

STONES

Renal access by urologist or radiologist during percutaneous nephrolithotomy

Tomaszewski, J. *et al. J. Endourol.* **24**, 1733–1737 (2010)

Urologist-obtained access is safe and effective for percutaneous nephrolithotomy (PCNL), but access obtained by radiologists is often inadequate. A retrospective analysis of 233 patients showed that, although mean access difficulty parameters and complication rates were comparable, the overall stone-free rate was higher in the urologist-treated group (99% versus 92%) and radiologist-obtained access could not be used for PCNL in 37% of patients, requiring placement of a second access tract.

PEDIATRICS

Tonsillectomy does not improve bedwetting: results of a prospective controlled trial

Kalorin, C. *et al. J. Urol.* **184**, 2527–2531 (2010)

Tonsillar hypertrophy has been implicated in childhood nocturnal enuresis. A prospective study used questionnaires to grade daytime and nocturnal incontinence before and after tonsillectomy or unrelated (control) surgery. There were no differences in improvement or cure between the two groups in either daytime or nocturnal enuresis, concluding that tonsillar hypertrophy is not associated with incontinence.

BPH

Harmful gases including carcinogens produced during transurethral resection of the prostate and vaporization

Chung, Y. *et al. Int. J. Urol.* **17**, 944–949 (2010)

Transurethral resection of the prostate (TURP) produces harmful gases. 12 smoke samples collected during TURP and vaporization were analyzed by gas chromatography-mass spectrometry. Chemical constituents included 1,3-butadiene, vinyl acetylene and acrylonitrile, which are very toxic and carcinogenic. Improving the quality of smoke filters and masks for theater personnel and patients should be considered.

BLADDER CANCER

Chewing gum has a stimulatory effect on bowel motility in patients after open or robotic radical cystectomy for bladder cancer: a prospective randomized comparative study

Choi, H. *et al. Urology* doi:10.1016/j.urology.2010.06.042

Chewing gum during the postoperative period facilitates the recovery of bowel function after open or robotic cystectomy for bladder malignancy. Patients who chewed gum postoperatively had a significantly reduced median time to flatus and bowel movement compared with control patients, with no adverse effects—an improvement observed in patients regardless of whether they had undergone robotic or open procedures.