

This section presents a small sample of the *Pelvic Floor Digest*, an online publication (www.pelvicfloordigest.org) that reproduces titles and abstracts from over 200 journals. The goal is to increase interest in all the compartments of the pelvic floor and to develop an interdisciplinary culture in the reader.

1 – THE PELVIC FLOOR

Combined surgery in pelvic organ prolapse is safe and effective. *Riansuwan W, Hull TL, Bast J, Hammel JP. Colorectal Dis. EPUB: 2009-02-12.* Results in the outcome of rectal prolapse surgery in 23 women having combined pelvic organ prolapse (uterine and bladder) surgery with a urologist or urogynecologist (CS) or 71 having abdominal rectal prolapse surgery alone (RP), were similar concerning complications, length of hospital stay, recurrence rate of RP, scores of ASA, CCF incontinence, KESS constipation and SF-36. Therefore surgeons should not hesitate to address all pelvic floor issues during the same operation by working in partnership with the anterior pelvic floor colleagues.

2 – FUNCTIONAL ANATOMY

Do current bladder smooth muscle cell (SMC) isolation procedures result in a homogeneous cell population? Implications for bladder tissue engineering. *Sharma AK, Donovan JL, Hagerty JA et al. World J Urol. EPUB: 2009-02-24.* Phenotypic analyses demonstrate cell heterogeneity when SMCs are acquired and cultured through conventional methods. Standardized criteria based upon objective experimentation need to be established in order to better characterize cells.

Effect of age on the enteric nervous system of the human colon. *Bernard CE, Gibbons SJ, Gomez-Pinilla PJ et al. Neurogastroenterol & Motil. EPUB: 2009-02-18.* The prevalence of constipation increase with age but it is unclear if this is due to confounding factors or age-related structural defects. The number and subtypes of enteric neurons and neuronal volumes in the human colon of different ages was studied in 16 patients (9 male), age 33-99. The number of neurons in the human colon declines with age and this change is not accompanied by changes in total volume of neuronal structures suggesting compensatory changes in the remaining neurons.

3 – DIAGNOSTICS

POP-Q, dynamic MR imaging, and perineal ultrasonography: do they agree in the quantification of female pelvic organ prolapse? *Broekhuis SR, Kluivers KB, Hendriks JC et al. Int Urogyn J Pelvic Floor Dysf. EPUB: 2009-02-18.* Pelvic organ prolapse staging with the use of POP-Q, dynamic MR imaging, and perineal ultrasonography only correlates in the anterior compartment.

Nocturia: a non-specific but important symptom of urological disease. *Schneider T, de la Rosette JJ, Michel MC. JOURNAL: Int J Urol. EPUB: 2009-02-20.* Nocturia is a urinary storage symptom with a major impact on patients' lives and a complex pathophysiology. Some of the possibly underlying non-urological diseases can be life-threatening, implying treatment priorities.

4 – PROLAPSES

Complications from vaginally placed mesh in pelvic reconstructive surgery. *Blandon RE, Gebhart JB, Trabuco EC, Klingele CJ. Int Urogyn J Pelvic Floor Dysf. EPUB: 2009-02-12.* Complications associated with the use of transvaginal mesh for treatment of pelvic organ prolapse (21 patients) including mesh erosions in 12, dyspareunia in 10, and recurrent prolapse in 9, 16 (76%) were managed surgically. Follow-up among sexually active patients showed 50% with persistent dyspareunia.

Vascular considerations for stapled haemorrhoidopexy. *Aigner F, Bonatti H, Peer S et al. Colorectal Dis. EPUB: 2009-02-19.* Modern techniques aim to interrupt arterial blood supply to the hypertrophied piles: stapled haemorrhoidopexy does not reduce arterial inflow in the feeding vessels of the anorectal vascular plexus as assessed by preoperative ultrasound.

5 – RETENTIONS

The association between regional anesthesia and acute postoperative urinary retention in women undergoing outpatient midurethral sling procedures. *Wohlrab KJ, Erekson EA, Korbly NB et al. Am J Obst Gyn. EPUB: 2009-02-19.* In a study on 131 women following outpatient midurethral slings, regional anesthesia (spinal or combined spinal/epidural) compared to nonregional (general endotracheal, monitored anesthesia care with sedation, or local) was a risk factor for acute postoperative urinary retention (defined as a failed voiding trial prior to discharge).

6 – INCONTINENCES

Initial experience with a short, tension-free vaginal tape (the tension-free vaginal tape Secur system). *Martan A, Svabik K, Masata J et al. Eur J Obst & Gyn Reprod Biol. EPUB 2009-02-03.* The tension-free vaginal tape Secur System procedure was performed in 85 women with previously untreated stress UI and the safety and efficacy of this new procedure for the treatment of stress urinary incontinence in women was evaluated. There were no perioperative complications, objectively 62% of these patients were completely dry and 25% of patients improved (cough test, POP/UI Sexual Function Questionnaire, ICI Questionnaire-SF). A higher proportion of vaginal wall erosion (7/85) and urgency de novo (5/85) in the learning period group with respect to the routine period group was observed.

7 – PAIN

Phenol neurolysis for relieving intermittent involuntary painful spasm in upper motor neuron syndromes: a pilot study. *Shafshak TS, Mohamed-Essa A. J Rehabil. EPUB: 2009-02-21.* To assess the efficacy of phenol neurolysis in relieving intermittent attacks of involuntary painful muscle spasm in patients with upper motor neurone syndromes, 19 patients with intermittent involuntary painful muscle spasm of the extensor hallucis longus or psoas major or tensor fascia lata or vastus lateralis were treated using a Teflon-coated stainless-steel injection needle. The frequency and severity of intermittent involuntary painful muscle spasm decreased in all patients for 24 weeks. Analgesic drugs were not required for the intermittent involuntary painful muscle spasm and no serious side-effects were observed.

Successful treatment of refractory endometriosis-related chronic pelvic pain with aromatase inhibitors in premenopausal patients. *Verma A, Konje JC. Eur J Obst & Gyn Reprod Biol. EPUB: 2009-02-24.* Aromatase inhibitors (anastrozole or letrozole, for 6 months) have been beneficial in four premenopausal women with chronic pelvic pain secondary to endometriosis refractory to conventional treatment. Fertility was not compromised and side effects have been minimal.

Can transvaginal sonography predict infiltration depth in patients with deep infiltrating endometriosis of the rectum? *Hudelist G, Tuttlies F, Rauter G et al. Human Reprod. EPUB: 2009-02-18.* The diagnostic accuracy of transvaginal sonography (TVS) was evaluated for preoperative detection of rectal deep infiltrating endometriosis in 200 patients with related symptoms. TVS appeared to be a highly valuable tool, being also possible to predict infiltration depth based on the distortion of characteristic morphologic features of the rectal wall before laparoscopic radical resection. TVS is less valuable for detection of submucosal/mucosal involvement.

Genome-based expression profiles as a single standardized microarray platform for the diagnosis of bladder pain syndrome/interstitial cystitis (BPS/IC): an array of 139 genes model. *Tseng LH, Chen I, Chen MY et al. Int Urogyn J Pelvic Floor Dysf. EPUB: 2009-02-14.* To investigate

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the molecular signatures underlying bladder pain syndrome/interstitial cystitis, cDNA microarray gene expression profiles have been studied. A "139-gene" model was discovered to contain high expressions of bladder epithelium, which feature in BPS/IC. Then complex metabolic reactions including carbohydrate, lipid, cofactors, vitamins, xenobiotics, nucleotide, and amino acid metabolisms have been found to have a strong relationship with bladder smooth muscle contraction through IC status. Finally, the transcriptional regulations of IC-induced bladder smooth muscle contraction status, were including the level of contractile force, tissue homeostasis, energy homeostasis, and the development of nervous system. The study suggested also the mast-cell activation mediated by the high-affinity receptor of Fc epsilon RI triggering allergic inflammation through IC status. All genetic changes are jointly termed "bladder remodelling" and can be a standardized platform for diagnosis and drug discovery for PBS/IC.

Treatment of endometriosis of uterosacral ligament and rectum through the vagina: description of a modified technique. Camara O, Herrmann J, Egbe A et al. *Human Reprod. EPUB: 2009-02-19*. The optimum way to diagnose endometriosis is by direct visualization of the implants. Four patients with a uterosacral ligament and rectal endometriosis, average tumour diameter 3.5 cm, complaining of rectal bleeding and lower abdominal pain in relation to their menstrual cycle were successfully treated with combined laparoscopic-transvaginal resection.

8 – FISTULAE

A retrospective review of chronic anal fistulae treated by anal fistulae plug. El-Gazzaz G, Zutshi M, Hull T. *Colorectal Dis. EPUB: 2009-02-18*. The efficacy of the anal fistulae plug (Cook Surgisis) for the management of complex anal fistulae was reviewed in 49 patients treated between 2005-2007. The fistulae etiology was cryptoglandular in 61% and Crohn's disease in 39%. The median follow up 221.5 days (range 44-684). The overall success rate was 8/32 patients (25%). Two of the 22 Crohn's (9.1%) and 9/26 (34.6%) cryptoglandular fistulae healed, failure being due to sepsis in 87% and plug dislodgement in 13%. Anal fistulae plug is then associated with a lower success rate than previously reported and septic complications are the main reason for failure.

9 – BEHAVIOUR, PSYCHOLOGY, SEXOLOGY

Violence against women and the risk of foetal and early childhood growth impairment. A cohort study in rural Bangladesh. Asling-Monemi K, Naved RT, Persson LA. *Arch Dis Child. EPUB: 2009-02-20*. Physical, sexual and emotional violence, and level of controlling behaviour in family against women is associated with increased risk impaired size at birth and early childhood growth, adding to the multitude of proven and plausible health consequences caused by this problem.

Stress, workload, sexual well-being and quality of life among physician residents in training. Sangi-Haghpeykar H, Ambani DS, Carson SA. *Int J Clin Pract. EPUB: 2009-02-19*. To assess the impact of stress and workload on sexual health and quality of life of the medical residents in training, in 339 male and female residents from 11 specialties level of stress, sexual health and QOL were measured using validated questionnaires. Overall, 49% of the female and 11% of male residents had sexual dysfunction, and 47% and 34% respectively indicated being very to mostly dissatisfied with their sexual life. Both the frequency of sexual activity and quality of relationship with partner having decreased during residency compared with the time immediately prior to residency. Long hours of work (> 70 h per week) impacted sexual health less profoundly than did stress.

10 – MISCELLANEOUS

Endoscopic closure of the natural orifice transluminal endoscopic surgery (NOTES) access site to the peritoneal cavity by means of transmural resorbable sutures: an animal survival study. von Renteln D, Eickhoff A et al. *Endoscopy. EPUB: 2009-02-14*. Endoscopic closure of the transgastric access site is still a critical area of active research and development into NOTES. Endoscopic gastrostomy closure by means of resorbable sutures was performed in 10 female domestic pigs in an animal survival study. Mean suturing time was 26 minutes (range 14 - 35 minutes). One case of gallbladder perforation occurred during peritoneoscopy and the pig was sacrificed due to peritonitis.

Impact of marital status in patients undergoing radical cystectomy for bladder cancer. Pruthi RS, Lentz AC, Sand M et al. *World J Urol. EPUB: 2009-02-17*. Married vs. unmarried individuals have improved health status and longer life expectancies in a variety of benign and malignant disease states, including prostate, breast, head/neck, and lung cancers. Also in patients undergoing cystectomy, married individuals appear to have improved pre-operative laboratory variables, shorter hospitalization, and improved pathological outcomes. These findings may support the evidence that married persons present earlier than unmarried individuals, and this may help explain the improved survival outcomes.

Acupuncture for menopausal hot flashes: a qualitative study about patient experiences. Alraek T, Malterud K. *J altern complem med. EPUB: 2009-02-17*. A randomized controlled trial investigated the effect of 10 acupuncture treatments on menopausal hot flashes in 127 women. Many reported a reduction in frequency and intensity of hot flashes by night and day, improved sleep pattern, feeling in a good mood, several were uncertain whether any changes had occurred, and a few women reported feeling worse. Further analysis is needed.