

Suggested Reading

Dahle SE, Chokkalingam AP, Gao YT et al: Body size and serum levels of insulin and leptin in relation to the risk of benign prostatic hyperplasia. *J Urol* 2002; **168**: 599.

Diagnostic Urology, Urinary Diversion and Perioperative Care

Re: A Prospective Randomized Trial of the Effects of Early Enteral Feeding after Radical Cystectomy

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Urology 2016; **96**: 69–73. doi: 10.1016/j.urology.2016.06.045

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27402372>

Editorial Comment: Traditionally there is reluctance to advance the diet in patients following radical cystectomy until there is a return of bowel function. Generally a liquid diet starts on postoperative day 3 to 4. With enhanced recovery protocols becoming prevalent there is increasing interest in trying to push earlier advancement of diet.

In this multi-institutional study patients were randomized to early advancement of clear liquids to solid food on postoperative day 1 or 2, or standard introduction of a liquid diet after return of bowel function, generally 3 to 5 days postoperatively. The authors found that there was no difference in complication rates, length of stay, ileus rates or return of bowel function.

While there was no positive or negative improvement in patient outcomes, early introduction of diet was well tolerated. Thus, it certainly seems that early advancement of diet following radical cystectomy is safe and is in line with an enhanced recovery protocol.

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Geriatrics

Re: New Treatment Strategies for Benign Prostatic Hyperplasia in the Frail Elderly Population: A Systematic Review

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Minerva Urol Nefrol 2017; **69**: 119–132. doi: 10.23736/S0393-2249.16.02743-0

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27681493>

Editorial Comment: Rates of symptomatic benign prostatic hyperplasia (BPH) increase with advancing patient age. Given the rapidly expanding geriatric population, clinicians will be faced with increased numbers of elderly men suffering from BPH who may require medical or surgical therapy. All forms of treatment have potential benefits and risks associated with use, which may have specific unique outcomes in older adults.

These authors report a systematic review of published data that can help inform how clinicians approach patients with BPH. Unfortunately geriatric patients and particularly more frail or vulnerable older men are often excluded from clinical trials. This study summarizes the available

literature on medical and surgical options, and the strengths and challenges in this population. Medications were considered within the framework of published recommendations and guidelines designed to enhance medication safety and reduce adverse events in geriatric patients. Minimally invasive therapies including prostatic stents, prostatic urethral lift, prostatic arterial embolization and laser ablative procedures are also reviewed. Special attention is given to treatment of elderly men on anticoagulation therapy, a common and challenging clinical care issue in this population.

The authors note the potential role of a multidisciplinary approach to improve care, which includes urologists, geriatricians and other health care providers who can address the complex and often overlapping conditions faced by these patients. They also stress the need for future prospective research on the timing of interventions, particularly in light of the risk of future frailty, which could limit treatment options in some elderly men.

Tomas L. Griebling, MD, MPH

Suggested Reading

Page ST, Hirano L, Gilchrist J et al: Dutasteride reduces prostate size and prostate specific antigen in older hypogonadal men with benign prostatic hyperplasia undergoing testosterone replacement therapy. *J Urol* 2011; **186**: 191.

DuBeau CE, Kraus SR, Griebling TL et al: Effect of fesoterodine in vulnerable elderly subjects with urgency incontinence: a double-blind, placebo controlled trial. *J Urol* 2014; **191**: 395.

Re: Evaluation and Establishment of a Ward-Based Geriatric Liaison Service for Older Urological Surgical Patients: Proactive Care of Older People Undergoing Surgery (POPS)—Urology

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BJU Int 2017; **120**: 123–129. doi: 10.1111/bju.13526

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27167854>

Editorial Comment: Many urological conditions that require surgical intervention occur predominantly among geriatric patients. As the overall proportion of elderly people continues to expand, the number of older adults who need urological surgery will continue to increase with time. Methods to optimize care for these patients may help to decrease complications and enhance overall outcomes.

This study examined development and implementation of a phased quality improvement project in an inpatient hospital ward providing care for elderly urological surgery patients. Team rounds and multidisciplinary work groups led by geriatricians were convened to facilitate care planning. Using this approach, lengths of stay decreased by 19% and rates of other perioperative complications were statistically reduced. Staff indicated high satisfaction, and found they were better able to identify their individual roles in care and were more confident to raise ideas regarding management of geriatric issues.

These results serve as a model for development and dissemination of similar projects in other clinical settings. Each health care system is unique, and variations in these types of practice delivery methods may be necessary. Interprofessional team care has become a key focus area in health care education and is likely to become the mainstay of future care delivery systems. This may be particularly effective for geriatrics due to the wide heterogeneity of elderly patients with complex clinical needs and high variability of requirements for caregiver support. Continued work in this field will help to create models not only for inpatient surgical care, but also for nonsurgical patients and ambulatory outpatient clinics.

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