Diagnostic Urology, Urinary Diversion and Perioperative Care

Re: 90-Day Complication Rate in Patients Undergoing Radical Cystectomy with Enhanced Recovery Protocol: A Prospective Cohort Study

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Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/27734131

Editorial Comment: Enhanced recovery after surgery (ERAS) protocols have become prevalent in all surgical disciplines, including urology. The goal of ERAS protocols is to decrease complications, reduce morbidity, speed up recovery and improve postoperative outcomes for patients.

As all urologists know, radical cystectomy with urinary diversion has significant morbidity and readmission rates. In this study 199 patients at a large volume academic center underwent open radical cystectomy with an ERAS protocol. The authors examined 90-day major and minor complication rates. Unfortunately despite use of an ERAS protocol, the major and minor complication rates were high, at 24.3% and 53.9%, respectively. The 90-day readmission rate was 29.6%, with infectious complications being the most common reason for readmission. Thus, at least in this study open radical cystectomy with urinary diversion still has high complication and readmission rates even with an ERAS protocol.

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Geriatrics

Re: Functional Outcomes after Transurethral Resection of the Prostate in Nursing Home Residents

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Editorial Comment: Surgery has traditionally been a common treatment for symptomatic benign prostatic hyperplasia, particularly when pharmacotherapies have been ineffective. Prior research has shown that transurethral prostatectomy, as well as less invasive options such as TULIP (transurethral laser incision of the prostate) and photovaporization, can be done safely in geriatric patients. However, outcomes of these surgeries in frail elderly men and those who are less functionally independent are unclear.

This study used data from Medicare inpatient claims (2005 to 2008) compared to the Minimum Data Set in nursing home residents who underwent transurethral prostatectomy or related surgeries, and stratified men into 2 groups depending on preoperative need for an indwelling Foley catheter. Minimum Data Set is a mandatory comprehensive assessment of all United States nursing home residents and is done at baseline admission and quarterly, and if there are significant clinical changes. Of 2,869 men who underwent surgery 61% were catheter dependent preoperatively. End point measures included activities of daily living status, catheter status and survival at 1 year of followup. Overall, 64% of men who were catheter dependent preoperatively still required an indwelling catheter following surgery and 32% had died during that year. Only 4% of previously catheter dependent men were able to void and did not require an indwelling catheter postoperatively. Poor functional status at baseline was also a predictor of poor outcomes. The cornerstone

dictum of clinical medicine is "First, do no harm." These data raise serious questions about the potential risk vs benefit of these surgeries in frail elderly men in this clinical setting.

Tomas L. Griebling, MD, MPH

Re: Efficacy and Safety of Tadalafil 5 mg Once Daily in the Treatment of Lower Urinary Tract Symptoms Associated with Benign Prostatic Hyperplasia in Men Aged ≥75 Years: Integrated Analyses of Pooled Data from Multinational, Randomized, Placebo-Controlled Clinical Studies

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Abstract available at http://www.ncbi.nlm.nih.gov/pubmed/27988986

Editorial Comment: Pharmacotherapy for benign prostatic hyperplasia (BPH) is a mainstay of treatment for this condition in elderly men. Established medication classes for BPH therapy include alpha adrenoceptor antagonists and 5alpha-reductase inhibitors. Daily use of phosphodiesterase type 5 inhibitors has more recently emerged as a potential treatment option.

This study examined data pooled from 12 phase II and III randomized placebo controlled trials of daily tadalafil for lower urinary tract symptoms attributed to BPH. All data were analyzed using an intention to treat methodology. Significant differences were observed when subjects were stratified by age. Men younger than 75 years old had statistically significant improvements in International Prostate Symptom Score while using tadalafil but men age 75 years or older demonstrated no significant difference from placebo. It is noteworthy that effect sizes differed somewhat between various component studies, although overall analysis revealed no benefit from this medication in the older cohort. While overall rates were low, adverse events were slightly increased in older men. Interestingly men in the younger cohort had slightly higher rates of medication discontinuation due to side effects. No significant cardiovascular events were noted in either group. Explanatory factors associated with decreased efficacy in older men may include poorer overall health, higher rates of comorbidities and greater rates of polypharmacy. In addition, geriatric subjects with substantial comorbid disease were likely excluded from these clinical trials. While these data support the overall safety profile, they raise questions about usefulness of daily phosphodiesterase type 5 inhibitors to treat BPH symptoms in men age 75 years or older.

Tomas L. Griebling, MD, MPH

Suggested Reading

Oelke M, Shinghal R, Sontag A et al: Time to onset of clinically meaningful improvement with tadalafil 5 mg once daily for lower urinary tract symptoms secondary to benign prostatic hyperplasia: analysis of data pooled from 4 pivotal, double-blind, placebo controlled studies. J Urol 2015; **193:** 1581.

Re: Efficacy and Safety of Silodosin in the Treatment of Lower Urinary Tract Symptoms in Elderly Men Taking Antihypertensive Medications

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Editorial Comment: Benign prostatic hyperplasia (BPH) and hypertension are 2 of the most common conditions that occur in elderly men. The alpha adrenoceptor antagonist medications have long been a mainstay class of pharmacological agent for treatment of BPH. The older, less selective