catheterization, which the authors prefer to transfemoral catheterization owing to its reduced complication rate, improved acceptability to patients, and ability to treat bilateral varicoceles from one access site. The technical success rate of TCFS was 97.1%, and the complication rate was 3.3%. Only minor complications were reported during follow-up (mean ± SD 40.3 ± 19.46 months). Complete follow-up data for 225 varicoceles showed a recurrence rate of 3.6% for grade II–III varicocele after TCFS (substantially lower than rates reported for other percutaneous techniques, and comparable to that of microsurgical treatment). Pretreatment pain resolved in 96.5% of men after TCFS.

Patients with abnormal pretreatment semen parameters had significant improvements in sperm density, motility and morphology after TCFS. Notably, 23 of 59 men with pretreatment infertility who desired conception achieved a pregnancy during follow-up (mean ± SD 15.8 ± 7.18 months after TCFS).

Original article Gandini R *et al.* (2008) Male varicocele: transcatheter foam sclerotherapy with sodium tetradecyl sulfate—outcome in 244 patients. *Radiology* **246:** 612–618

Long-term results of bladder augmentation with de-epithelialized intestine

Use of bowel segments for bladder augmentation has recognized long-term complications —perforation, stone formation, electrolyte disturbances and cancer—attributed to the presence of secretory mucosa in the augmented bladder. Lima and colleagues, therefore, use de-epithelialized bowel segments for bladder augmentations; they now report 15 years of their experience with this technique.

Bladder augmentation was performed in 183 patients (age range 3 months–53 years, 92 males). Indications for surgery included neurogenic bladder ($n = 121$) and bladder exstrophy ($n = 50$). In the first 24 patients, separated bladder urothelium was used as a 'natural mold' to line the de-epithelialized bowel segment, and kept distended with urine for 2 weeks postsurgery. In subsequent patients, a silicone mold was used, which was removed after 10 days. No electrolyte disturbance, mucus formation, or malignancy occurred during follow-up (mean 75.9 months, range 2–189 months). Treatment significantly improved both bladder capacity and compliance ($P \leq 0.001$).

Treatment failed in 23 patients (12.6%), in 5 cases during the early postoperative period. The overall complication rate was 6.6%. Two perforations occurred, 2 years and 5 years after surgery. Both perforations were located at the transition between native bladder and bowel, and occurred in patients who underwent the silicone-mold procedure. Seven bladder stones occurred in patients treated for exstrophy, but were attributed to the additional bladder-neck procedures these patients had undergone at augmentation.

Although these failure and complication rates can be improved on, Lima and colleagues suggest that their approach has substantial advantages over traditional augmentation procedures.

Original article Lima SV *et al.* (2008) Nonsecretory intestinocystoplasty: a 15-year prospective study of 183 patients. *J Urol* **179:** 1113–1117

Beneficial effect of vardenafil on LUTS secondary to BPH

Benign prostatic hyperplasia (BPH) causes lower urinary tract symptoms (LUTS) that impair affected individuals' quality of life (QOL). Sildenafil and tadalafil relieve irritative LUTS as well as improve erectile dysfunction, so Stief and colleagues conducted a randomized, double-blind, placebo-controlled, phase IIb study at 16 centers in Germany to evaluate the effects of vardenafil on LUTS secondary to BPH.

Men aged 45–64 years with a ≥6-month history of LUTS secondary to BPH and an International Prostate Symptom Score (IPSS) ≥12 at enrollment received either 10 mg vardenafil ($n = 108$) or placebo ($n = 113$), administered every 12 h, for 8 weeks. Participants completed the Urolife® QOL9 questionnaire (Sanofi-Aventis, France), the International Index of Erectile Function erectile-function domain and IPSS after a 4-week medication-free run-in period, and after 4 weeks and 8 weeks of treatment.

Compared with placebo, vardenafil significantly improved participants' erectile function (as expected), and also significantly improved mean total IPSS, as well as irritative and obstructive IPSS subscores. Vardenafil also