

Sexual function following prostatectomy: role for steroids?

Erectile dysfunction is a common complication of radical retropubic prostatectomy (RRP), despite the development of nerve-sparing operative techniques. Having observed that sexual function tends to be restored more quickly in patients who are receiving steroids after this procedure, Parsons and colleagues hypothesized that surgical inflammation might contribute to the loss of potency. They have recently carried out a randomized study to assess whether postoperative methylprednisolone might speed the recovery of sexual function in such patients.

The study included 70 men undergoing bilateral nerve-sparing RRP by the same surgeon. Patients received a tapered regimen of methylprednisolone ($n=34$) or placebo ($n=36$) for six days, beginning on postoperative day one. The methylprednisolone dosage was designed to produce a systemic anti-inflammatory effect without causing problems with wound healing. The potency of the participants was measured at 3, 6 and 12 months postoperatively using the International Index of Erectile Function (IIEF)-5 questionnaire.

The authors observed no significant differences between the placebo and active treatment groups in the proportion of men who were potent at each time point. Twelve months after surgery, potency was reported by 74% of patients in the methylprednisolone group and 71% of those who received placebo ($P=0.8$). Methylprednisolone appeared to have no detrimental effects on wound healing or postoperative urinary continence.

Concluding that methylprednisolone did not improve the recovery of sexual function in this study, the authors note that a positive response might have been achieved using higher doses or earlier administration of the drug.

Original article Parsons JK *et al.* (2004) Effect of methylprednisolone on return of sexual function after nerve-sparing radical retropubic prostatectomy. *Urology* 64: 987–990

Surgical site infection in urological operations

A new study from Japan has shown that preoperative urinary tract infection (UTI) is an important risk factor for the development of

surgical site infection (SSI) in adults undergoing urological surgery. The study was based on patients undergoing 'clean' open or laparoscopic urological surgery at a single center during an 18-month period. Urine samples from all patients were analyzed to determine whether UTI was present preoperatively, and subcutaneous swabs were taken just prior to closure of the skin.

Of 134 patients included in the study, 20 developed SSIs despite receiving antimicrobial prophylaxis postoperatively. There were no significant differences between these patients and those without SSI in terms of several potential risk factors, including age, sex, duration of surgery, method or maximum volume of drainage, type of sutures used or day of their removal, blood loss or need for transfusion, or the lowest serum protein concentration or highest body temperature postoperatively. A significant difference was observed between the proportion of positive subcutaneous swab cultures obtained from patients with and without SSI (75% versus 12.3%, $P<0.001$). Preoperative UTI was also significantly more common in patients who developed SSI (55.0% versus 4.4%, $P<0.001$).

Hamasuna *et al.* conclude that preoperative UTI was an important risk factor for SSI in this setting. They recommend routine preoperative screening and aggressive treatment for such infections, and suggest that urological operations in the presence of UTI should be regarded as 'infected or dirty' procedures.

Original article Hamasuna R *et al.* (2004) Bacteria of preoperative urinary tract infections contaminate the surgical fields and develop surgical site infections in urological operations. *Int J Urol* 11: 941–947

Sublingual administration of sildenafil

A preliminary study by Deveci *et al.* has shown that sublingual administration of sildenafil appears to be safe and effective in the treatment of erectile dysfunction (ED). Although further studies—including a direct comparison with oral sildenafil—will be needed to establish whether these findings are clinically relevant, sublingual administration of the drug might provide a faster onset of action at a lower dose than is currently used.

This double-blind, randomized study compared 20 mg sublingual sildenafil with