Postoperative comparison of vaginal and abdominal surgery for uterovaginal prolapse

Uterovaginal prolapse occurs in almost 5% of women, and in severe cases surgery is indicated. In the Netherlands, severe uterovaginal prolapse is corrected either by vaginal hysterectomy combined with anterior and/or posterior colporrhaphy, or abdominal sacrocolpopexy. The success of these two procedures has previously been studied, but their effect on recovery parameters is largely unknown.

Roovers *et al.* performed a randomized, multicenter trial in 82 patients with uterovaginal prolapse stage II–IV, to compare the effects of vaginal and abdominal surgery on postoperative pain, quality of life and physical performance 6 weeks after surgery. Patients were assessed by the quantity of analgesic administered, the RAND-36 questionnaire, and three further questionnaires.

The results showed that vaginal surgery was associated with less pain than abdominal surgery, and that mobility, perception of mental health, and perception of change of health were also better in patients who had undergone vaginal surgery. Several factors might have influenced these findings, including increased comorbidity in patients undergoing vaginal surgery.

The authors conclude that although abdominal sacrocolpopexy is an excellent technique for preserving the uterus, vaginal hysterectomy plus pelvic-floor repair appears to have better recovery in the first 6 weeks after surgery than abdominal sacrocolpopexy.

Rachel Murphy

Original article Roovers JPWR *et al.* (2005) A randomized comparison of post-operative pain, quality of life, and physical performance during the first six weeks after abdominal or vaginal surgical correction of descensus uteri. *Neurourol Urodyn* 24: 334–340

Tamsulosin improves effectiveness of ESWL for renal stones

Extracorporeal shock-wave lithotripsy (ESWL) is the standard treatment used to break up renal calculi of up to 20 mm diameter. Gravina and colleagues investigated whether tamsulosin, an α_1 -blocker, can inhibit peristalsis and dilate the ureteral lumen to

facilitate passage of kidney stones, thereby improving the effectiveness of ESWL.

In this open-label, randomized, controlled study, conducted between November 2002 and February 2004, 130 patients with solitary renal stones 4–20 mm in diameter underwent one session of ESWL. They then received standard medical therapy (methylprednisolone and diclofenac) either alone ($n=65$; controls), or with tamsulosin 0.4 mg/day for up to 12 weeks ($n=65$). Clinical success was defined as stone-free status or presence of asymptomatic residual fragments less than 4 mm in diameter.

There was no difference between the two groups 1 day after ESWL in the degree of stone fragmentation. After 12 weeks of treatment, however, tamsulosin-treated patients had a significantly higher rate of clinical success than controls ($P=0.037$). In patients with 11–20 mm stones, the success rate was significantly higher in the tamsulosin group (81%) than in controls (55%) ($P=0.009$). Among patients with 4–11 mm stones, there was no significant difference in success rates between groups. Mean analgesic drug use and the incidence of renoureteral colic were significantly lower in tamsulosin-treated patients than in controls ($P<0.001$ for both), providing for easier patient management at home.

The authors conclude that tamsulosin therapy for 12 weeks can improve clearance of residual fragments after ESWL in patients with renal stones >10 mm, but that further studies are required to validate this approach.

Rebecca Ireland

Original article Gravina GL *et al.* (2005) Tamsulosin treatment increases clinical success rate of single extracorporeal shock wave lithotripsy of renal stones. *Urology* 66: 24–28

Losing a few pounds can reduce weekly incontinence episodes by half

Weight loss is an effective treatment for urinary incontinence in overweight women, US researchers have found. Trial participants were randomized either to an immediate-intervention group, who entered a 3-month weight-reduction program, or to a wait-list control group, who entered the program 3 months later. The weight-loss program comprised a low-calorie liquid diet combined with daily exercise. Patients were also taught techniques for modifying their eating and exercise habits.