more durable than silicone. As a result of this increased toughness, cylinder leaks and aneurysms are largely eliminated. The author regards the mentor apparatus as greatly superior to the Scott prosthesis and has had success with the former in cases of failure with the latter device. Of the 52 patients operated upon the functional and cosmetic results were satisfactory in 51, while in only one patient was it necessary to remove the apparatus for infection.

The paired cylinders are inserted in the corpora cavernosa the reservoir lies in the space of Retzius and the pump is sited in the scrotum, above and lateral to the testes.

There were no failures due to pump or tubing defects and the functional results were excellent.

The follow-up period exceeded a year in 15 patients.

J. Cosbie-Ross

Treatment of Detrusor Instability of the Urinary Bladder by Selective Sacral Blockage

By S. Alloussi, F. Loew, J. Mast., H. Alzin and D. Wolf

British Journal of Urology, 1984, 56, 464-467

The authors point out that detrusor instability is a vaguely defined syndrome but all such patients exhibit some degree of detrusor hyperactivity. They found that specific reversible blockage of S3 was responsible for detrusor activity and that this was unaffected by block of S2 or S4. Idiopathic detrusor instability appeared to be benefitted in the long term by the temporary block but no explanation could be found for this phenomenon. Four patients with detrusor instability due to a supra-nuclear lesion of the cord reverted as soon as the temporary effect of the anaesthetic wore off. However, in these neuropathic patients a further permanent block of S3 with phenol was of benefit as thereafter two were able to empty the bladder by manual compression.

J. Cosbie Ross

A 15-year Follow-up of 406 Consecutive Spinal Cord Injuries

D. R. Webb, J. M. Fitzpatrick and J. D. O'Flynn.

British Journal of Urology, (1984), **56**, 614–617.

This valuable review covers all admissions with spinal cord injuries in the Republic of Ireland over a period of 1967 to 1982, and merits detailed study.

The authors emphasise the fact that now the major causes of death are pulmonary and cardio-vascular, while only 5% were due to renal failure. This observation confirms recent papers claiming that renal failure is no longer the major cause of death in spinal cause injuries.

They believe that this is due to an aggressive urological approach aiming at maintaining a low pressure vesical emptying.

It was found that patients with complete lesions, especially in the thoracic region required outlet surgery most frequently. Outlet surgery was needed in 180 patients (44% of the series), and consisted of division of the external sphincter, T.U.R. or a combination of the two.

J. COSBIE ROSS

Patterns and Significance of the Sacral Evoked Response (The Urologist's Knee Jerk)

N. T. M. Galloway, G. D. Chisholm and A. McInnes.

British Journal of Urology (1985), **57**, 145–147.

The authors point out that a full neurological examination may fail to show up any abnormality in patients with a neuropathic bladder dysfunction because the examination stops at the level of S1. The lower sacral segments, controlling sphincteric function, are not included. They have, therefore, devised a method of assessing these lower sacral segments by means of surface mounted electrodes at the urethral and anal sphincters.

Its use is especially recommended in women with 'psychogenic retention', and patients developing retention after laminectomy or rectal surgery.

J. COSBIE ROSS

A Physiological Approach to the Investigation of Chronic Urinary Retention

D. G. Machin, B. P. Gardner, K. A. Woolfenden, A. D. Desmond and K. F. Parsons.

British Journal of Urology, (1985), **57**, 141–144.

A number of patients with chronic retention of urine, were investigated from the urodynamic aspect with special reference to a comparison between fast-filling and self-filling cystometry.

The authors clearly demonstrated that fast-filling cystometry can be misleading in a number of respects and fails to provide accurate data on bladder pressures. For example, the bladder capacity was significantly lower than with self-filling cystometry and failed to indicate precisely the detrusor contractions, which were apparently less than when repeated with the self-filling procedure.

J. COSBIE ROSS