

two groups. The median follow-up was 90.1 months (group 1) or 28.3 months (group 2).

Full continence—defined as no requirement for pads—was achieved in 464 (76%) patients in group 1 and 358 (89%) patients in group 2 ($P < 0.05$). In addition, the percentages of patients needing one pad, 2–4 pads or >4 pads per day were significantly higher in group 1 compared with group 2, and the time taken to reach final continence status was significantly shorter in group 2 patients. Local tumor control was not compromised by the new procedure.

In summary, the preparation of a longer intraprostatic urethral stump for vesicourethral anastomosis was associated with significant improvements in postoperative continence in patients undergoing radical prostatectomy.

Original article van Randenborgh H *et al.* (2004) Improved urinary continence after radical retropubic prostatectomy with preparation of a long, partially intraprostatic portion of the membranous urethra: an analysis of 1013 consecutive cases. *Prostate Cancer Prostatic Dis* 7: 253–257

Subjective assessment of female urinary incontinence

The standard 1-hour pad test is a widely used, semiobjective method for assessing female urinary incontinence (UI). Under specific conditions, the woman wears a preweighed pad for 1 hour and then the pad is weighed again. An increase in pad weight of 1 gram or more indicates a positive result. Abdel-fattah *et al.* have investigated whether subjective assessment by the patient could replace this test in clinical practice.

Women awaiting surgery for stress incontinence ($n = 90$) were prospectively recruited. Preoperative continence status was assessed using the standard 1-hour pad test and by asking the patients to classify themselves as 'totally continent to urine', 'mild or occasional UI', 'moderate UI' or 'severe UI'. During the pad test, patients also completed the King's Health Questionnaire (KHQ) to measure quality of life. Assessments were repeated 4 months postoperatively in 70 cases, giving a total of 160 sets of results for analysis.

Subjective assessment of UI by the patient (incontinent vs continent) detected the pad test result (positive vs negative) with a sensitivity of 95.65% and a specificity of 93.33%.

There was poor correlation, however, between the perceived severity of UI and the amount of pad gain. KHQ scores correlated better with patients' subjective assessments than with pad test results.

In conclusion, the authors suggest that time and resources could be saved by replacing the pad test with the patient's own assessment of their continence status.

Original article Abdel-fattah M *et al.* (2004) The standard 1-hour pad test: does it have any value in clinical practice? *Eur Urol* 46: 377–380

Urinary tract infections in spinal cord injury outpatients

Spinal cord injury patients are prone to urinary tract infections (UTIs). In the hospital setting, nosocomial UTIs and antibiotic resistance are significant problems. Hinkel *et al.* have carried out a retrospective study of UTIs in spinal cord injury outpatients, examining variations in the bacterial spectrum and resistance.

Urine samples were collected from 1,293 spinal cord injury outpatients from 1994 to 1999, and were sent for microbiological evaluation. Bacterial isolates were tested for sensitivity to the relevant antibiotics, and results from 12 month intervals were compared. Records from patients who had been hospitalized within the previous 3 months were excluded, so that nosocomial infections could be ruled out.

The frequencies of the most common bacterial isolates (*Enterococcus faecalis*, *Staphylococcus epidermidis*, *Staphylococcus aureus*, *Escherichia coli*, *Pseudomonas aeruginosa* and *Proteus mirabilis*) were stable throughout the study period. *Klebsiella pneumoniae*, however, was not detected until 1995 and its frequency then increased rapidly. The percentage of strains resistant to penicillins (particularly ampicillin), quinolones, tetracyclines and first-generation cephalosporins increased during the study. Multiresistant staphylococcal strains were identified, even though these are normally associated with hospital-acquired infections.

The study suggests that antibiotic resistance associated with UTIs had increased in this outpatient population. Advising against the use of antibiotics in asymptomatic patients, Hinkel *et al.*