FORUM 2005 12

Judging a book by its cover: descriptive survey of patients' preferences for doctors' appearance and mode of address.

Lill MM, Wilkinson TJ

BMJ. 2005 Dec 24;331(7531):1524-7.

OBJECTIVE: To document patients' preferred dress styles of their doctors and modes of address. DESIGN: Descriptive survey. SETTING: Inpatients and outpatients at a tertiary level hospital, New Zealand. PARTICIPANTS: 202 inpatients and 249 outpatients, mean age 55.9 (SD 19.3) years. MAIN OUTCOME MEASURES: Ranking of patients' opinions of photographs showing doctors wearing different dress styles. A five point Likert scale was used to measure patient comfort with particular items of appearance. RESULTS: Patients preferred doctors to wear semiformal attire, but the addition of a smiling face was even better. The next most preferred styles were semiformal without a smile, followed by white coat, formal suit, jeans, and casual dress. Patients were more comfortable with conservative items of clothing, such as long sleeves, covered shoes, and dress trousers or skirts than with less conservative items such as facial piercing, short tops, and earrings on men. Many less conservative items such as jeans were still acceptable to most patients. Most patients preferred to be called by their first name, to be introduced to a doctor by full name and title, and to see the doctor's name badge worn at the breast pocket. Older patients had more conservative preferences. CONCLUSIONS: Patients prefer doctors to wear semiformal dress and are most comfortable with conservative items; many less conservative items were, however, acceptable. A smile made a big difference.

1 – THE PELVIC FLOOR 2005 12

Morphologic study on levator ani muscle in patients with pelvic organ prolapse and stress urinary incontinence.

Zhu L, Lang JH, Chen J, Chen J

Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):401-4. Epub 2005 Jul 9.

The objective of this study was to determine the morphologic changes of the levator ani muscle of patients with pelvic organ prolapse and stress urinary incontinence. Histological and histochemical analyses of the biopsy specimens of the levator ani muscle obtained from patients with stress urinary incontinence (SUI), pelvic organ prolapse (POP), and a control group were performed. The striated muscle-positive biopsy rate was 26.7% in the SUI group, 15.8% in the POP group, whereas it was 100% in the control group. The diameters of types I and II fibers decreased significantly with age and menopausal time in the control group. Splitting or fragmentation of fibers with red granules, which are called ragged-red fibers, were found in the SUI group. The diameters of levator ani muscle fibers in the control group were significantly larger than those in the SUI group ($p=0.034<0.05$). The degenerative change in histology and decrease in relative number of levator ani muscle might be associated with women suffering from SUI.

Paula method of circular muscle exercises for urinary stress incontinence--a clinical trial.

Liebergall-Wischnitzer M, Hochner-Celnikier D, Lavy Y, Manor O, Arbel R, Paltiel O

Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):345-51. Epub 2005 Jan 20.

The aim of this study was to determine the efficacy of the Paula method of circular muscle training in the management of stress incontinence (SI). The theory behind this method states that activity of distant sphincters affects other muscles. In a pilot study, 59 women, mainly hospital employees, were randomly assigned to participate in exercises according to the Paula method or pelvic floor training. Efficacy was measured by reports of incontinence, quality of life (I-QOL), pad test, and pelvic floor muscle strength (assessed by perineometer and digital examination). Both the Paula exercises and pelvic floor training produced significant changes in urinary leakage compared to baseline as measured by the pad test [mean decrease of 5.4 g ($p=0.002$) and 9.5 g ($p=0.003$), respectively]. Women randomized to the Paula method reported improvement in I-QOL scores. The Paula method was found to be efficacious for SI in a population of Israeli women. Larger community-based studies will be required to confirm these results and enable evaluation of between-group differences.

Effect of intravaginal electrical stimulation on pelvic floor muscle strength.

Amaro JL, Gameiro MO, Padovani CR

Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):355-8. Epub 2005 Jan 13.

The aim of this study was to evaluate the effect of intravaginal electrical stimulation (IES) on pelvic floor muscle (PFM) strength in patients with mixed urinary incontinence (MUI).. There was a significant improvement in PFM strength from both effective and sham electrostimulation, without statistically significant

difference between the groups, questioning the effectiveness of electrostimulation as a monotherapy in treating MUI.

Determinants of the length of episiotomy or spontaneous posterior perineal lacerations during vaginal birth.
Rizk DE, Abadir MN, Thomas LB, Abu-Zidan F
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):395-400. Epub 2005 Jan 20.
The objective of this study was to measure the length of episiotomy or spontaneous posterior perineal laceration and their relationship to perineal measurements and obstetric variables. The length of the perineum and genital hiatus and vertical length of episiotomy or posterior perineal tears were measured in 114 consecutive parturients with spontaneous singleton term deliveries. Seventy-four (65%) women underwent episiotomy while 40 (35%) sustained spontaneous posterior tears. Perineal or genital hiatus length was significantly correlated to episiotomy (r=0.34, p=0.003) or laceration (r=0.37, p=0.02) length, respectively. This association was significant (p=0.001) in a generalized linear model with duration of second stage of labor (p=0.005), degree of tear (p=0), and parity (p=0). Perineal length was significantly related to maternal age (p=0.036) and weight (p=0.037) and hiatal length (p=0). Short perineum and genital hiatus, long second stage of labor, and low parity are associated with longer posterior perineal injury.

Obstetric factors associated with levator ani muscle injury after vaginal birth.
Kearney R, Miller JM, Ashton-Miller JA, Delancey JO
Obstet Gynecol. 2006 Jan;107(1):144-9.
OBJECTIVE: To identify obstetric factors associated with development of levator ani injury after vaginal birth. METHODS: Magnetic resonance images were taken of the pelvic floor of 160 women 9 to 12 months after first term vaginal delivery. Half the women had de novo stress incontinence and half were continent controls. Abnormalities of the pubovisceral portion were identified on magnetic resonance as present or absent. Defect severity was further scored in each muscle from 0 (no defect) to 3 (complete muscle loss). A summed score for the 2 sides (0 to 6) was assigned and grouped as minor (0-3) or major (4-6). Obstetric details were collected. The association between obstetric variables and muscle injury were analyzed using Fisher exact test and t tests. RESULTS: The following increased odds ratios for levator defect were found: forceps use 14.7 (95% confidence interval [CI] 4.9-44.3), anal sphincter rupture 8.1 (95% CI 3.3-19.5) and episiotomy 3.1 (95% CI 1.4-7.2) but not vacuum delivery 0.9 (95% CI 0.19-4.3), epidural use 0.9 (95% CI 0.4-2.0), or oxytocin use 0.8 (95% CI 0.3-1.8). Women with levator injury were 3.5 years older and had a 78-minute longer second stage of labor. Differences in gestational age, birth weight, and head circumference were not statistically significant. A major defect in the pubovisceral muscle was seen in 22 women and a minor defect in 7 women. CONCLUSION: Injuries to the levator ani muscles in women after their first vaginal delivery are associated with several obstetric factors indicating difficult vaginal birth and with older age. LEVEL OF EVIDENCE: II-3.

Pelvic floor muscle evaluation in incontinent patients.
Amaro JL, Moreira EC, De Oliveira Orsi Gameiro M, Padovani CR
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):352-4. Epub 2005 Jan 12.
The aim of this study was to assess pelvic floor muscle (PFM) strength and perception and its correlation with stress urinary incontinence (SUI). One hundred and one women were divided into two groups according to the presence (G1=51 patients) or absence (G2=50 patients) of SUI. Subjective [urine stream interruption test (UST), visual survey of perineal contraction and transvaginal digital palpation to assess pelvic muscle contraction] and objective evaluations of pelvic floor muscles in all patients were performed (vaginal manometry). During the UST, 25.5% of G1 patients and 80% of G2 patients were able to interrupt the urine stream ($p<0.05$). Digital evaluation of pelvic muscular contraction showed higher strength in G2 than in G1 patients ($p<0.0001$). Perineometer evaluation of PFM strength was significantly higher in the continent group ($p<0.001$). Pelvic floor muscle weakness in incontinent patients demonstrates the importance of functional and objective evaluation of this group of muscles.

2 – FUNCTIONAL ANATOMY 2005 12

Barostat testing of rectal sensation and compliance in humans: comparison of results across two centres and overall reproducibility.
Cremonini F, Houghton LA, Camilleri M, Ferber I, Fell C, Cox V, Castillo EJ, Alpers DH, Dewit OE, Gray E, Lea R, Zinsmeister AR, Whorwell PJ
Neurogastroenterol Motil. 2005 Dec;17(6):810-20.
We assessed reproducibility of measurements of rectal compliance and sensation in health in studies

conducted at two centres. We estimated samples size necessary to show clinically meaningful changes in future studies. We performed rectal barostat tests three times (day 1, day 1 after 4 h and 14-17 days later) in 34 healthy participants. We measured compliance and pressure thresholds for first sensation, urgency, discomfort and pain using ascending method of limits and symptom ratings for gas, urgency, discomfort and pain during four phasic distensions (12, 24, 36 and 48 mmHg) in random order. Results obtained at the two centres differed minimally. Reproducibility of sensory end points varies with type of sensation, pressure level and method of distension. Pressure threshold for pain and sensory ratings for non-painful sensations at 36 and 48 mmHg distension were most reproducible in the two centres. Sample size calculations suggested that crossover design is preferable in therapeutic trials: for each dose of medication tested, a sample of 21 should be sufficient to demonstrate 30% changes in all sensory thresholds and almost all sensory ratings. We conclude that reproducibility varies with sensation type, pressure level and distension method, but in a two-centre study, differences in observed results of sensation are minimal and pressure threshold for pain and sensory ratings at 36-48 mmHg of distension are reproducible.

Functional gastrointestinal disorders and mast cells: implications for therapy. Barbara G, Stanghellini V, de Giorgio R, Corinaldesi R. Neurogastroenterol Motil. 2006 Jan;18(1):6-17.
The pathophysiology of functional gastrointestinal disorders is poorly understood. Accepted common mechanisms include psychosocial factors, abnormal gastrointestinal motility and disturbed visceral sensory perception, but the underlying causes remain unclear. Mast cells (MCs) are immunocytes widely distributed throughout the gastrointestinal tract. MCs are important participants in visceral hypersensitivity and pain perception in irritable bowel syndrome. Inhibition of MC function may ameliorate irritable bowel symptoms.

Brain activation responses to subliminal or supraliminal rectal stimuli and to auditory stimuli in irritable bowel syndrome.
Andresen V, Bach DR, Poellinger A et al. Neurogastroenterol Motil. 2005 Dec;17(6):827-37.
Visceral hypersensitivity in irritable bowel syndrome (IBS) has been associated with altered cerebral activations in response to visceral stimuli. It is unclear whether these processing alterations are specific for visceral sensation. In this study we aimed to determine by functional magnetic resonance imaging (fMRI) whether cerebral processing of supraliminal and subliminal rectal stimuli and of auditory stimuli is altered in IBS. In IBS patients, not in controls, anterior cingulate cortex and hippocampus were also activated by auditory stimulation. In IBS patients, decreased anterior cingulate cortex activation with subliminal and supraliminal rectal stimuli and increased hippocampus activation with supraliminal stimuli suggest disturbances of the associative and emotional processing of visceral sensation. Hyperreactivity to auditory stimuli suggests that altered sensory processing in IBS may not be restricted to visceral sensation.

3 – DIAGNOSTICS 2005 12

A Stoma Quality of Life Scale.
Baxter NN, Novotny PJ, Jacobson T, Maidl LJ, Sloan J, Young-Fadok TM
Dis Colon Rectum. 2006 Jan 6;.
PURPOSE: Few studies have evaluated the impact of a stoma on patient quality of life because of a lack of specific validated measures. This study documents the development and initial application of a Stoma Quality of Life Scale. METHODS: Content experts generated initial questions. Patient focus groups were conducted to ensure that the questions addressed all stoma-related issues considered important by patients. Responses from pilot groups allowed refinement to produce the final measure, the Stoma Quality of Life Scale, a 21-item questionnaire. Three scales are featured: Work/Social Function (6 items), Sexuality/Body Image (5 items), and Stoma Function (6 items). In addition, one item (scored separately) measures financial impact, one measures skin irritation, and two measure overall satisfaction. This questionnaire was administered to 100 consecutive ostomy patients, and readministered three weeks later. Reliability was assessed by using coefficient alpha for internal consistency and intraclass correlation coefficient for test-retest reproducibility. To test validity in extreme groups, scores were compared for patients with improved quality of life vs. those whose stoma worsened their quality of life. To evaluate convergent validity, we analyzed correlation of instrument scales with the SF12. RESULTS: The Stoma Quality of Life scales demonstrated adequate test-retest reproducibility (intraclass correlation coefficient >0.8) and acceptable internal consistency (coefficient alpha approximately 0.8). The scales were capable of discriminating between patients with better and worse quality of life after stoma formation ($P < 0.02$ for all scales). The Stoma Quality of Life scales significantly correlated (range, 0.12-0.75) with the Physical and Mental Health Composite Scale Scores of the SF-12. CONCLUSIONS: The Stoma Quality of Life Scale demonstrates reasonable psychometric properties for measuring quality of life in patients with stomas. Further studies are needed to refine the instrument.

Ultrasound imaging of the female perineum: the effect of vaginal delivery on pelvic floor dynamics.
Costantini S, Esposito F, Nadalini C, Lijoi D, Morano S, Lantieri P, Mistrangelo E
Ultrasound Obstet Gynecol. 2005 Dec 30;.
OBJECTIVE: To assess the use of perineal ultrasound in the evaluation of the influence of vaginal delivery on urethral mobility and on the contraction strength of the levator ani muscles. METHODS: This was a prospective observational study of 70 nulliparous women. Each woman underwent perineal ultrasound assessment at 36-38 weeks' gestation and at 1 week and 3 months following delivery. During each examination we assessed: the posterior urethrovesical angle at rest, urethral mobility during Valsalva maneuver and movement of the anorectal angle and levator sling angle during contraction of the levator ani. RESULTS: The urethrovesical angle and the urethral mobility increased significantly after delivery ($P < 0.0001$). The levator sling excursion decreased proportionally. The anorectal excursion had decreased significantly by the examination 3 months after birth. CONCLUSIONS: Perineal sonography provides objective assessment criteria for urethral mobility and for contraction strength of the levator ani muscles and detects changes in the anatomy and function of the pelvic floor after vaginal delivery.

Endosonographic imaging of anorectal diseases.
Engin G
J Ultrasound Med. 2006 Jan;25(1):57-73.
Endosonography can accurately stage primary rectal tumors and assess the internal anal sphincter. Peroxide-enhanced 3-dimensional imaging can increase the utility of endoanal sonography in detection and characterization of perianal fistulas and planning of optimal therapy. However, magnetic resonance imaging can be used a complementary modality to endosonography, especially for evaluation of external anal sphincter atrophy and deep pelvic inflammation.

CT colonography for colon cancer screening.
Banerjee S, Van Dam J
Gastrointest Endosc. 2006 Jan;63(1):121-33.

Colonoscopy in the sitting position: lessons learned from self-colonoscopy by using a small-caliber, variable-stiffness colonoscope.
Horiuchi A, Nakayama Y
Gastrointest Endosc. 2006 Jan;63(1):119-20.

Clinical Utility of Wireless Capsule Endoscopy: Experience With 200 Cases.
Tatar EL, Shen EH, Palance AL, Sun JH, Pitchumoni CS
J Clin Gastroenterol. 2006 Feb;40(2):140-144.
Wireless capsule endoscopy is a valuable diagnostic tool in the evaluation of occult small bowel lesions, and was most effective in patients with gastrointestinal hemorrhage and anemia.

Update of tests of colon and rectal structure and function.
Bharucha AE
J Clin Gastroenterol. 2006 Feb;40(2):96-103.
This review deals with the indications, methods, strengths, and limitations of anorectal testing in clinical practice. In chronic constipation, anal manometry and a rectal balloon expulsion test, occasionally supplemented by defecography, are useful to identify a functional defecatory disorder, because symptoms may respond to pelvic floor retraining. In patients with fecal incontinence, diagnostic testing complements the clinical assessment for evaluating the pathophysiology and guiding management. Manometry measures anal resting and squeeze pressures, which predominantly reflect internal and external anal sphincter function, respectively. Defecation may be indirectly assessed by measuring the recto-anal pressure gradient during straining and by the rectal balloon expulsion test. Endoanal ultrasound and magnetic resonance imaging (MRI) can identify anal sphincter structural pathology, which may be clinically occult, and/or amenable to surgical repair. Only MRI can identify external sphincter atrophy, whereas ultrasound is more sensitive for internal sphincter imaging. By characterizing rectal evacuation and puborectalis contraction, barium defecography may demonstrate an evacuation disorder, excessive perineal descent or a rectocele. Dynamic MRI can provide similar information and also image the bladder and genital organs without radiation exposure. Because the measurement of pudendal nerve latencies suffers from several limitations, anal sphincter electromyography is recommended when neurogenic sphincter weakness is suspected.

Defecation Disorders: A French Population Survey.
Siproudhis L, Pigot F, Godeberge P, Damon H, Soudan D, Bigard MA
Dis Colon Rectum. 2005 Dec 20;.
PURPOSE: Despite frequent occurrence, functional defecation disorders and related conditions have been infrequently reported in population studies. This study was designed to assess symptoms, lifestyle-behavioral changes, and medical care seeking related to functional defecation disorders in alarge household community survey. METHODS: A large household community survey was conducted in 10,000 individuals aged 15 years or older. A mailed questionnaire was used to assess ten common anorectal complaints; frequency, association, impact on quality of life, and medical care seeking were quantified. RESULTS: Evaluation was obtained in 7,196 patients (3,455 males). During the previous 12-month period, 2,097 patients (29.1 percent) experienced functional defecation disorders: outlet constipation and fecal incontinence were reported in 22.4 and 16.8 percent respectively. Compared with patients with no anorectal complaint, patients with functional defecation disorders had a different gender status (females, 63.3 vs. 47.6 percent; $P < 0.01$). Based on symptom severity, functional defecation disorders were perceived as the main anorectal complaint in 1,192 patients. In this group, emptying difficulties, unsatisfied defecation, gas, and fecal incontinence occurred at least once per month in 71.6, 56.1, 77.9, and 49 percent respectively: 66.6 percent with outlet constipation and 85.6 percent with incontinence revealed impairment in quality of life. Incontinent patients more frequently avoided medical care than those complaining of outlet constipation (67.4 vs. 46.4 percent; $P < 0.01$). CONCLUSIONS: Functional defecation disorders concerns at least one of four French individuals. Outlet constipation and fecal incontinence frequently occur in association. Despite a low rate of patients seeking care, symptoms often are severe and related to quality of life impairment.

Colonoscopy in the very elderly is safe and worthwhile.
Syn WK, Tandon U, Ahmed MM
Age Ageing. 2005 Sep;34(5):510-3.

4 – PROLAPSES 2005 12

A three-year prospective assessment of rectocele repair using porcine xenograft.
Altman D, Zetterstrom J, Mellgren A, Gustafsson C, Anzen B, Lopez A
Obstet Gynecol. 2006 Jan;107(1):59-65.
Rectocele repair using porcine dermal graft was associated with an unsatisfactory anatomical cure rate and persistent bowel-emptying difficulties in the majority of patients 3 years postoperatively. LEVEL OF EVIDENCE: II-3.

Long-term outcome of vaginal sacrospinous colpopexy for marked uterovaginal and vault prolapse.
Hefni MA, El-Toukhy TA
Eur J Obstet Gynecol Reprod Biol. 2005 Dec 22;.
BACKGROUND: This study was carried out to evaluate the safety and long-term outcome of sacrospinous colpopexy in marked genital prolapse. SETTING: Gynaecology Department, Benenden Hospital, Kent, UK. METHODS: A prospective observational study was conducted between September 1993 and May 2000 on 305 women who underwent transvaginal sacrospinous colpopexy. The indications for surgery were marked vault prolapse in 43% and uterovaginal prolapse or enterocele in 57%. Patient follow up was at 6 weeks, 6 months, 1 year and then annually. Data was collected prospectively at the time of initial recruitment, during hospital stay and at the end of each follow up visit. RESULTS: Hysterectomy was performed in 117 patients and anterior colporrhaphy in 182. The mean operative time for the entire surgery was 65.6min (S.D. 27.4, range 20-160min) and estimated blood loss was 81.8ml (S.D. 92, range 20-800ml). After a mean follow up period of 57 months (range 24-84), vault support was maintained in 96%; recurrent vault prolapse occurred in 12 patients (4%) and the mean vaginal length at 1 and 5 years of follow up was 8+/-0.9 and 7.8+/-1.2cm. Symptomatic cystocele occurred in 15 patients (5%). There were six recurrences of rectocele (2%) and there was no enterocele recurrence. Sexual function was maintained in all sexually active women and 43% reported improvement in sexual function. Out of 14 women who complained of fecal incontinence, 10 (71%) reported cure and 3 (21%) improved after surgery. CONCLUSIONS: Vaginal sacrospinous colpopexy is associated with a high long-term success rate in correcting upper genital prolapse.

Treatment of genital prolapse by hammock using porcine skin collagen implant (Pelvicol).
David-Montefiore E, Barranger E, Dubernard G, Detchev R, Nizard V, Darai E
Urology. 2005 Dec;66(6):1314-8.
INTRODUCTION: To assess the feasibility and efficacy of the hammock using a porcine skin collagen

(Pelvicol) implant for the treatment of genital prolapse by the vaginal route. A total of 47 women with Stage III or IV genital prolapse underwent surgical treatment with porcine skin collagen implantation using anterior transobturator and posterior bilateral sacrospinous fixations. Genital prolapse treatment was combined with hysterectomy in 34 patients (72%). TECHNICAL CONSIDERATIONS: Porcine skin collagen implantation was feasible in every case. The surgical procedure lasted a median of 90 minutes (range 80 to 150). No vessel injuries, one bladder injury, and one rectal injury not requiring additional surgery occurred. One pararectal hematoma required a second procedure. The median follow-up was 24.6 +/- 8.5 months (range 6 to 42). No rejection of the porcine grafts occurred. Of the 47 women, 39 (83%) had optimal anatomic results, 5 had asymptomatic Stage I prolapse, and 2 had Stage II prolapse. The subjective cure rate was 93.6% (44 of 47 patients). The postoperative scores for lifestyle and urinary discomfort improved significantly after the procedure ($P < 0.0001$ and $P < 0.0002$, respectively). Of the 18 patients who were sexually active, an improvement in sexual discomfort occurred ($P = 0.04$). CONCLUSIONS: These short-term results suggest that hammock using porcine skin collagen implantation by the transobturator route and bilateral sacrospinous fixation is a safe and effective treatment for genital prolapse.

Surgical outcome of abdominal sacrocolpopexy with synthetic mesh versus abdominal sacrocolpopexy with cadaveric fascia lata.
Gregory WT, Otto LN, Bergstrom JO, Clark AL
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):369-74. Epub 2005 Jan 12.
Nineteen women who had an abdominal sacrocolpopexy (ASC) with synthetic mesh and 18 women who had an ASC with freeze-dried, irradiated cadaveric fascia lata returned for blinded pelvic organ prolapse quantification (POPQ) examinations. The mean relative vaginal descent (delta) from perfect total vaginal length in the mesh group was 1.1 (0.3) cm, and the delta in the fascia group was 2.8 (0.8) cm ($p=0.02$, Mann-Whitney U). The proportion of women with "optimal" surgical outcome in the mesh group was 89% and 61% in the fascia group ($p=0.06$, Fischer's exact test). This study suggests that cadaveric fascia lata may not be a good choice for ASC.

Increased expression of matrix metalloproteinase 2 in uterosacral ligaments is associated with pelvic organ prolapse.
Gabriel B, Watermann D, Hancke K, Gitsch G, Werner M, Tempfer C, Hausen AZ
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Dec 8;:1-5.
The uterosacral ligaments are an important part of the pelvic support system and connective tissue alterations are thought to contribute to the development of pelvic organ prolapse (POP). The objective of this study was to compare the expression of matrix metalloproteinases (MMPs) 1 and 2 in these ligaments in women with and without POP. We analyzed the tissue samples obtained from left and/or right uterosacral ligaments of 17 women with POP and 18 controls by immunohistochemistry. There was no difference in MMP-1 expression between women with POP and those without. In contrast, the MMP-2 expression was significantly related to the presence of POP ($p=0.004$) rather than to age or parity. There was no difference in MMP-1 and MMP-2 expression between left and right uterosacral ligaments in women with POP compared to controls. Our findings strongly indicate that increased MMP-2 expression in uterosacral ligaments is associated with POP.

The retroverted uterus: ignored to date but core to prolapse.
Haylen BT
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Dec 8;:1-4.
The retroverted uterus has been largely ignored in urogynaecological research to date. The prevalence of the retroverted uterus is 79% more common in the urogynaecological patient population (34%) than in the general gynaecological population (19%). Its diagnosis requires the use of (a) transvaginal ultrasound with (b) an empty bladder. Recent data demonstrate that the prevalence of grade 2-4 uterine prolapse for a retroverted uterus is 4.5 times that for an anteverted uterus. Alternatively, 69% grade 2-4 uterine prolapse involves the retroverted uterus. The retroverted uterus, when diagnosed by transvaginal ultrasound (bladder empty), is far more common in urogynecology patients due to their higher incidence of prolapse.

Familial tranmission of genitovaginal prolapse.
Jack GS, Nikolova G, Vilain E, Raz S, Rodriguez LV
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Dec 20;:1-4.
Some females with little to no risk factors develop prolapse, while other females with multiple risk factors do not. It appears that some women may have a predisposition for prolapse in the setting of equivalent risk factors. We identified 10 patients younger than 55 years old with a family history of prolapse. Their average age was 37 years (range 27-51), the mean number of deliveries was 1.8, and their mean birth weight was 8

lbs. Genetic analysis of the inheritance pattern within these families demonstrated that pelvic organ prolapse segregated in a dominant fashion with incomplete penetrance in these families. Both maternal and paternal transmissions were observed. The relative risk to siblings of affected patients was five times that of the risk for the general population. Further investigation of these families may identify a genetic defect responsible for prolapse.

A new vaginal speculum for pelvic organ prolapse quantification (POPQ).
Diokno AC, Borodulin G
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):384-8. Epub 2005 Jan 21.

Translevator posterior intravaginal slingplasty: anatomical landmarks and safety margins.
Smajda S, Vanormelingen L, Vandewalle G, Ombelet W, de Jonge E, Hinoul P
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):364-8. Epub 2005 Jan 27.
The posterior intravaginal sling is a new tension-free needle suspension technique. It is used for the treatment of middle compartment (vaginal vault or uterine) prolapse. The Prolene sling suspends the vagina at the upper border of level II support as described by DeLancey (Am J Obstet Gynecol 166:1717, 1992). Human cadaveric dissections were undertaken to explore the pertinent anatomy that is involved when using this blind needle technique. Pre-dissected cadaveric material was used to obtain didactic illustrations of the anatomy of the procedure. Description of the surgical technique using anatomical landmarks and relative distances of the needle to these landmarks will improve the surgeon's visual understanding of the procedure. The measurements obtained demonstrate that the needle stays at a minimal distance of 4 cm away from the major (pudendal) vessels that could potentially cause life-threatening haemorrhage.

Long-term anatomical and functional assessment of trans-vaginal cystocele repair using a tension-free polypropylene mesh.
de Tayrac R, Deffieux X, Gervaise A, Chauveaud-Lambling A, Fernandez H
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Dec 17;:1-6.
We report a case series of 63 women with cystocele who underwent the same trans-vaginal procedure between October 1999 and October 2002. The polypropylene mesh (GyneMesh, Gynecare, Ethicon, France) was placed from the retropubic space to the inferior part of the bladder in a tension-free fashion. Patients were followed up for 24 to 60 months, with a mean follow-up of 37 months. Fifty-five patients returned for follow-up (87.3%). At follow-up, 49 women were anatomically cured (89.1%), five women had stage 2 anterior vaginal wall prolapse (9.1%), and one had a recurrent stage 3 (1.8%). Functional results and sexual function were also investigated. Fifty-three women had significant improvement in their quality of life (96.4%). There were a total of three cases of local pain around a mesh shrinkage (5.5%) and five vaginal erosions of the mesh (9.1%). Four out of 24 patients had dyspareunia (16.7%). In conclusion, the vaginal repair of anterior vaginal wall prolapse reinforced with a polypropylene mesh was efficient at 2 to 5 years follow-up. However, the first generation of polypropylene mesh we used was responsible for high rates of local complications and dyspareunia. Therefore, the polypropylene mesh has to be improved (lower weight) and the technique has to be documented by a randomized controlled trial before we could recommend its use in clinical practice.

Stapled haemorrhoidopexy for haemorrhoids in combination with lateral internal sphincterotomy for fissure-in-ano.
Kanellos I, Angelopoulos S, Zacharakis E, Kanellos D, Pramateftakis MG, Blouhos K, Betsis D
Eur Surg Res. 2005 Sep-Oct;37(5):317-20.
The combination of stapled haemorrhoidopexy and lateral internal sphincterotomy is a safe and effective procedure for the treatment of prolapsing 3rd-degree haemorrhoids and chronic anal fissures.

Initial experience with rectocele repair using nonfrozen cadaveric fascia lata interposition.
Kobashi KC, Leach GE, Frederick R, Kuznetsov DD, Hsiao KC
Urology. 2005 Dec;66(6):1203-7; discussion 1207-8.
Interposition of cadaveric fascia lata avoids dependence on weakened native rectovaginal support to facilitate the rectocele repair. Our technique uses fascial interposition, rather than obliteration of the defect, preventing vaginal narrowing, and should thereby decrease the incidence of dyspareunia. Patient symptom improvement and satisfaction rates were competitive with those after traditional rectocele repair. Follow-up is ongoing with the hope that the fascial reinforcement will translate into more durable results.

[Rectal prolapse in adults - causes, diagnostic, treatment.]
Korenkov M, Junginger T

Zentralbl Chir. 2005 Dec;130(6):544-9.
Despite progress in modern surgery, the choice of the surgical procedure of rectal prolapse is regarded with controversy. Selection criteria between the abdominal or perineal approach or between rectopexy and resection rectopexy are not yet proven. This article gives a review of the literature about rectal prolapse and an analysis of the outcome of posterior rectopexy and resection rectopexy - partly conventionally and partly laparoscopically - in 25 patients with rectal prolapse III degrees and IV degrees . All except for one patient were examined during a mean follow-up of 5.5 (3.1) years for the rectopexy group and 2.1 (0.7) years for the resection rectopexy group. Recurrence occurred in one patient in each group respectively. There was no significant difference concerning the continence function (p = 0.32) and constipation (p = 0.36) between both groups. No mesh-related complications such as infection, fistula or rectum stenosis were observed. According to the review of the literature and our data, we believe that the choice of the operative procedure for rectal prolapse should be based on individual criteria. Fit patients should be offered laparoscopic procedures such as resection rectopexy and rectopexy without colonic resection.

Long-term outcome after laparoscopic and open surgery for rectal prolapse: a case-control study.
Kariv Y, Delaney CP, Casillas S, Hammel J, Nocero J, Bast J, Brady K, Fazio VW, Senagore AJ
Surg Endosc. 2005 Dec 21;.
BACKGROUND: Laparoscopic repair (LR) of rectal prolapse is potentially associated with earlier recovery and lower perioperative morbidity, as compared with open transabdominal repair (OR). Data on the long-term recurrence rate and functional outcome are limited. The hospital stay is shorter for LR than for OR. Both functional results and recurrent full-thickness rectal prolapse were similar for LR and OR during a mean follow-up period of 5 years.

Open vs. closed hemorrhoidectomy.
Khubchandani I
Tech Coloproctol. 2005 Dec;9(3):256; discussion 256.

Jaundice as a presentation of phenol induced hepatotoxocity following injection sclerotherapy for haemorrhoids.
Suppiah A, Perry EP
Surgeon. 2005 Feb;3(1):43-4.
A 43-year-old man was admitted with jaundice six days following phenol injection sclerotherapy for haemorrhoids. He was diagnosed with a phenol-induced hepatitis. Although he remained well, liver function tests only returned to normal after six months. Systemic absorption of phenol has been reported with ingestion, upper airway and excessive cutaneous exposure but not as a complication of haemorrhoidal injection sclerotherapy. Hepatic involvement is also rare and usually the result of ongoing sepsis. We report the unique case of a patient presenting with jaundice secondary to chemical hepatitis, following systemic absorption of phenol at injection sclerotherapy. This case highlights the importance of clinical awareness of not only the infective complications of injection sclerotherapy but also the potential for phenol to be absorbed systemically with severe consequences. A brief overview of symptoms of phenol toxicity is included.

Daflon for haemorrhoids: a prospective, multi-centre observational study.
Meshikhes AW
Surgeon. 2004 Dec;2(6):335-8, 361.
Daflon, a phlebotropic agent, is of proven efficacy in the treatment of various venous disorders. Although it has been tried in the treatment of haemorrhoids, its efficacy in alleviating various haemorrhoidal symptoms has not been assessed properly. Prospective randomised trials and longer follow-up are needed to delineate the role of Daflon in the management of haemorrhoidal disease.

5 – RETENTIONS 2005 12

The role of the IPSS (International Prostate Symptoms Score) in predicting acute retention of urine in patients undergoing major joint arthroplasty.
Elkhodair S, Parmar HV, Vanwaeyenbergh J
Surgeon. 2005 Apr;3(2):63-5.
BACKGROUND: Acute urinary retention following major joint arthroplasty is common. It does necessitate instrumentation, puts patients at risk of complications, and causes discomfort and embarrassment. The aim of the study was to find a test to help the surgeon to predict the possibility of acute retention of urine. METHODS: Male patients admitted for elective major joint arthroplasty filled in an IPSS (International Prostate Symptoms Score) during the pre-operative visit. They were observed post-operatively to document

if they passed urine spontaneously or went into acute retention. RESULTS: There was a strong correlation between the IPSS and the likelihood of developing acute retention. Patients with moderate to high IPSS had a 55% to 100% chance of developing acute retention of urine, respectively. CONCLUSION: The IPSS proved to be a simple and reliable test to help the surgeon in predicting the possibility of developing acute retention. It might be a good addition to the pre-admission clinic investigations in patients undergoing major surgery. It could consolidate the decision to pre-emptive catheterisation in patients at risk.

Intermittent catheterisation in older people: a valuable alternative to an indwelling catheter?
Pilloni S, Krhut J, Mair D, Madersbacher H, Kessler TM
Age Ageing. 2005 Jan;34(1):57-60. Epub 2004 Nov 10.
Intermittent (self-) catheterisation is a safe and valuable technique in older people with significant post-void residuals owing to detrusor underactivity. Urinary continence is restored, urge, daytime frequency and nocturia are decreased, and the urinary tract infection rate is diminished, resulting in improved quality of life. Therefore, intermittent (self-) catheterisation is strongly recommended in older people.

Treatment of constipation in older adults.
Hsieh C
Am Fam Physician. 2005 Dec 1;72(11):2277-84.
Constipation is a common complaint in older adults. Although constipation is not a physiologic consequence of normal aging, decreased mobility and other comorbid medical conditions may contribute to its increased prevalence in older adults. Functional constipation is diagnosed when no secondary causes can be identified, such as a medical condition or a medicine with a side effect profile that includes constipation. Empiric treatment may be tried initially for patients with functional constipation. Management of chronic constipation includes keeping a stool diary to record the nature of the bowel movements, counseling on bowel training, increasing fluid and dietary fiber intake, and increasing physical activity. There are a variety of over-the-counter and prescription laxatives available for the treatment of constipation. Fiber and laxatives increase stool frequency and improve symptoms of constipation. If constipation is refractory to medical treatment, further diagnostic evaluation may be warranted to assess for colonic transit time and anorectal dysfunction. Alternative treatment methods such as biofeedback and surgery may be considered for these patients.

The antegrade continence enema successfully treats idiopathic slow-transit constipation.
King SK, Sutcliffe JR, Southwell BR, Chait PG, Hutson JM
J Pediatr Surg. 2005 Dec;40(12):1935-40.
BACKGROUND: Antegrade continence enemas (ACEs) are successful for constipation and/or fecal incontinence caused by anorectal malformations or spina bifida but have been thought to be less successful in the treatment for patients with colonic dysmotility. We studied the long-term efficacy of ACE in a large group of patients with idiopathic slow-transit constipation (STC). METHODS: We identified 56 children with an appendicostomy for ACE with radiologically proven STC. An independent investigator (SKK) performed confidential telephone interviews. RESULTS: We assessed 42 of 56 children (31 boys) of mean age 13.1 years (range, 6.9-25). Mean follow-up was at 48 months (range, 3-118). Mean symptom duration before appendicostomy was 7.5 years (range, 1.4-17.4). Indications for appendicostomy were soiling (29/42), inadequate stool evacuation (7/42), and recurrent hospital admissions for nasogastric washouts (6/42). Both quality of life (Templeton quality of life [P < .0001]) and continence (modified Holschneider continence score [P < .0001]) improved with ACE. Soiling frequency decreased in 32 of 42 (11/32 completely continent). Thirty-seven of 42 children had reduced abdominal pain severity (P < .0001) and frequency (P < .0001). Complications included granulation tissue (33/42), stomal infection (18/42), and washout leakage (16/42). Fifteen of 42 children ceased using the appendicostomy (7/15 symptoms resolved). Thirty-five of 42 families felt that their aspirations had been met. CONCLUSIONS: Antegrade continence enemas were successful in 34 (81%) of 42 children with STC, contradicting views that ACEs are less effective in patients with colonic dysmotility.

Effect of tegaserod on gut transit in male and female subjects.
Degen L, Petrig C, Studer D, Schroller S, Beglinger C
Neurogastroenterol Motil. 2005 Dec;17(6):821-6.
Tegaserod is a novel selective serotonin receptor type-4 (5-HT(4)) partial agonist that stimulates gastrointestinal (GI) motility. Tegaserod has proven efficacy in irritable bowel syndrome with constipation in women and in men and women with chronic idiopathic constipation. The effects on gastric emptying, small bowel transit and colonic transit have not been studied in detail in male and female subjects. This study aimed therefore to assess the effect of gender on GI transit with and without tegaserod. A randomized,

placebo-controlled, double-blind, crossover study was performed in 40 healthy subjects (23 males, 17 females). Each treatment period involved three and a half days of bid treatment with either 6 mg tegaserod or an identical placebo. Transit parameters were assessed by a scintigraphy. Tegaserod significantly accelerated gastric emptying, small bowel and colonic transit times (P<0.05-0.0001). The effect was more apparent in male subjects than in females (P=0.044 to P<0.0001). The most striking prokinetic effects were observed in the upper GI tract (stomach and small intestine). In both healthy male and female subjects, tegaserod markedly accelerated small intestinal transit, and induced a significant increase in gastric emptying time and colonic transit. The results imply that tegaserod is a potent prokinetic agent throughout the GI in both sexes.

Intestinal obstruction due to rectal endometriosis.
Paksoy M, Karabicak I, Ayan F, Aydogan F
Mt Sinai J Med. 2005 Nov;72(6):405-8.

Food intolerance and chronic constipation: manometry and histology study.
Iacono G, Bonventre S, Scalici C, Maresi E, Prima LD, Soresi M, Gesu GD, Noto D, Carroccio A
Eur J Gastroenterol Hepatol. 2006 Feb;18(2):143-150.
Food intolerance-related constipation is characterized by proctitis. Increased anal resting pressure and a reduced mucous gel layer can be considered to be contributory factors in the pathogenesis of constipation.

6 – INCONTINENCES 2005 12

Routine symptom screening for postnatal urinary and anal incontinence in new mothers from a district.
Bugg GJ, Hosker GL, Kiff ES
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):405-8. Epub 2005 May 13.
Parous middle-aged women present with urinary and faecal incontinence and childbirth trauma is thought to be a causal factor. Both symptoms are common after childbirth but usually go under-reported. It has been suggested that new mothers are likely to benefit from routine symptom screening because by actively identifying symptomatic women they could then be helped to access continence services. The programme of screening successfully identified women with symptoms of incontinence. However, all of the symptomatic women declined a follow-up appointment at hospital which questions the benefits of routine screening 10 months after childbirth.

Transobturator vaginal tape inside-out A minimally invasive treatment of stress urinary incontinence: Surgical procedure and anatomical conditions.
Reisenauer C, Kirschniak A, Drews U, Wallwiener D
Eur J Obstet Gynecol Reprod Biol. 2005 Dec 26;.
OBJECTIVE: The aim of this study was to review the surgical transobturator vaginal tape inside-out (Gynecare TVT-O, Ethicon Inc., Somerville, NJ) technique as described by de Leval and to present the relevant anatomical conditions of the lower pelvis on the basis of corpse dissections after TVT-O placement. STUDY DESIGN: In order to visualize the anatomical structures through which the tape runs, anatomical dissections of five corpses after TVT-O placement were performed. Furthermore, the dissections made possible to give a detailed description of the neighbouring neurovascular structures. RESULTS: The anatomical dissections show that the transobturator tape does not reach into the retropubic space at any time during the procedure, so that injuries of the bladder, of the epigastric vein and the external iliac vessels are not to be expected. The distance between the tape and the major neighbouring neurovascular structures shows slight individual differences, however without the danger of neurovascular injuries if the surgical procedure is performed as recommended. CONCLUSION: Precise knowledge about the anatomy of the area of operation provides the surgeon with the possibility to safely conduct the operation and it contributes to a reduction of perioperative complications.

The puzzle of overactive bladder: controversies, inconsistencies, and insights.
Dmochowski RR
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Dec 14;:1-9.
Overactive bladder (OAB) affects millions of individuals and may severely impair the quality of life of those affected. The contribution of human behavior to manifestations of this symptom complex remains poorly understood. Continued evolution of our understanding of the pathophysiology of OAB has identified contributory mechanisms, which in turn may open new therapeutic avenues. Recent improvements in drug delivery systems represent advances in the management of OAB. However, more complete symptom control

with greater tolerability is desirable; this awaits the development of agents specific for newly emerging and as yet unidentified pathophysiologic pathways. Importantly, as understanding of outcomes assessment in OAB matures, refined assessments of disease severity, response to intervention, and patient preference should be possible.

Design of the Stress Incontinence Surgical Treatment Efficacy Trial (SISTEr).
Tennstedt S
Urology. 2005 Dec;66(6):1213-7.
OBJECTIVES: To describe the methods and rationale for the first randomized controlled trial conducted by the Urinary Incontinence Treatment Network. METHODS: The primary objective of this clinical trial is to compare two commonly performed surgical procedures for stress urinary incontinence-the Burch colposuspension and the autologous rectus fascial sling-for overall treatment success for urinary incontinence and stress-type symptoms of incontinence at 24 months after surgery. Secondary aims include a comparison of complications, quality of life, sexual function, patient satisfaction, costs, and the need for additional treatments or surgery; and an evaluation of the prognostic value of preoperative urodynamic studies. The Stress Incontinence Surgical Treatment Efficacy Trial is being conducted on 655 women with predominant stress urinary incontinence, as determined by history and physical examination, urinary stress test with witnessed leakage, and voiding diary. Administration of all questionnaires and performance of examinations, tests, and both surgical procedures are standardized within and across the clinical centers. Assessments occur preoperatively and at 6 weeks and 3, 6, 12, 18, and 24 months postoperatively. A sample of 655 women ensures 80% power to detect a 12% difference (60% versus 72%) at the 5% significance level. The intent-to-treat analysis will use Fisher's exact test and time-to-failure analyses. RESULTS: Enrollment was completed in June 2004 with 24 months of follow-up to end in June 2006. CONCLUSIONS: This is the first large, multicenter randomized clinical trial comparing these two standard-of-care procedures for stress incontinence.

Urinary incontinence after multiple gestation and delivery: impact on quality of life.
Goldberg RP, Kwon C, Gandhi S, Atkuru LV, Sand PK
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):334-6.

Impact of duloxetine on quality of life for women with symptoms of urinary incontinence.
Kinchen KS, Obenchain R, Swindle R
Int Urogynecol J Pelvic Floor Dysfunct. 2005 Sep-Oct;16(5):337-44.

Randomized, Controlled Trial of Anal Electrical Stimulation for Fecal Incontinence.
Norton C, Gibbs A, Kamm MA
Dis Colon Rectum. 2005 Dec 20;.
PURPOSE: Anal electric stimulation has been described as effective for fecal incontinence in several case series, but no study has addressed possible mechanism of benefit. We wished to examine whether anal electric stimulation, using an anal probe electrode, used on a daily basis at home for eight weeks, in the absence of any adjunctive exercises or advice, would improve symptoms of fecal incontinence and anal sphincter pressures when compared with "sham" electric stimulation. METHODS: Ninety patients (9 males, 81 females), with median age of 55 (range, 30-77) years were randomized, 47 to active anal stimulation at 35 Hz and 43 to "sham" stimulation at 1 Hz. Outcome measures included a one-week bowel diary, symptom questionnaire, manometry, and patients' evaluation of outcome. RESULTS: Seventy patients completed the study. On an intention-to-treat analysis, there was no difference between the two groups on any of the outcome measures after eight weeks. Of those who completed stimulation, 44 (63 percent) felt the stimulation had improved their continence. Those with intact anal sphincters were not likely to rate their change more positively than those with sphincter disruption (P = 0.71). Median patient rating of bowel control increased from 3 of 10 before stimulation to 5 of 10 after stimulation (P = 0.001). CONCLUSIONS: Eight weeks of anal electric stimulation was rated by patients as having improved their bowel control to a modest extent. There was no statistically significant difference detected between the groups, suggesting that 1 Hz was as effective as 35 Hz. This raises the possibility that the main effect is not sphincter contraction but sensitization of the patient to the anal area, or simply the effect of intervening per se. Home electric stimulation is a relatively cheap and generally well-tolerated therapy in the conservative treatment of fecal incontinence.

Faecal incontinence in patients with anal fissure: a consequence of internal sphincterotomy or a feature of the condition?
Ammari FF, Bani-Hani KE

Surgeon. 2004 Aug;2(4):225-9.
Based on the results of this study, minor degrees of incontinence could be a symptom of chronic anal fissure and not the sequelae of lateral internal sphincterotomy.

7 – PAIN 2005 12

Pain measurement in humans.
Ong KS, Seymour RA
Surgeon. 2004 Feb;2(1):15-27.
Sound measurement, an essential component of any scientific discipline, remains a particular problem in pain research. The measurement of pain intensity, for example, is a difficult and often a subjective undertaking. This is of little surprise to clinicians and researchers, because it is well recognised that pain intensity, like other sensations and perceptions, is a private experience that displays considerable variability both across patients and within a patient across time. Nonetheless, pain measurement and discerning factors that may affect its measurement are important for diagnosis and to determine the effectiveness of treatment interventions. This article reviews the basic concepts, roles, instruments used, and factors affecting pain measurement. A variety of the most commonly used pain measurement instruments are evaluated for their advantages and disadvantages. The article aims to assist clinicians and researchers to select the pain measurement instruments that best serve their purposes.

Psychosomatic pain: new insights and management strategies.
Rubin JJ
South Med J. 2005 Nov;98(11):1099-110; quiz 1111-2, 1138.
At least 40 to 60 percent of women and at least 20 percent of men with chronic pain disorders report a history of being abused during childhood and/or adulthood. This incidence of abuse is two to four times higher than in the general population. Patients with more severe or frequent abuse, usually during childhood and worse if sexual in nature. often develop specific syndromes or combinations of syndromes. These syndromes include posttraumatic stress disorder, fibromyalgia, and other conditions characterized by repression, somatization, and increased utilization of medical care. Psychosomatic symptoms and dysfunctional behaviors may emerge as these patients seek attention and validation of their suffering, while paradoxically repressing painful memories of trauma. Behavioral observations and key features of the physical examination may greatly help the clinician identify both the presence and severity of psychosomatic disease. In addition, it is very interesting that various studies document physiologic changes in the brains of patients with a history of abuse and in patients with a diagnosis of fibromyalgia. These studies suggest that abuse may physiologically and developmentally increase a person's susceptibility to pain and that some organic changes may be associated with psychogenic disease. Diagnosis and treatment of even the most challenging patients with chronic pain is much more effective if it includes (a) careful inquiry about any history of past or present abuse or other severe trauma, (b) empathy and constructive validation of disease and suffering, (c) recognition of dysfunctional pain behaviors and personality traits, (d) documentation of nonanatomic as well as anatomic features on examination, (e) multidisciplinary treatments including psychotherapy whenever indicated, and (f) noninvasive procedures and alternatives to potentially habit-forming medications whenever possible and appropriate. Furthermore, it has been shown that helping patients gain insight about the relationship between abuse and their current symptoms leads to decreased health care utilization. Practical guidelines are provided for identifying psychopathology, communicating effectively, and achieving better treatment outcomes for these unfortunate patients.

Chronic pelvic pain and the role of pain of bladder origin: changing the paradigm to improve clinical outcomes.
Shulman LP
Int J Fertil Womens Med. 2005 Mar-Apr;50(2):73-8.
Chronic pelvic pain (CPP) affects more than 9 million women in the United States and results in a considerable medical, social and economic toll on affected women and their families. CPP can have multiple causes, and its diagnosis can be especially problematic for clinicians. Gynecologists who care for such women have historically evaluated and treated this condition with a gynecological perspective, considering nongynecologic causes only in selected and sometimes extreme situations. Indeed, such an approach can lead to extirpative surgery, a situation that frequently fails to reduce or eliminate the pain. More recent work clearly demonstrates the important role of nongynecologic causes of CPP, most notably, pain of bladder origin. This paper reviews the role of the bladder in the diagnosis and treatment of CPP and provides suggestions for integrating the assessment and treatment of CPP of bladder origin into the care provided by gynecologists so as to improve clinical outcomes.

Treatment of irritable bowel syndrome.
Hadley SK, Gaarder SM
Am Fam Physician. 2005 Dec 15;72(12):2501-6.
Irritable bowel syndrome affects 10 to 15 percent of the U.S. population to some degree. Therapies should focus on specific gastrointestinal dysfunctions (e.g., constipation, diarrhea, pain), and medications only should be used when nonprescription remedies do not work or when symptoms are severe.

Gender issues in the management of irritable bowel syndrome.
Kane S
Int J Fertil Womens Med. 2005 Mar-Apr;50(2):79-82.
Irritable Bowel Syndrome is a prevalent condition that affects more women than men. Theories as to its underlying pathophysiology are still evolving, but what appears clear is that women pose specific challenges to the management of this condition. Indeed, some issues specific to women are not necessarily part of routine care. Certain gender-related issues such as menses, fertility, pregnancy and menopause are often overlooked and mismanaged. Women have different psychological concerns as compared to men with regard to their self-image and impact of disease. Healthcare providers, regardless of their primary focus, should be aware of these differences and be familiar with general information.

The role of fiber in the treatment of irritable bowel syndrome: therapeutic recommendations.
Zuckerman MJ
J Clin Gastroenterol. 2006 Feb;40(2):104-8.
The basic principles for using fiber therapy are to start with a low dose and increase slowly, to give an adequate trial and to evaluate the results early and periodically.

Rectal afferent hypersensitivity and compliance in irritable bowel syndrome: differences between diarrhoea-predominant and constipation-predominant subgroups.
Zar S, Benson MJ, Kumar D
Eur J Gastroenterol Hepatol. 2006 Feb;18(2):151-158.
The sensory threshold for the urge to defecate and rectal compliance is significantly lower in D-IBS compared with C-IBS and controls. The consequent inability to tolerate rectal faecal loading may account for the symptoms of the passage of frequent, small-volume stools in D-IBS patients.

8 – FISTULAE 2005 12

Transanal endoscopic microsurgical repair of iatrogenic recto-urethral fistula.
Quinlan M, Cahill R, Keane F, Grainger R, Butler M
Surgeon. 2005 Dec;3(6):416-7.
BACKGROUND: Recto-urethral fistula formation following radical prostatectomy is an uncommon but potentially devastating event. Traditional surgery for such fistulae is technically demanding, jeopardizes continence and usually necessitates a diverting colostomy. We present the case of an iatrogenic fistula treated by a transanal endoscopic microsurgical approach, without recourse to a stoma. METHOD: A 71-year-old man had recently undergone a radical prostatectomy, complicated by significant intra-operative haemorrhage. He subsequently developed a recto-urethral fistula, confirmed clinically and endoscopically. Due to his bleeding diathesis, he was considered for, and underwent, a transanal endoscopic microsurgical (TEMS) repair. CONCLUSION: TEMS is a safe and reliable minimally-invasive surgical technique for the treatment of this difficult condition.

Successful Repair of Iatrogenic Rectourinary Fistulas Using the Posterior Sagittal Transrectal Approach (York-Mason): 15-Year Experience.
Moro FD, Mancini M, Pinto F, Zanovello N, Bassi PF, Pagano F
World J Surg. 2005 Dec 12;.
The posterior sagittal transrectal approach provided easy access and identification of rectourinary fistulas and good surgical exposure, with no subsequent strictures or fecal incontinence. Our data show that the York-Mason technique alone is a highly effective option for treating an iatrogenic postoperative RUF.

Humanitarian ventures or 'fistula tourism?': the ethical perils of pelvic surgery in the developing world.
Wall LL, Arrowsmith SD, Lassey AT, Danso K
Int Urogynecol J Pelvic Floor Dysfunct. 2006 Jan 4;:1-4.

Comparison between three therapeutic modalities for non-complicated pilonidal sinus disease.
Mohamed HA, Kadry I, Adly S
Surgeon. 2005 Apr;3(2):73-7.
Limited excision of a pilonidal sinus represents one of the best therapeutic options. The result of this method is comparable with the more aggressive frequently used excisional method, and it has the advantage of having a shorter convalescence and better patient satisfaction.

Experience with different treatment modules in hidradenitis suppuritiva: a study of 106 cases.
Mandal A, Watson J
Surgeon. 2005 Feb;3(1):23-6.
BACKGROUND: Hidradenitis suppuritiva, a disease of the apocrine sweat glands, has always been a challenging area to the plastic and reconstructive surgeon. A high index of suspicion is required before contemplating primary closure in hidradenitis suppuritiva, even in the ' mild' variety. This condition should always be treated aggressively by radical excision of all hair-bearing areas and reconstructed with a graft or a flap.

9 – SEXOLOGY , PSYCHOLOGY 2005 12

Sexuality in older adults: behaviours and preferences.
Ginsberg TB, Pomerantz SC, Kramer-Feeley V
Age Ageing. 2005 Sep;34(5):475-80. Epub 2005 Jul 25.
BACKGROUND: while much has been written about adult sexuality, relatively little is available about the sexuality of older people. Available literature often does not discuss specific sexual behaviours and includes predominantly married, better-educated, mostly young old. OBJECTIVE: the purpose of this study was to assess a sample of lower-income older adults, about whom there is limited information, to describe a full range of sexual behaviours and to identify the degree to which they are satisfied with their sexual activities. METHODS: subjects were 179 people (60 and older) who were residents of subsidised independent-living facilities, recruited during a lecture or in public areas in the building. Thirteen of 179 were excluded due to age. Most were white (82%), living alone (83%) and female (63%). RESULTS: overall, the majority reported to have had physical and sexual experiences in the past year such as touching/holding hands (60.5%), embracing/hugging (61.7%) and kissing (57%) daily to at least once a month; mutual stroking, masturbation and intercourse were experienced 'not at all' by 82% or more. For all activities except masturbation, participants wanted to participate in sexual activities more often than they did. The most important barrier to sexual activity was lack of a partner. Self-reported health was related to sexual activities wanted, with age also related to some preferences. CONCLUSIONS: most of the elderly surveyed want to maintain a sexual relationship which includes touching and kissing, and they would like to have more sexual experiences than they have accessible. Further studies are needed.

Efficacy and tolerability of vardenafil in men with mild depression and erectile dysfunction: the depression-related improvement with vardenafil for erectile response study.
Rosen R, Shabsigh R, Berber M, Assalian P, Menza M, Rodriguez-Vela L, Porto R, Bangerter K, Seger M, Montorsi F
Am J Psychiatry. 2006 Jan;163(1):79-87.
Vardenafil was well tolerated and highly efficacious in men with erectile dysfunction and untreated mild major depression. Significant improvements in erectile function and depression were observed in patients treated with vardenafil versus placebo. Erectile dysfunction treatment should be considered a component of therapy for men with depression and erectile dysfunction.

Sexual functioning after vaginal hysterectomy or transvaginal sacrospinous uterine suspension for uterine prolapse: a comparison.
Jeng CJ, Yang YC, Tzeng CR, Shen J, Wang LR
J Reprod Med. 2005 Sep;50(9):669-74.
There is a decrease in thefrequency of orgasm after both total vaginal hysterectomy and transvaginal sacrospinous uterine suspension. However, there is no significant difference in postoperative sexual functioning between women with and without preservation of the uterus in correcting uterine prolapse.

Premenstrual symptoms and perimenopausal depression.
Richards M, Rubinow DR, Daly RC, Schmidt PJ

Am J Psychiatry. 2006 Jan;163(1):133-7.
OBJECTIVE: The role of ovarian steroids in both premenstrual dysphoria and perimenopausal depression has led to the suggestion that these conditions represent expressions of the same underlying disorder. Premenstrual mood symptoms were evaluated in women with perimenopause-related depression. METHOD: Self-reports and daily symptom ratings during one menstrual cycle were examined in 70 depressed perimenopausal women attending a menopause clinic and 35 nondepressed perimenopausal women. RESULTS: Twenty-six percent of the depressed and 9% of the nondepressed women reported premenstrual symptoms. Thirty-one percent of the depressed and 20% of the nondepressed women met criteria for significant menses-related symptom cyclicity (at least a 30% increase in the average ratings of at least two of four measured negative mood symptoms in the premenstrual versus the postmenstrual week); 5 of these depressed women and none of the comparison subjects described premenstrual symptoms on self-reports. Finally, 21% of the depressed and 3% of the nondepressed women met criteria for premenstrual dysphoria (symptom cyclicity and at least moderate severity, with symptoms exceeding a minimum luteal symptom severity threshold of 2.5). CONCLUSIONS: A higher-than-expected rate of menses-related symptom cyclicity and premenstrual dysphoria was observed in perimenopausal depressed women. However, neither menses-related symptom cyclicity nor premenstrual dysphoria was an invariant accompaniment of perimenopausal depression. Additionally, the rate of premenstrual dysphoria was not predicted by initial self-reports.

10 – MISCELLANEOUS 2005 12

Laparoscopic ventral hernia repair: postoperative antibiotics decrease incidence of seroma-related cellulitis.
Edwards C, Angstadt J, Whipple O, Grau R
Am Surg. 2005 Nov;71(11):931-5; discussion 935-6.
Seroma formation has been documented as a common complication in laparoscopic ventral herniorraphy. However, there are no recent studies documenting the incidence of or protective strategies against seroma-related cellulitis. The purpose of this study was to evaluate 65 laparoscopic ventral herniorraphies and to determine if seroma-related cellulitis can be prevented by the routine use of postoperative prophylactic antibiotics. A retrospective case review of 65 laparoscopic ventral herniorraphies was done at our institution from February 2002 to January 2004. All were performed using either Gore-Tex DualMesh or Bard Composix mesh and performed under the direct supervision of a single surgeon. Twenty patients received only preoperative third-generation cephalosporins or fluoroquinolones. All other patients received either 7 days of postoperative oral cephalosporins or fluoroquinolones in addition to preoperative antibiotics. Sixty-five patients underwent laparoscopic ventral hernia repair. There were 45 patients in the postoperative antibiotic group and 20 patients in the preoperative-only antibiotic group. Twenty-one patients developed seromas. Twelve of these developed cellulitis. The rates of seroma formation were similar in the two groups with 30 per cent in the preoperative only group and 33 per cent in the postoperative antibiotic group. However, 100 per cent of the seromas in the preoperative antibiotic group developed seroma-related cellulitis. Only 40 per cent of seromas in the postoperative antibiotic group developed cellulitis. In addition, two seromas in the preoperative antibiotics-only group progressed to frank mesh infection necessitating operative removal. There were no complications related to antibiotic administration. Laparoscopic ventral hernia repair is a safe and effective procedure. Our seroma rate is 30 per cent and compares equally with prior reported studies. Seroma-related cellulitis is a common problem that can lead to mesh infection, postoperative morbidity, and further need for operative care. The administration of 7 days of postoperative prophylactic antibiotics appears to be a safe and effective means to limit seroma-related cellulitis.

[Transverse fracture of the sacrum: value of imaging. A case report]
Karray M, Rajhi H, Kouki S, Mnif N, Bouzidi R, Zlitni M, Hamza R
J Radiol. 2005 Jul-Aug;86(7-8):951-3.
Transverse fractures of the sacrum with major displacement are rare and often misdiagnosed. A case of transverse fracture of the sacrum with cauda equina injury is reported. The diagnosis was not recognized initially. Conventional radiographs of the pelvis failed to demonstrate the fracture. True lateral sacral views and CT scan with reconstructions allowed analysis of the different sagittal fracture lines to facilitate surgical planning. These examinations should be considered in all patients with history of high energy trauma and clinical signs indicating lumbosacral injury.

Vaginal reconstruction with vertically oriented rectus abdominus myocutaneous (VRAM) flap following APR for locally advanced rectal cancer.
Segre D, Landra M
Tech Coloproctol. 2005 Dec;9(3):267.

A prospective study of meat and meat mutagens and prostate cancer risk.
Cross AJ, Peters U, Kirsh VA, Andriole GL, Reding D, Hayes RB, Sinha R
Cancer Res. 2005 Dec 15;65(24):11779-84.
High-temperature cooked meat contains heterocyclic amines, including 2-amino-1-methyl-6-phenylimidazo[4,5-b]pyridine (PhIP), and polycyclic aromatic hydrocarbons, such as benzo(a)pyrene (BaP).Very well done meat was positively associated with prostate cancer risk. In addition, this study lends epidemiologic support to the animal studies, which have implicated PhIP as a prostate carcinogen.

Fat, fiber, meat and the risk of colorectal adenomas.
Robertson DJ, Sandler RS, Haile R, Tosteson TD, Greenberg ER, Grau M, Baron JA
Am J Gastroenterol. 2005 Dec;100(12):2789-95.
The inverse associations between fiber intake and risk of adenoma recurrence we observed are weak, and not statistically significant. Our data indicate that intake of specific meats may have different effects on risk

Breast carcinoma during pregnancy.
Loibl S, von Minckwitz G, Gwyn K, Ellis P, Blohmer JU, Schlegelberger B, Keller M, Harder S, Theriault RL, Crivellari D, Klingebiel T, Louwen F, Kaufmann M
Cancer. 2005 Dec 9;106(2):237-246.
Breast carcinoma during pregnancy (BCP) is a difficult clinical situation, as it appears to put the health of the mother in conflict with that of the fetus. An international expert meeting was conducted to form guidelines on how to diagnose and treat women with BCP. The goal for treatment of the pregnant woman with breast carcinoma is the same as that of the nonpregnant breast carcinoma patient: local control of disease and prevention of systemic metastases. However, certain treatment modalities need to be modified because of the potential for adverse effects on the fetus.

Surgery by consultant gynecologic oncologists improves survival in patients with ovarian carcinoma.
Engelen MJ, Kos HE, Willemse PH, Aalders JG, de Vries EG, Schaapveld M, Otter R, van der Zee AG
Cancer. 2005 Dec 20;.
Consultant gynecologic oncologists from the regional Comprehensive Cancer Center assisted community gynecologists in the surgical treatment of patients with ovarian carcinoma when they were invited. For this report, the authors evaluated the effects of primary surgery by a gynecologic oncologist on treatment outcome. The surgical treatment of patients with ovarian carcinoma by gynecologic oncologists occurred more often according to surgical guidelines, tumor removal more often was complete, and survival was improved. Cancer 2006. (c) 2005 American Cancer Society.

Future Perspectives in the Medical Treatment of Endometriosis.
Ferrero S, Abbamonte LH, Anserini P, Remorgida V, Ragni N
Obstet Gynecol Surv. 2005 Dec;60(12):817-826.

Inflammatory bowel disease: epidemiology, pathogenesis, and therapeutic opportunities.
Hanauer SB
Inflamm Bowel Dis. 2006 Jan;12 Suppl 1:S3-9.
ABSTRACT:: Ulcerative colitis (UC) and Crohn's disease (CD), the primary constituents of inflammatory bowel disease (IBD), are precipitated by a complex interaction of environmental, genetic, and immunoregulatory factors. Higher rates of IBD are seen in northern, industrialized countries, with greater prevalence among Caucasians and Ashkenazic Jews. Racial gaps are closing, indicating that environmental factors may play a role. IBD is multigenic, with the most clearly established genetic link between certain NOD2 variants and CD. Regardless of the underlying genetic predisposition, a growing body of data implicates a dysfunctional mucosal immune response to commensal bacteria in the pathogenesis of IBD, especially CD. Possible triggers include a chronic inflammatory response precipitated by infection with a particular pathogen or virus or a defective mucosal barrier. The characteristic inflammatory response begins with an infiltration of neutrophils and macrophages, which then release chemokines and cytokines. These in turn exacerbate the dysfunctional immune response and activate either TH1 or TH2 cells in the gut mucosa, respectively associated with CD and, less conclusively, with UC. Elucidation of immunological and genetic factors indicate multiple points at which the inflammatory cascade may be interrupted, yielding the possibility of precise, targeted therapies for IBD.

Retrograde hydrostatic irrigation enema-induced perforation of the sigmoid colon in a chronic renal

failure patient before colonoscopy.
Nakamura H, Iyoda M, Sato K, Kitazawa K
J Int Med Res. 2005 Nov-Dec;33(6):707-10.
We present a rare case of colon perforation caused by hydrostatic irrigation enema in a patient with chronic renal failure. A 76-year-old woman was admitted to our hospital because of an exacerbation of lumbar pain and increased difficulty in walking. She had a medical history of traumatic neck pain and chronic lower back pain, which had been treated with non-steroidal anti-inflammatory drugs (NSAIDs) for 8 years. On admission, the C-reactive protein level was 6.8 mg/dl, so we planned to do a colonoscopy to determine the cause of inflammation. The patient developed abdominal pain approximately 3.5 h after a pre-procedural enema was administered. An emergency operation was performed and a small perforation was found in the sigmoid colon. We conclude that the cause of the colon perforation was a combination of the use of a hydrostatic retrograde irrigation enema in a patient with chronic renal failure who had been treated with long-term NSAIDs.

Transanal endoscopic repair of rectal anastomotic defect.
Machado GR, Bojalian MO, Reeves ME
Arch Surg. 2005 Dec;140(12):1219-22.
Surgeons often encounter difficulty when constructing a colorectal anastomosis in the "hostile pelvis." Examples include performing low anterior resection or colostomy takedown in the setting of prior radiation, severe inflammation, or a narrow pelvis. Circular staplers have made low anastomosis a viable alternative to permanent colostomy in these situations. However, the surgeon may occasionally be faced with the difficult decision of how to manage a gross disruption of a stapled anastomosis in a pelvis that will not permit anastomotic redo. The traditional approach to this would be creating a permanent colostomy. We describe an alternate approach: endoscopic suturing with protecting ileostomy. We have successfully applied this technique to 4 patients with gross anastomotic disruption in a hostile pelvis. All patients tolerated the procedure well and have maintained normal bowel function without the need for a permanent colostomy.

Ineffectiveness of Lactobacillus johnsonii LA1 for prophylaxis of postoperative recurrence in Crohn's disease: a randomised, double-blind, placebo-controlled GETAID trial.
Marteau P, Lemann M, Seksik P, Laharie D, Colombel JF, Bouhnik Y, Cadiot G, Soule JC, Boureille A, Metman E, Lerebours E, Carbonnel F, Dupas JL, Veyrac M, Coffin B, Moreau J, Abitbol V, Blum-Sperisen S, Mary JY
Gut. 2005 Dec 23;.

Adenocarcinoma of the ileoanal pouch for ulcerative colitis-a complication of severe chronic atrophic pouchitis?
Knupper N, Straub E, Terpe HJ, Vestweber KH
Int J Colorectal Dis. 2005 Dec 20;:1-5.

New pieces of the pathogenetic mosaic in inflammatory bowel disease.
Vieth M, Tannapfel A
Eur J Gastroenterol Hepatol. 2006 Feb;18(2):123-4.
Ulcerative colitis is a lifelong disease with an elevated risk of colorectal neoplasiaNew hypotheses such as the defensin concept are available concerning the ongoing inflammatory reactionIt is known that telomere length is related to neoplasiaIn this issue of EJGH it is speculated as to whether the telomere length of fibroblasts is related to the age of onset of chronic inflammatory bowel diseaseIt is questionable whether the length of telomeres in fibroblasts is related directly to neoplasia but indirectly via variable age of onset and duration of diseaseUlcerative colitis (UC) is a lifelong disease. Patients with UC have an approximately 20% risk of developing colorectal cancer. The risk of neoplasia increases with the duration of the disease. Why some patients develop colorectal cancer and others do not is still poorly understood. UC patients who develop cancer have an underlying process of genetic and epigenetic instability in the inflamed mucosa, as indicated previously using several experimental techniques. Rapid cell turnover and oxidative injury observed in UC mucosa is associated with accelerated telomere shortening, followed by an increased potential for the chromosomal ends to fuse, ending in chromatin damage and chromosomal instability. It has been reported that chromosomal losses are greater and telomeres are shorter in the biopsies of patients with long-standing UC. Telomere length is correlated with chromosomal instability in a variety of epithelial preneoplastic lesions. In the case of an inflammatory context for UC mucosa, this genetic (and also epigenetic) damage may be associated with cellular transformation and tumour progression. However, almost all studies have focussed on the hypothesis that the epithelial cells are the primary target in this scenario, leading to epithelial types of cancer. The elongated lifespan of fibroblasts, as reported in the paper

by Getliffe et al. in this issue of European Journal of Gastroenterology and Hepatology, is probably indirectly connected to a lesser frequency of colorectal neoplasia in UC as part of a different immune response in these patients compared with individuals with early-onset UC.

Transanal Endoscopic Microsurgical Resection of pT1 Rectal Tumors.
Floyd ND, Saclarides TJ
Dis Colon Rectum. 2005 Dec 20;.
PURPOSE: Transanal endoscopic microsurgery has emerged as an improved method of transanal excision of neoplasms because its enhanced visibility, superior optics, and longer reach permit a more complete excision and precise closure. This study will show that transanal endoscopic microsurgical treatment of pT1 rectal cancers is safe and achieves low local recurrence and high survival rates. METHODS: Retrospective review performed of all pT1 rectal cancers treated by a single surgeon (TS) using transanal endoscopic microsurgery between 1991 and 2003. Patient age, gender, tumor distance from the anal verge, lesion size, operative time, blood loss, complications, recurrence, and survival rates were prospectively recorded. RESULTS: Fifty-three patients (average age, 65.6 (range, 31-89) years) were studied. Forty-nine percent were male. Average tumor distance from the anal verge was 7 (range, 0-13) cm; average size was 2.4 (range, 1-10) cm. Radiation and/or chemotherapy were not administered. Sixteen patients had pT1 lesions removed piecemeal during colonoscopy; there was no residual tumor after transanal endoscopic microsurgical resection of the polyp site. Mean follow-up was 2.84 years. Fifty-one percent had longer than two-year follow-up. For the entire group, there were four recurrences (7.5 percent) occurring at 9 months, 15 months, 16 months, and 11 years. Two were treated with abdominoperineal resection, one with low anterior resection, and one with fulguration alone. There were no recurrences in the 16 patients who had excision of the polypectomy site. If excluded, recurrence was 11 percent (4/37). Patients were examined at three-month intervals for the first two years and every six months thereafter. There have been no cancer-related deaths. CONCLUSIONS: Transanal endoscopic microsurgical resection of pT1 rectal cancers yields low recurrence rates. Close follow-up permits curative salvage for those that do recur. Transanal excision remains a viable option.

Calcium plus vitamin D alters preneoplastic features of colorectal adenomas and rectal mucosa.
Holt PR, Bresalier RS, Ma CK, Liu KF, Lipkin M, Byrd JC, Yang K
Cancer. 2005 Dec 13;106(2):287-296.
BACKGROUND: Calcium and vitamin D are chemopreventive agents for colorectal neoplasia. The administration of a calcium plus vitamin D chemopreventive regimen resulted in several changes in adenomatous tissue that may have contributed to reduced polyp formation.