PMID- 37903694
OWN - NLM
STAT- Publisher
LR - 20231030
IS - 1943-4693 (Electronic)
IS - 0027-9684 (Linking)
DP - 2023 Oct 28
TI - Racial disparity in the utilization of immunotherapy for advanced
      prostate cancer.
LID - S0027-9684(23)00107-4 [pii]
LID - 10.1016/j.jnma.2023.09.007 [doi]
AB - PURPOSE: To identify whether there was a disparity in the utilization of
      immunotherapy in the treatment of black patients with metastatic
      castration resistant prostate cancer (mCRPC). METHODS: Using the National
      Cancer Database, we identified patients between 2010- 2015 with likely
      minimally/asymptomatic mCRPC. We analyzed annual trends for chemotherapy
      and immunotherapy use and compared utilization by demographic and
      clinical features. Multivariable analysis was performed to determine
      predictors of receiving immunotherapy vs chemotherapy. RESULTS: We
      identified 1301 patients with likely mCRPC. The majority were non
      Hispanic White (NHW - 63%) and 23% were non-Hispanic Black (NHB).
      Overall, there was increased utilization of immunotherapy in mCRPC from
      2010 onwards, with the peak occurring in 2014 (4.6%). Chemotherapy use
      increased significantly, peaking in 2014 to 26.1%. However, the increased
      utilization of immunotherapy in the mCRPC was mainly seen in White
      patients: from 50% to 74.2% of the cohort. Conversely, there was a
      decrease in utilization of immunotherapy among Black mCPRC patients: from
      50% to 25.8%. On multivariable analysis, there was no statistically
      significant difference between treatment types by race. CONCLUSION: FDA
      approval of Sipuleucel-T for mCRPC led to increased utilization of
      immunotherapy shortly thereafter, but this was mainly noted in white
      patients. Black patients comparatively did not exhibit increased

      utilization of this novel agent after 2010. Further studies
are necessary
      to help understand barriers to access to new treatment in
mCRPC and
      eliminate the burden of disease in minority populations."
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Elsevier
      Inc. All rights reserved.
FAU - Mouzannar, Ali
AU - Mouzannar A
AD - Department of Urology, USA. Electronic address:
mouzana@mskcc.org.
FAU - Delgado, Jessica
AU - Delgado J
AD - Department of Urology, USA.
FAU - Kwon, Deukwoo
AU - Kwon D
AD - Biostatistics, University of Miami, Miller School of Medicine,
1120 NW
      14th Street, 15th Floor, Miami, FL 33136, USA; Sylvester
Comprehensive
      Cancer Center, 1475 NW 12th Ave, Miami, FL 33136, USA.
FAU - Atluri, Venkatasai S
AU - Atluri VS
AD - Department of Urology, USA.
FAU - Mason, Matthew M
AU - Mason MM
AD - Department of Urology, USA.
FAU - Prakash, Nachiketh S
AU - Prakash NS
AD - Department of Urology, USA.
FAU - Zhao, Wei
AU - Zhao W
AD - Biostatistics, University of Miami, Miller School of Medicine,
1120 NW
      14th Street, 15th Floor, Miami, FL 33136, USA.
FAU - Nahar, Bruno
AU - Nahar B
AD - Department of Urology, USA; Sylvester Comprehensive Cancer
Center, 1475
      NW 12th Ave, Miami, FL 33136, USA.
FAU - Swain, Sanjaya
AU - Swain S
AD - Department of Urology, USA; Sylvester Comprehensive Cancer
Center, 1475
      NW 12th Ave, Miami, FL 33136, USA.
FAU - Punnen, Sanoj
AU - Punnen S
AD - Department of Urology, USA; Sylvester Comprehensive Cancer
Center, 1475
      NW 12th Ave, Miami, FL 33136, USA.
FAU - Gonzalgo, Mark L
AU - Gonzalgo ML
AD - Department of Urology, USA; Sylvester Comprehensive Cancer

Center, 1475
      NW 12th Ave, Miami, FL 33136, USA.
FAU - Parekh, Dipen J
AU - Parekh DJ
AD - Department of Urology, USA; Sylvester Comprehensive Cancer
Center, 1475
      NW 12th Ave, Miami, FL 33136, USA.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, USA.
FAU - Ritch, Chad R
AU - Ritch CR
AD - Department of Urology, USA; Sylvester Comprehensive Cancer
Center, 1475
      NW 12th Ave, Miami, FL 33136, USA.
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PT - Journal Article
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PL - United States
TA - J Natl Med Assoc
JT - Journal of the National Medical Association
JID - 7503090
SB - IM
OTO - NOTNLM
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OT - Health disparities
OT - Immunotherapy
OT - Prostate cancer
COIS- Declaration of Competing Interest The authors have no
competing interests
      to declare that are relevant to the content of this article.
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PST - aheadofprint
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PMID- 37030917
OWN - NLM
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DCOM- 20230411
LR - 20230606
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)

VI - 174
DP - 2023 Apr
TI - AUTHOR RESPONSE.
PG - 62-63
LID - S0090-4295(23)00082-1 [pii]
LID - 10.1016/j.urology.2023.01.031 [doi]
FAU - Katz, Jonathan
AU - Katz J
AD - Department of Urology, Desai Sethi Urology Institute, University of
      Miami, Miami, FL.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Desai Sethi Urology Institute, University of
      Miami, Miami, FL.
LA - eng
PT - Journal Article
PT - Comment
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2023 Apr;174:62. PMID: 37030916
EDAT- 2023/04/09 06:00
MHDA- 2023/04/09 06:01
CRDT- 2023/04/08 20:57
PHST- 2023/04/09 06:01 [medline]
PHST- 2023/04/08 20:57 [entrez]
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AID - S0090-4295(23)00082-1 [pii]
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PST - ppublish
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PMID- 36736916
OWN - NLM
STAT- MEDLINE
DCOM- 20230411
LR - 20230606
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 174
DP - 2023 Apr
TI - The Development of an Artificial Intelligence Model Based Solely on
      Computer Tomography Successfully Predicts Which Patients Will Pass
      Obstructing Ureteral Calculi.
PG - 58-63
LID - S0090-4295(23)00072-9 [pii]
LID - 10.1016/j.urology.2023.01.025 [doi]

AB - OBJECTIVE: To improve upon prior attempts to predict which patients will
      pass their obstructing ureteral stones, we developed a machine learning
      algorithm to predict the passage of obstructing ureteral stones using
      only the CT scan at a patient's initial presentation. METHODS: We
      obtained Institutional Review Board approval to conduct a retrospective
      study by extracting data from all patients with an obstructing 3-10 mm
      ureteral stone. We included patients with sufficient data to be
      categorized as having either passed or failed to pass an obstructing
      ureteral stone. We developed a 3D-convolutional neural network (CNN)
      model using a dynamic learning rate, the Adam optimizer, and early
      stopping with 10-fold cross-validation. Using this model, we calculated
      the area under the curve (AUC) and developed a model confusion matrix,
      which we compared with a model based only on the largest dimension of the
      stone. RESULTS: A total of 138 patients met inclusion criteria and had
      adequate images that could be preprocessed and included in the study.
      Seventy patients failed to pass their ureteral stones, and 68 patients
      passed their stones. For the 3D-CNN model, the mean AUC was 0.95 with an
      overall mean sensitivity of 95% and mean specificity of 77%, which
      outperformed the model based on stone-size. CONCLUSION: The 3D-CNN model
      predicts which patients will pass their obstructing ureteral stones based
      on CT scan alone and does not require any further measurements. This can
      provide useful clinical information which may help obviate the need for a
      delay in care for patients who inevitably require surgical intervention.

FAU - Katz, Jonathan E
AU - Katz JE
AD - Department of Urology, Desai Sethi Urology Institute, University of
      Miami, Miami, FL. Electronic address: jonathan.katz@med.miami.edu.
FAU - Abdelrahman, Leila

AU - Abdelrahman L
AD - Department of Computer Science, University of Miami, Miami,
FL.
FAU - Nackeeran, Sirpi
AU - Nackeeran S
AD - Department of Urology, Desai Sethi Urology Institute,
University of
      Miami, Miami, FL.
FAU - Ezeh, Uche
AU - Ezeh U
AD - Department of Urology, Desai Sethi Urology Institute,
University of
      Miami, Miami, FL.
FAU - Visser, Ubbo
AU - Visser U
AD - Department of Computer Science, University of Miami, Miami,
FL.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Desai Sethi Urology Institute,
University of
      Miami, Miami, FL.
LA - eng
PT - Journal Article
DEP - 20230202
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CIN - Urology. 2023 Apr;174:62. PMID: 37030916
MH - Humans
MH - *Ureteral Calculi/complications/diagnostic imaging/surgery
MH - Artificial Intelligence
MH - Retrospective Studies
MH - Tomography, X-Ray Computed/methods
MH - Computers
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AID - 10.1016/j.urology.2023.01.025 [doi]
PST - ppublish
SO - Urology. 2023 Apr;174:58-63. doi: 10.1016/
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STAT- PubMed-not-MEDLINE
DCOM- 20220602
LR - 20221205
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 163
DP - 2022 May
TI - EDITORIAL COMMENT.
PG - 201
LID - S0090-4295(22)00328-4 [pii]
LID - 10.1016/j.urology.2022.01.073 [doi]
FAU - Deane, Leslie A
AU - Deane LA
AD - Professor, Department of Urology, University of Miami Miller
School of
      Medicine.
LA - eng
PT - Editorial
PT - Comment
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2022 May;163:196-201. PMID: 35469809
CIN - Urology. 2022 May;163:201. PMID: 35636851
EDAT- 2022/06/01 06:00
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PHST- 2021/09/05 00:00 [received]
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PHST- 2022/05/31 13:32 [entrez]
PHST- 2022/06/01 06:00 [pubmed]
PHST- 2022/06/01 06:01 [medline]
AID - S0090-4295(22)00328-4 [pii]
AID - 10.1016/j.urology.2022.01.073 [doi]
PST - ppublish
SO - Urology. 2022 May;163:201. doi: 10.1016/j.urology.2022.01.073.

PMID- 33855681
OWN - NLM
STAT- MEDLINE
DCOM- 20220330
LR - 20220401
IS - 1863-2491 (Electronic)
IS - 1863-2483 (Linking)
VI - 16
IP - 2
DP - 2022 Apr
TI - Safe transition to opioid-free pathway after robotic-assisted
      laparoscopic prostatectomy.
PG - 307-314
LID - 10.1007/s11701-021-01237-0 [doi]

AB - To determine whether local anesthetic infiltration and non-narcotic pain
      medications can safely reduce or eliminate opioid use following robotic-
      assisted laparoscopic prostatectomy while maintaining adequate pain
      control. After initiation of this quality-improvement project, patients
      undergoing robotic-assisted laparoscopic prostatectomy had surgeon-
      administered local anesthesia around all incisions into each successive
      layer from peritoneum to skin, with the majority infiltrated into the
      transversus abdominis muscle plane and posterior rectus sheath of the
      midline extraction incision. Post-operatively patients received scheduled
      acetaminophen plus ketorolac, renal function permitting. A retrospective
      review was performed for all cases over 19 months, spanning project
      implementation. 157 cases (76 in opioid-free pathway, 81 in standard
      pathway) were included. Five patients (6.6%) in the opioid-free pathway
      required post-operative opioids while inpatient, versus 61 (75.3%) in the
      standard pathway, p < .001. Mean patient-reported pain score on each
      post-operative day was lower in the opioid-free pathway compared to the
      standard pathway [day 0: 2.4 (SD 2.6) vs. 3.9 (SD 2.7), p < .001; day 1:
      1.4 [SD 1.6] vs. 3.3 (SD 2.2), p < .001; day 2 0.9 (SD 1.5) vs. 2.6 (SD
      1.9), p < .001]. Fewer post-operative complications were seen in the
      opioid-free pathway versus standard [0 vs. 5 (6.2%), p = 0.028], and
      there was no statistically significant difference in number of emergency
      room visits or readmissions within 3 weeks of surgery. The use of
      surgeon-administered local anesthetic plus scheduled non-narcotic
      analgesics can safely and significantly reduce opioid use after robotic-
      assisted laparoscopic prostatectomy while improving pain control.

FAU - Horodyski, Laura

AU - Horodyski L
AUID- ORCID: http://orcid.org/0000-0002-2360-6959
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
      laura.a.horodyski@gmail.com.
FAU - Ball, Brittany
AU - Ball B
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
FAU - Emile, Clarence
AU - Emile C
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
FAU - Rhodes, Adriana
AU - Rhodes A
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
FAU - Miao, Feng
AU - Miao F
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
FAU - Reis, Isildinha M
AU - Reis IM
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
FAU - Carrasquillo, Mara Z
AU - Carrasquillo MZ
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
FAU - Livingstone, Joshua
AU - Livingstone J
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
FAU - Matadial, Christina
AU - Matadial C
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
FAU - Ritch, Chad R
AU - Ritch CR
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
FAU - Deane, Leslie A
AU - Deane LA
AD - University of Miami, 1120 NW 14th Street Suite 1551C, Miami, FL, USA.
AD - Miami Veteran's Affairs Medical Center, Miami, FL, USA.
LA - eng
PT - Journal Article
DEP - 20210415
PL - England
TA - J Robot Surg
JT - Journal of robotic surgery
JID - 101300401
RN - 0 (Analgesics, Opioid)

SB - IM
MH - Analgesics, Opioid/therapeutic use
MH - Humans
MH - *Laparoscopy/adverse effects
MH - Male
MH - Pain, Postoperative/drug therapy/prevention & control
MH - Prostatectomy/adverse effects
MH - *Robotic Surgical Procedures/methods
OTO - NOTNLM
OT - Analgesia
OT - Minimally invasive surgical procedures
OT - Prostatectomy
OT - Robotic surgical procedures
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PHST- 2021/04/15 07:39 [entrez]
AID - 10.1007/s11701-021-01237-0 [doi]
AID - 10.1007/s11701-021-01237-0 [pii]
PST - ppublish
SO - J Robot Surg. 2022 Apr;16(2):307-314. doi: 10.1007/
s11701-021-01237-0.
      Epub 2021 Apr 15.

PMID- 33574574
OWN - NLM
STAT- MEDLINE
DCOM- 20220331
LR - 20221023
IS - 1476-5489 (Electronic)
IS - 0955-9930 (Linking)
VI - 34
IP - 2
DP - 2022 Mar
TI - Increase in searches for erectile dysfunction during winter:
seasonal
      variation evidence from Google Trends in the United States.
PG - 172-176
LID - 10.1038/s41443-020-00397-1 [doi]
AB - Several diseases associated with erectile dysfunction (ED),
such as type
      2 diabetes mellitus (T2DM) and coronary artery disease (CAD),
are known
      to have seasonal variation, with increased incidence during
winter
      months. However, no literature exists on whether this
chronological-
      seasonal evolution is also present within ED symptomatology.
We
      hypothesized ED would follow the seasonal pattern of its

lifestyle-
      influenced comorbid conditions and exhibit increased incidence during
      winter months. In order to investigate the seasonal variation of ED in
      the United States between 2009 and 2019, Internet search query data were
      obtained using Google Trends. Normalized search volume was determined
      during the winter and summer seasons for ED, other diseases known to be
      significantly associated with ED (T2DM and CAD), kidney stones (positive
      control), and prostate cancer (negative control). There were
      significantly more internet search queries for ED during the winter than
      during the summer (p = 0.001). CAD and T2DM also had significantly
      increased search volume during winter months compared to summer months (p
      < 0.001 and p = 0.011, respectively). By contrast, searches for kidney
      stones were significantly increased in the summer than in the winter (p <
      0.001). There was no significant seasonal variation in the relative
      search frequency for prostate cancer (p = 0.75). In conclusion, Google
      Trends internet search data across a ten-year period in the United States
      suggested a seasonal variation in ED, which implies an increase in ED
      during winter. This novel finding in ED epidemiology may help increase
      awareness of ED's associated lifestyle risk factors, which may facilitate
      early medical evaluation and treatment for those at risk of both ED and
      cardiovascular disease.

FAU - Garijo, Belen Mora
AU - Garijo BM
AUID- ORCID: http://orcid.org/0000-0002-7083-2684
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA. bxm109@med.miami.edu.
FAU - Katz, Jonathan E
AU - Katz JE
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA.
FAU - Greer, Aubrey

AU - Greer A
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA.
FAU - Gonzalgo, Mia
AU - Gonzalgo M
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA.
FAU - Lopez, Alejandro Garcia
AU - Lopez AG
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA.
FAU - Deane, Leslie
AU - Deane L
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA.
FAU - Ramasamy, Ranjith
AU - Ramasamy R
AD - Department of Urology, University of Miami Miller School of Medicine,
      Miami, FL, USA.
LA - eng
PT - Journal Article
DEP - 20210211
PL - England
TA - Int J Impot Res
JT - International journal of impotence research
JID - 9007383
SB - IM
MH - *Diabetes Mellitus, Type 2
MH - *Erectile Dysfunction/epidemiology
MH - Humans
MH - Internet
MH - Male
MH - Risk Factors
MH - Search Engine
MH - Seasons
MH - United States/epidemiology
PMC - PMC8964410
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AID - 10.1038/s41443-020-00397-1 [doi]
AID - 10.1038/s41443-020-00397-1 [pii]
PST - ppublish

SO - Int J Impot Res. 2022 Mar;34(2):172-176. doi: 10.1038/
s41443-020-00397-1.
      Epub 2021 Feb 11.

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OWN - NLM
STAT- MEDLINE
DCOM- 20220210
LR - 20221102
IS - 1873-2496 (Electronic)
IS - 1078-1439 (Linking)
VI - 39
IP - 11
DP - 2021 Nov
TI - Utilization of focal therapy for patients discontinuing active
      surveillance of prostate cancer: Recommendations of an
international
      Delphi consensus.
PG - 781.e17-781.e24
LID - S1078-1439(21)00053-3 [pii]
LID - 10.1016/j.urolonc.2021.01.027 [doi]
AB - BACKGROUND: With the advancement of imaging technology, focal
therapy
      (FT) has been gaining acceptance for the treatment of select
patients
      with localized prostate cancer (CaP). We aim to provide
details of a
      formal physician consensus on the utilization of FT for
patients with CaP
      who are discontinuing active surveillance (AS). METHODS: A 3-
stage Delphi
      consensus on CaP and FT was conducted. Consensus was defined
as agreement
      by >/=80% of physicians. An in-person meeting was attended by
17
      panelists to formulate the consensus statement. RESULTS:
Fifty-six
      respondents participated in this interdisciplinary consensus
study (82%
      urologist, 16% radiologist, 2% radiation oncology). The
participants
      confirmed that there is a role for FT in men discontinuing AS
(48%
      strongly agree, 39% agree). The benefit of FT over radical
therapy for
      men coming off AS is: less invasive (91%), has a greater
likelihood to
      preserve erectile function (91%), has a greater likelihood to
preserve
      urinary continence (91%), has fewer side effects (86%), and
has early
      recovery post-treatment (80%). Patients will need to undergo
mpMRI of the
      prostate and/or a saturation biopsy to determine if they are

potential
      candidates for FT. Our limitations include respondent's biases and that
      the participants of this consensus may not represent the larger medical
      community. CONCLUSIONS: FT can be offered to men coming off AS between
      the age of 60 to 80 with grade group 2 localized cancer. This consensus
      from a multidisciplinary, multi-institutional, international expert panel
      provides a contemporary insight utilizing FT for CaP in select patients
      who are discontinuing AS.

FAU - Tan, Wei Phin
AU - Tan WP
AD - Division of Urology, Duke University Medical Center, Durham, NC.
FAU - Rastinehad, Ardeshir R
AU - Rastinehad AR
AD - Department of Urology, Northwell Health, New York City, NY.
FAU - Klotz, Laurence
AU - Klotz L
AD - Department of Urology, University of Toronto, Toronto, Ontario.
FAU - Carroll, Peter R
AU - Carroll PR
AD - Department of Urology, University of California San Francisco, San
      Francisco, CA.
FAU - Emberton, Mark
AU - Emberton M
AD - Division of Surgery and Interventional Science, University College
      London, London, United Kingdom.
FAU - Feller, John F
AU - Feller JF
AD - HALO Diagnostics, Indian Wells, CA.
FAU - George, Arvin K
AU - George AK
AD - Department of Urology, University of Michigan, Ann Arbor, MI.
FAU - Gill, Inderbir S
AU - Gill IS
AD - Department of Urology, University of Southern California, Los Angeles,
      CA.
FAU - Gupta, Rajan T
AU - Gupta RT
AD - Department of Radiology, Duke University Medical Center, Durham, NC.
FAU - Katz, Aaron E
AU - Katz AE
AD - Department of Urology, New York University, New York City, NY.

FAU - Lebastchi, Amir H
AU - Lebastchi AH
AD - Department of Urology, University of Southern California, Los Angeles,
      CA.
FAU - Marks, Leonard S
AU - Marks LS
AD - Department of Urology, University of California Los Angeles, Los Angeles,
      CA.
FAU - Marra, Giancarlo
AU - Marra G
AD - L'Institut Mutualiste Montsouris, Paris, France.
FAU - Pinto, Peter A
AU - Pinto PA
AD - Urologic Oncology Branch of the National Cancer Institute, Bethesda, MD.
FAU - Song, Daniel Y
AU - Song DY
AD - Department of Radiation Oncology, Johns Hopkins University, Baltimore,
      MD.
FAU - Sidana, Abhinav
AU - Sidana A
AD - Department of Urology, University of Cincinnati, Cincinnati, OH.
FAU - Ward, John F
AU - Ward JF
AD - Department of Urology, MD Anderson Cancer Center, Houston, TX.
FAU - Sanchez-Salas, Rafael
AU - Sanchez-Salas R
AD - L'Institut Mutualiste Montsouris, Paris, France.
FAU - Rosette, Jean de la
AU - Rosette J
AD - Department of Urology, Istanbul Medipol University, Istanbul, Turkey.
FAU - Polascik, Thomas J
AU - Polascik TJ
AD - Division of Urology, Duke University Medical Center, Durham, NC.
      Electronic address: thomas.polascik@duke.edu.
CN - Focal Therapy Group Authors
LA - eng
GR - T32 CA093245/CA/NCI NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
DEP - 20210304
PL - United States
TA - Urol Oncol
JT - Urologic oncology
JID - 9805460
SB - IM
MH - Ablation Techniques/*methods
MH - Aged

MH - Aged, 80 and over
MH - Consensus
MH - *Delphi Technique
MH - Humans
MH - Male
MH - Middle Aged
MH - Prostatic Neoplasms/pathology/*therapy
MH - Watchful Waiting
PMC - PMC8654321
MID - NIHMS1670728
OTO - NOTNLM
OT - Active surveillance
OT - Focal therapy
OT - Localized prostate cancer
OT - Partial gland ablation
IR - Katz A
FIR - Katz, Aaron
IRAD- Urology, NYU Langone Health, United States.
IR - Sidana A
FIR - Sidana, Abhinav
IRAD- Urology, University of Cincinnati Medical Center, United
States.
IR - Aminsharifi A
FIR - Aminsharifi, Alireza
IRAD- Urology, Glickman Urological & Kidney Institute, Cleveland
Clinic, United
      States.
IR - Lebastchi A
FIR - Lebastchi, Amir
IRAD- Urology, National Cancer Institute, United States.
IR - Abreu A
FIR - Abreu, Andre
IRAD- Urology, Keck School of Medicine at University of Southern
California,
      United States.
IR - Villers A
FIR - Villers, Arnauld
IRAD- Urology, University of Lille Nord de France, France.
IR - Schulman A
FIR - Schulman, Ariel
IRAD- Urology, Maimonides Medical Center, United States.
IR - Rastinehad A
FIR - Rastinehad, Ardeshir
IRAD- Urology/Interventional radiology, Department of Urology/
Radiology, Smith
      Institute for Urology, New York, United States.
IR - George A
FIR - George, Arvin
IRAD- Urology, University of Michigan, United States.
IR - Oto A
FIR - Oto, Aytekin
IRAD- Radiology,University of Chicago, United States.
IR - Turkbey B
FIR - Turkbey, Baris

IRAD- Radiology, National Cancer Institute, United States.
IR - Malavaud B
FIR - Malavaud, Bernard
IRAD- Urology, Institut Universitaire du Cancer, France.
IR - Muller B
FIR - Muller, Berrend
IRAD- Urology, Academisch Medisch Centrum Universiteit van
Amsterdam,
      Netherlands.
IR - Moore C
FIR - Moore, Caroline
IRAD- Urology, University College London, United Kingdom.
IR - Eberli D
FIR - Eberli, Daniel
IRAD- Urology, Universtiy of Zurich, Switzerland.
IR - Margolis D
FIR - Margolis, Daniel
IRAD- Radiology, Weill Cornell Medicine, United States.
IR - Song D
FIR - Song, Daniel
IRAD- Radiation Oncology, Johns Hopkins Medicine, United States.
IR - Lomas D
FIR - Lomas, Derek
IRAD- Urology, Mayo Clinic, United States.
IR - Marra G
FIR - Marra, Giancarlo
IRAD- Urology, Azienda Ospedaliera Citta della Salute e della
Scienza, Italy.
IR - Orabi H
FIR - Orabi, Hazem
IRAD- Urology, Duke University Medical Center, Egypt.
IR - Lepor H
FIR - Lepor, Herbert
IRAD- Urology, New York University, United States.
IR - Tan HM
FIR - Tan, Hui Meng
IRAD- Urology, Sime Darby Medical Center, Malaysia.
IR - Gill IS
FIR - Gill, Inderbir S
IRAD- Urology, University of Southern California, United States.
IR - Jambor I
FIR - Jambor, Ivan
IRAD- Radiology, University of Turku, Finland.
IR - de la Rosette J
FIR - de la Rosette, Jean
IRAD- Urology, Istanbul Medipol University, Turkey.
IR - Grummet J
FIR - Grummet, Jeremy
IRAD- Urology, Alfred Health, Australia.
IR - Feller J
FIR - Feller, John
IRAD- Radiology, Desert Medical Imaging, United States.
IR - Ward J
FIR - Ward, John

IRAD- Urology, MD Anderson Cancer Center, United States.
IR - Colemen J
FIR - Colemen, Jonathan
IRAD- Urology, Memorial Sloan Kettering Cancer Center, United States.
IR - Gregg J
FIR - Gregg, Justin
IRAD- Urology, MD Anderson Cancer Center, United States.
IR - Tay KJ
FIR - Tay, Kae Jack
IRAD- Urology, Singapore General Hospital, Singapore.
IR - Klotz L
FIR - Klotz, Laurence
IRAD- Urology, University of Toronto, Canada.
IR - Marks L
FIR - Marks, Leonard
IRAD- Urology, University of California Los Angeles, United States.
IR - Deane L
FIR - Deane, Leslie
IRAD- Urology, University of Miami, United States.
IR - Laguna MP
FIR - Laguna, M Pilar
IRAD- Urology, Istanbul Medipol University, Turkey.
IR - Emberton M
FIR - Emberton, Mark
IRAD- Urology, University College London, United Kingdom.
IR - Kimura M
FIR - Kimura, Masaki
IRAD- Urology, Teikyo University, Japan.
IR - Tsivian M
FIR - Tsivian, Matvey
IRAD- Urology, Mayo Clinic, United States.
IR - Gorin M
FIR - Gorin, Michael
IRAD- Urology, Johns Hopkins Medicine, United States.
IR - Siddiqui M
FIR - Siddiqui, Minhaj
IRAD- Urology, University of Maryland, United States.
IR - Ukimura O
FIR - Ukimura, Osamu
IRAD- Urology, Kyoto Prefectural University of Medicine, Japan.
IR - Gontero P
FIR - Gontero, Paolo
IRAD- Urology, University of Turin, Italy.
IR - Carroll P
FIR - Carroll, Peter
IRAD- Urology, University of California San Francisco, United States.
IR - Pinto P
FIR - Pinto, Peter
IRAD- Urology, National Cancer Institute, United States.
IR - Mozer P
FIR - Mozer, Pierre
IRAD- Urology, Hopitaux de Paris, France.

IR - Sanchez-Salas R
FIR - Sanchez-Salas, Rafael
IRAD- Urology, L'Institut Mutualiste Montsouris, France.
IR - Gupta RT
FIR - Gupta, Rajan T
IRAD- Radiology, Duke University, United States.
IR - Arcot R
FIR - Arcot, Ro
IRAD- Urology, Wayne State University, United States.
IR - Taneja S
FIR - Taneja, Samir
IRAD- Urology, New York University, United States.
IR - Ghai S
FIR - Ghai, Sangeet
IRAD- Radiology, University of Toronto, Canada.
IR - Crouzet S
FIR - Crouzet, Sebastian
IRAD- Urology, Hospices Civils de Lyon, France.
IR - Mehralivand S
FIR - Mehralivand, Sherif
IRAD- Urology, National Cancer Institute, United States.
IR - Joniau S
FIR - Joniau, Steven
IRAD- Urology, Universitair Ziekenhuis Leuven, Belgium.
IR - Shoji S
FIR - Shoji, Sunao
IRAD- Urology, Tokai University, Japan.
IR - Shiraishi T
FIR - Shiraishi, Takumi
IRAD- Urology, Kyoto Prefectural University of Medicine, Japan.
IR - Polascik T
FIR - Polascik, Thomas
IRAD- Urology, Duke University Medical Center, United States.
IR - Shin T
FIR - Shin, Toshitaka
IRAD- Urology, Oita University, Japan.
IR - Lindnet U
FIR - Lindnet, Uri
IRAD- Urology, Hebrew University of Jerusalem, Canada.
IR - Tammisetti V
FIR - Tammisetti, Varaha
IRAD- Radiology, University of Texas at Houston, United States.
IR - Tan WP
FIR - Tan, Wei Phin
IRAD- Urology, Duke University, United States.
IR - van den Bos W
FIR - van den Bos, Willemien
IRAD- Radiology, Academisch Medisch Centrum Universiteit van
Amsterdam,
      Netherlands.
IR - Matsuoka Y
FIR - Matsuoka, Yoh
IRAD- Urology, Tokyo Medical and Dental University, Japan.
EDAT- 2021/03/08 06:00

MHDA- 2022/02/11 06:00
CRDT- 2021/03/07 20:29
PHST- 2020/10/21 00:00 [received]
PHST- 2021/01/19 00:00 [revised]
PHST- 2021/01/25 00:00 [accepted]
PHST- 2021/03/08 06:00 [pubmed]
PHST- 2022/02/11 06:00 [medline]
PHST- 2021/03/07 20:29 [entrez]
AID - S1078-1439(21)00053-3 [pii]
AID - 10.1016/j.urolonc.2021.01.027 [doi]
PST - ppublish
SO - Urol Oncol. 2021 Nov;39(11):781.e17-781.e24. doi:
      10.1016/j.urolonc.2021.01.027. Epub 2021 Mar 4.

PMID- 34083737
OWN - NLM
STAT- MEDLINE
DCOM- 20210816
LR - 20221207
IS - 2399-3642 (Electronic)
IS - 2399-3642 (Linking)
VI - 4
IP - 1
DP - 2021 Jun 3
TI - Comparative analysis of 1152 African-American and European-
American men
      with prostate cancer identifies distinct genomic and
immunological
      differences.
PG - 670
LID - 10.1038/s42003-021-02140-y [doi]
AB - Racial disparities in prostate cancer have not been well
characterized on
      a genomic level. Here we show the results of a multi-
institutional
      retrospective analysis of 1,152 patients (596 African-American
men (AAM)
      and 556 European-American men (EAM)) who underwent radical
prostatectomy.
      Comparative analyses between the race groups were conducted at
the
      clinical, genomic, pathway, molecular subtype, and prognostic
levels. The
      EAM group had increased ERG (P < 0.001) and ETS (P = 0.02)
expression,
      decreased SPINK1 expression (P < 0.001), and basal-like (P <
0.001)
      molecular subtypes. After adjusting for confounders, the AAM
group was
      associated with higher expression of CRYBB2, GSTM3, and
inflammation
      genes (IL33, IFNG, CCL4, CD3, ICOSLG), and lower expression of
mismatch
      repair genes (MSH2, MSH6) (p < 0.001 for all). At the pathway

level, the
      AAM group had higher expression of genes sets related to the
immune
      response, apoptosis, hypoxia, and reactive oxygen species. EAM
group was
      associated with higher levels of fatty acid metabolism, DNA
repair, and
      WNT/beta-catenin signaling. Based on cell lines data, AAM were
predicted
      to have higher potential response to DNA damage. In
conclusion,
      biological characteristics of prostate tumor were
substantially different
      in AAM when compared to EAM.
FAU - Rayford, Walter
AU - Rayford W
AD - The Urology Group LLC, Memphis, TN, USA.
FAU - Beksac, Alp Tuna
AU - Beksac AT
AUID- ORCID: 0000-0001-6742-0040
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Alger, Jordan
AU - Alger J
AD - Department of Urology, Medstar Georgetown University Hospital,
      Washington, DC, USA.
FAU - Alshalalfa, Mohammed
AU - Alshalalfa M
AUID- ORCID: 0000-0001-8405-3035
AD - Department of Radiation Oncology, University of California San
Francisco,
      San Francisco, CA, USA.
FAU - Ahmed, Mohsen
AU - Ahmed M
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Khan, Irtaza
AU - Khan I
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Falagario, Ugo G
AU - Falagario UG
AUID- ORCID: 0000-0002-1152-3005
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Liu, Yang
AU - Liu Y
AD - Decipher Biosciences, San Diego, CA, USA.
FAU - Davicioni, Elai
AU - Davicioni E

AD - Decipher Biosciences, San Diego, CA, USA.
FAU - Spratt, Daniel E
AU - Spratt DE
AD - Department of Radiation Oncology, University of Michigan, Ann Arbor, MI,
      USA.
FAU - Schaeffer, Edward M
AU - Schaeffer EM
AUID- ORCID: 0000-0003-0699-1899
AD - Department of Urology, Northwestern University, Chicago, IL, USA.
FAU - Feng, Felix Y
AU - Feng FY
AUID- ORCID: 0000-0002-0963-7687
AD - Department of Radiation Oncology, University of California San Francisco,
      San Francisco, CA, USA.
FAU - Mahal, Brandon
AU - Mahal B
AD - Department of Radiation Oncology, Brigham and Women's Hospital, Boston,
      MA, USA.
FAU - Nguyen, Paul L
AU - Nguyen PL
AD - Department of Radiation Oncology, Brigham and Women's Hospital, Boston,
      MA, USA.
FAU - Den, Robert B
AU - Den RB
AD - Department of Radiation Oncology, Thomas Jefferson University,
      Philadelphia, PA, USA.
FAU - Greenberger, Mark D
AU - Greenberger MD
AD - The Urology Group LLC, Memphis, TN, USA.
FAU - Bradley, Randy
AU - Bradley R
AD - Haslam College of Business, University of Tennessee, Knoxville, TN, USA.
FAU - Watson, Justin M
AU - Watson JM
AD - WellStar Urology, Marietta, GA, USA.
FAU - Beamer, Matthew
AU - Beamer M
AD - Department of Urology, Medstar Georgetown University Hospital,
      Washington, DC, USA.
FAU - Stamatakis, Lambros
AU - Stamatakis L
AD - Department of Urology, Medstar Georgetown University Hospital,
      Washington, DC, USA.
FAU - Carmen, Darrell J
AU - Carmen DJ
AD - Georgia Urology, Atlanta, GA, USA.
FAU - Awasthi, Shivanshu
AU - Awasthi S

AUID- ORCID: 0000-0003-4175-3212
AD - Department of Radiation Oncology, Moffitt Cancer Center,
Tampa, FL, USA.
FAU - Hwang, Jonathan
AU - Hwang J
AD - Department of Urology, Medstar Georgetown University Hospital,
      Washington, DC, USA.
FAU - Weil, Rachel
AU - Weil R
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Merisaari, Harri
AU - Merisaari H
AD - Department of Clinical Medicine, University of Turku, Turku,
Finland.
FAU - Mohamed, Nihal
AU - Mohamed N
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Chakravarty, Dimple
AU - Chakravarty D
AUID- ORCID: 0000-0002-5021-4440
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Yadav, Kamlesh K
AU - Yadav KK
AD - Sema4, a Mount Sinai venture, Stamford, CT, USA.
FAU - Yamoah, Kosj
AU - Yamoah K
AUID- ORCID: 0000-0001-9055-3538
AD - Department of Radiation Oncology, Moffitt Cancer Center,
Tampa, FL, USA.
FAU - Nair, Sujit S
AU - Nair SS
AUID- ORCID: 0000-0002-3039-523X
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA.
FAU - Tewari, Ashutosh K
AU - Tewari AK
AUID- ORCID: 0000-0002-3146-4524
AD - Department of Urology, Icahn School of Medicine at Mount
Sinai, New York,
      NY, USA. ash.tewari@mountsinai.org.
LA - eng
SI - ClinicalTrials.gov/NCT02609269
PT - Comparative Study

PT - Journal Article
PT - Multicenter Study
PT - Research Support, Non-U.S. Gov't
DEP - 20210603
PL - England
TA - Commun Biol
JT - Communications biology
JID - 101719179
SB - IM
MH - Black or African American/*genetics/statistics & numerical
data
MH - Aged
MH - Gene Expression Profiling/*methods
MH - *Gene Expression Regulation, Neoplastic
MH - Genomics/*methods
MH - Health Status Disparities
MH - Humans
MH - Immune System/immunology/metabolism
MH - Male
MH - Middle Aged
MH - Neoplasm Staging
MH - Prognosis
MH - Prostatic Neoplasms/ethnology/*genetics/immunology
MH - Retrospective Studies
MH - United States
MH - White People/*genetics/statistics & numerical data
PMC - PMC8175556
EDAT- 2021/06/05 06:00
MHDA- 2021/08/17 06:00
CRDT- 2021/06/04 06:54
PHST- 2019/11/01 00:00 [received]
PHST- 2021/04/15 00:00 [accepted]
PHST- 2021/06/04 06:54 [entrez]
PHST- 2021/06/05 06:00 [pubmed]
PHST- 2021/08/17 06:00 [medline]
AID - 10.1038/s42003-021-02140-y [doi]
AID - 10.1038/s42003-021-02140-y [pii]
PST - epublish
SO - Commun Biol. 2021 Jun 3;4(1):670. doi: 10.1038/
s42003-021-02140-y.

PMID- 32998577
OWN - NLM
STAT- MEDLINE
DCOM- 20210524
LR - 20210524
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 35
IP - 3
DP - 2021 Mar
TI - Durability of Digital Flexible Ureteroscope in University
Hospital and
      Ambulatory Surgical Center: Is It Time to Rethink?

PG - 289-295
LID - 10.1089/end.2020.0709 [doi]
AB - Introduction and Objectives: Published literature on damages to a digital
      flexible ureteroscope (DFU) examines a limited number of ureteroscopes
      and shows wide variation in its durability. The aim of this study was to
      compare the primary damage location, causes of DFU damages, and the
      durability of Karl Storz Flex-Xc digital ureteroscope between University
      Hospital (UH) and Ambulatory Care Surgery Center (ASC). We also evaluated
      the available literature on the durability of DFU. Methods: Each damaged
      DFU prospectively underwent a manufacturer's evaluation to determine the
      reason for return and primary site of damage. Hospital data on the number
      of ureteroscopic procedures and damaged DFUs over 3 years were
      retrospectively reviewed. The possible reason for the damage was
      classified as either intraoperative or between the procedures. The
      durability of DFUs, type, and cause of damage were compared between the
      UH and nonteaching ASC. A chi-square test was utilized for categorical
      variables. When cell frequencies were <5, Fisher's exact test was used.
      Results: During the study period, 1211 ureteroscopies were performed and
      143 ureteroscopes were returned to the manufacturer. The mean number of
      uses was 7.45 at the UH and 16.5 at the ASC. The location and cause of
      damage were similar at both locations. The most common locations of
      primary damage were at the angle cover (70.6%) and instrument channel
      (19.2%). Most damage occurred during the handling of the ureteroscopes
      between surgical procedures (78%). On review of the literature, we found
      that DFUs were 6 times more durable in a nonteaching hospital.
      Conclusions: The DFU was more than two times as durable in the ASC as in
      the UH. Most incidents occurred during handling between surgical
      procedures. Future research is needed to examine the impact of training
      and certification of support staff on durability of DFUs.
FAU - Banerjee, Indraneel

AU - Banerjee I
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
FAU - Katz, Jonathan E
AU - Katz JE
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
FAU - Bhattu, Amit S
AU - Bhattu AS
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
FAU - Soodana, Nachiketh P
AU - Soodana NP
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
FAU - Marcovich, Robert
AU - Marcovich R
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
FAU - Shah, Hemendra Navinchandra
AU - Shah HN
AD - Department of Urology, Miller School of Medicine, University of Miami,
      Miami, Florida, USA.
LA - eng
PT - Journal Article
DEP - 20210129
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
MH - Equipment Design
MH - Hospitals
MH - Humans
MH - Retrospective Studies
MH - *Ureteroscopes
MH - *Ureteroscopy
OTO - NOTNLM
OT - cost-effectiveness
OT - damage
OT - digital flexible ureteroscope
OT - repair
EDAT- 2020/10/02 06:00

MHDA- 2021/05/25 06:00
CRDT- 2020/10/01 05:24
PHST- 2020/10/02 06:00 [pubmed]
PHST- 2021/05/25 06:00 [medline]
PHST- 2020/10/01 05:24 [entrez]
AID - 10.1089/end.2020.0709 [doi]
PST - ppublish
SO - J Endourol. 2021 Mar;35(3):289-295. doi: 10.1089/
end.2020.0709. Epub 2021
      Jan 29.

PMID- 32721981
OWN - NLM
STAT- MEDLINE
DCOM- 20220211
LR - 20220211
IS - 1423-0399 (Electronic)
IS - 0042-1138 (Linking)
VI - 105
IP - 3-4
DP - 2021
TI - Re: A Modified Transurethral Stenting Technique for (Robot-
Assisted)
      Laparoscopic Ureteral Reimplantation.
PG - 336
LID - 10.1159/000509565 [doi]
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of Miami Miller School of
Medicine,
      Miami, Florida, USA, lxd652@miami.edu.
LA - eng
PT - Letter
PT - Comment
DEP - 20200728
PL - Switzerland
TA - Urol Int
JT - Urologia internationalis
JID - 0417373
SB - IM
CON - Urol Int. 2019;102(4):385-389. PMID: 30712042
MH - Humans
MH - *Laparoscopy
MH - Replantation
MH - *Robotics
MH - *Ureter/surgery
EDAT- 2020/07/30 06:00
MHDA- 2022/02/12 06:00
CRDT- 2020/07/30 06:00
PHST- 2020/06/16 00:00 [received]
PHST- 2020/06/19 00:00 [accepted]
PHST- 2020/07/30 06:00 [pubmed]
PHST- 2022/02/12 06:00 [medline]
PHST- 2020/07/30 06:00 [entrez]

AID - 000509565 [pii]
AID - 10.1159/000509565 [doi]
PST - ppublish
SO - Urol Int. 2021;105(3-4):336. doi: 10.1159/000509565. Epub 2020 Jul 28.

PMID- 31146587
OWN - NLM
STAT- MEDLINE
DCOM- 20200525
LR - 20200525
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 33
IP - 8
DP - 2019 Aug
TI - Editorial Comment on: Outcomes of Endourologic Interventions in Patients
      with Preoperative Funguria by Yecies et al. (From: Yecies T, Mohapatra A,
      and Semins MJ. J Endourol 2019;33:668-672; DOI: 10.1089/end.2018.0852).
PG - 673
LID - 10.1089/end.2019.0371 [doi]
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of Miami Miller School of Medicine and
      Bruce W. Carter Miami Veterans Affairs Health System, Miami, Florida.
LA - eng
PT - Journal Article
PT - Comment
DEP - 20190716
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
CON - J Endourol. 2019 Aug;33(8):668-672. PMID: 30924689
MH - *Endoscopy
MH - Humans
EDAT- 2019/05/31 06:00
MHDA- 2020/05/26 06:00
CRDT- 2019/06/01 06:00
PHST- 2019/05/31 06:00 [pubmed]
PHST- 2020/05/26 06:00 [medline]
PHST- 2019/06/01 06:00 [entrez]
AID - 10.1089/end.2019.0371 [doi]
PST - ppublish
SO - J Endourol. 2019 Aug;33(8):673. doi: 10.1089/end.2019.0371. Epub 2019 Jul
      16.

PMID- 30794908
OWN - NLM
STAT- MEDLINE
DCOM- 20190626
LR - 20190626
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 127
DP - 2019 May
TI - Robotic Pyelolithotomy for the Intact Removal of a Complete Staghorn
      Calculus: A Feasible Approach Even After a Previous Open Pyelolithotomy.
PG - 133
LID - S0090-4295(19)30163-3 [pii]
LID - 10.1016/j.urology.2019.02.009 [doi]
AB - OBJECTIVE: To describe the steps and technique of a robotic
      pyelolithotomy for complete removal of a left staghorn stone after a
      previous open pyelolithotomy. METHODS: The patient is placed in a left
      modified flank position with 4 laparoscopic ports placed: 12mm port for
      camera paramedian to the left of the midline, 8mm robotic port left lower
      quadrant at the level of the umbilicus, 8mm robotic port midclavicular
      line 2 finger breaths below the costal margin, 12mm Airseal assistant
      port paramedian infraumbilical. The white line of Toldt was incised and
      the colon was mobilized medially. Anterior Gerota's fascia was opened and
      tacked to the lateral abdominal wall exposing renal pelvis and
      parenchyma. An intraoperative ultrasound confirmed the underlying stone.
      A V-shaped Gil-Vernet pyelolithotomy incision was made and Prograsp
      forceps were used to manipulate the stone out of the renal pelvis. The
      collecting system was inspected and irrigated using the robotic lens. The
      pyelotomy was closed with 4-0 Monocryl suture on a TF needle in 2 lengths
      of suture, superiorly and inferiorly. Gerota's fascia was closed over the
      renal pelvis and the kidney was re-retroperitonealized by tacking the
      colon to the white line of Toldt. The specimen was retrieved through a
      mini-Pfannenstiel incision via a specimen bag. The patient was discharged
      on postoperative day 1 and seen in clinic 5 weeks later for stent

      removal. CONCLUSIONS: Robotic pyelolithotomy is a minimally
invasive
      alternative that can be offered to patients with complete
staghorn stones
      even after major open stone surgery. However case selection
for this
      approach relies on the stone burden primarily in a dilated
renal pelvis
      with limited calyceal projections. It is imperative to review
      preoperative imaging to understand the calyceal anatomy and
the rotation
      required to free the stone from the collecting system.
CI - Published by Elsevier Inc.
FAU - Chow, Alexander K
AU - Chow AK
AD - Department of Urology, Rush University Medical Center,
Chicago, IL.
      Electronic address: Alexander_k_chow@rush.edu.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, IL.
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20190220
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Calculi/diagnostic imaging/*surgery
MH - Follow-Up Studies
MH - Humans
MH - Kidney Calculi/diagnostic imaging/*surgery
MH - Kidney Pelvis/surgery
MH - Lithotripsy/*methods
MH - Male
MH - Minimally Invasive Surgical Procedures/methods
MH - Monitoring, Intraoperative/methods
MH - Nephrotomy/*methods
MH - Operative Time
MH - Patient Positioning
MH - Reoperation/methods
MH - Risk Assessment
MH - Robotic Surgical Procedures/*methods
MH - Staghorn Calculi/diagnostic imaging/*surgery
MH - Treatment Outcome
EDAT- 2019/02/23 06:00
MHDA- 2019/06/27 06:00
CRDT- 2019/02/23 06:00
PHST- 2018/12/03 00:00 [received]
PHST- 2019/01/31 00:00 [revised]
PHST- 2019/02/12 00:00 [accepted]

PHST- 2019/02/23 06:00 [pubmed]
PHST- 2019/06/27 06:00 [medline]
PHST- 2019/02/23 06:00 [entrez]
AID - S0090-4295(19)30163-3 [pii]
AID - 10.1016/j.urology.2019.02.009 [doi]
PST - ppublish
SO - Urology. 2019 May;127:133. doi: 10.1016/j.urology.2019.02.009. Epub 2019
Feb 20.

PMID- 30044594
OWN - NLM
STAT- MEDLINE
DCOM- 20190225
LR - 20200225
IS - 1677-6119 (Electronic)
IS - 1677-5538 (Linking)
VI - 44
IP - 6
DP - 2018 Nov-Dec
TI - Lowering positive margin rates at radical prostatectomy by color coding
of biopsy specimens to permit individualized preservation of the
neurovascular bundles: is it feasible? a pilot investigation.
PG - 1081-1088
LID - 10.1590/S1677-5538.IBJU.2017.0328 [doi]
AB - OBJECTIVE: To evaluate whether color-coding of prostate core biopsy
specimens aids in preservation of the neurovascular bundles from an
oncological perspective. MATERIALS AND METHODS: MRI guided transrectal
ultrasound and biopsy of the prostate were performed in 51 consecutive
patients suspected of being at high risk for harboring prostate cancer.
Core specimens were labeled with blue dye at the deep aspect and red dye
at the superficial peripheral aspect of the core. The distance from the
tumor to the end of the dyed specimen was measured to determine if there
was an area of normal tissue between the prostate capsule and tumor.
RESULTS: Of the 51 patients undergoing prostate biopsy, 30 (58.8%) were
found to have cancer of the prostate: grade group 1 in 13.7%, 2 in 25.5%,
3 in 7.8%, 4 in 7.8% and 5 in 3.9% of the cohort. A total of 461 cores
were analyzed in the cohort, of which 122 showed cancer. Five patients
opted to undergo robotic assisted laparoscopic radical

prostatectomy. No
      patients had a positive surgical margin (PSM) or extra
prostatic
      extension (EPE) on radical prostatectomy if there was a margin
of normal
      prostatic tissue seen between the dye and the tumor on
prostate biopsy.
      CONCLUSION: Color-coding of prostate biopsy core specimens may
assist in
      tailoring the approach for preservation of the neurovascular
bundles
      without compromising early oncological efficacy. Further study
is
      required to determine whether this simple modification of the
prostate
      biopsy protocol is valuable in larger groups of patients.

FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Strong, Andrea
AU - Strong A
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Lowe, Megan
AU - Lowe M
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Antoine, Nency
AU - Antoine N
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Ghai, Ritu
AU - Ghai R
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
FAU - Ekbal, Shahid
AU - Ekbal S
AD - Department of Urology, Rush University Medical Center,
Chicago, IL, USA.
LA - eng
PT - Journal Article
PL - Brazil
TA - Int Braz J Urol
JT - International braz j urol : official journal of the Brazilian
Society of
      Urology
JID - 101158091

SB - IM
MH - Aged
MH - Cohort Studies
MH - Color
MH - Feasibility Studies
MH - Humans
MH - Image-Guided Biopsy
MH - Magnetic Resonance Imaging
MH - Male
MH - Margins of Excision
MH - Middle Aged
MH - Neoplasm Grading
MH - Neoplasm Staging
MH - Pilot Projects
MH - Prostatectomy/*methods
MH - Prostatic Neoplasms/pathology/*surgery
MH - Retrospective Studies
MH - Ultrasonography, Interventional
PMC - PMC6442172
OTO - NOTNLM
OT - Laparoscopy
OT - Prostatectomy
OT - Robotic Surgical Procedures
COIS- Conflict of interest: None declared.
EDAT- 2018/07/26 06:00
MHDA- 2019/02/26 06:00
CRDT- 2018/07/26 06:00
PHST- 2018/01/08 00:00 [received]
PHST- 2018/04/25 00:00 [accepted]
PHST- 2018/07/26 06:00 [pubmed]
PHST- 2019/02/26 06:00 [medline]
PHST- 2018/07/26 06:00 [entrez]
AID - 10.1590/S1677-5538.IBJU.2017.0328 [doi]
AID - IBJU20170328 [pii]
PST - ppublish
SO - Int Braz J Urol. 2018 Nov-Dec;44(6):1081-1088. doi:
      10.1590/S1677-5538.IBJU.2017.0328.

PMID- 29943669
OWN - NLM
STAT- MEDLINE
DCOM- 20191016
LR - 20191016
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 32
IP - 9
DP - 2018 Sep 12
TI - Perinephric Fat Stranding Is Associated with Elevated
Creatinine Among
      Patients with Acutely Obstructing Ureterolithiasis.
PG - 891-895
LID - 10.1089/end.2018.0252 [doi]
AB - INTRODUCTION: Pyelovenous/pyelolymphatic backflow from acute

ureteral
obstruction, manifesting radiologically as perinephric fat stranding
(PFS), may result in elevated serum creatinine. Among patients with
acutely obstructing ureterolithiasis, we evaluated the relationship
between degree of PFS and changes in serum creatinine from baseline.
METHODS: Our tertiary care center's radiology dictation system (Fluency
Discovery, M Modal) was queried for noncontrast abdominopelvic CT studies
obtained in the Emergency Department for patients with obstructing
ureteral calculi from 7/2015 to 4/2016. A single radiologist blinded to
clinical data reviewed all CT scans and coded stone size, location,
severity of hydronephrosis, and degree of PFS (none, mild, moderate,
severe). For patients who met imaging criteria, a retrospective chart
review was performed. RESULTS: We evaluated 148 patients with mean age of
46 years (SD 14.6), 56.0% (n = 83) were male. On univariate analysis,
moderate-severe perinephric stranding was associated with elevated
creatinine from baseline (OR 2.93, p = 0.03). Mean creatinine increased
as the severity of stranding increased (none Cr = 0.978 mg/dL, mild Cr =
0.983 mg/dL, moderate Cr = 1.165 mg/dL, severe Cr = 1.370 mg/dL; p <
0.01). An increase in creatinine from baseline was not associated with
greater severity of hydronephrosis (OR 0.504, p = 0.189). There was no
association between degree of PFS and severity of hydronephrosis,
positive urine culture, stone location, or symptom duration (p > 0.05).
On regression analysis controlling for positive urine culture and degree
of hydronephrosis, there remained an association between elevated serum
creatinine from baseline and moderate-severe PFS (OR 9.0, p = 0.01).
CONCLUSIONS: Among patients with acute obstructive ureterolithiasis,
moderate-severe PFS was associated with elevated serum creatinine from
baseline. This elevated creatinine was not explained by the

obstructed
      kidney alone, as there was no association between the severity
of
      hydronephrosis and increased creatinine. Pyelovenous/
pyelolymphatic
      backflow resulting in PFS may be a contributing factor to
elevated serum
      creatinine in this setting.
FAU - Farrell, M Ryan
AU - Farrell MR
AD - 1 Division of Urology, Rush University Medical Center ,
Chicago,
      Illinois.
FAU - Papagiannopoulos, Dimitri
AU - Papagiannopoulos D
AD - 1 Division of Urology, Rush University Medical Center ,
Chicago,
      Illinois.
FAU - Ebersole, John
AU - Ebersole J
AD - 2 Department of Radiology, Rush University Medical Center ,
Chicago,
      Illinois.
FAU - White, Gregory
AU - White G
AD - 2 Department of Radiology, Rush University Medical Center ,
Chicago,
      Illinois.
FAU - Deane, Leslie A
AU - Deane LA
AD - 1 Division of Urology, Rush University Medical Center ,
Chicago,
      Illinois.
LA - eng
PT - Journal Article
DEP - 20180731
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - AYI8EX34EU (Creatinine)
SB - IM
MH - Acute Disease
MH - Adipose Tissue/*pathology
MH - Adult
MH - Aged
MH - Creatinine/*blood
MH - Female
MH - Humans
MH - Hydronephrosis/complications
MH - Intra-Abdominal Fat/*pathology
MH - Male
MH - Middle Aged
MH - Regression Analysis

MH - Retrospective Studies
MH - Tomography, X-Ray Computed/methods
MH - Ureteral Calculi/*complications/pathology
MH - Ureteral Obstruction/*complications/pathology
OTO - NOTNLM
OT - computed tomography
OT - creatinine
OT - perinephric fat stranding
OT - ureteral calculi
OT - urinary tract infection
OT - urolithiasis
EDAT- 2018/06/27 06:00
MHDA- 2019/10/17 06:00
CRDT- 2018/06/27 06:00
PHST- 2018/06/27 06:00 [pubmed]
PHST- 2019/10/17 06:00 [medline]
PHST- 2018/06/27 06:00 [entrez]
AID - 10.1089/end.2018.0252 [doi]
PST - ppublish
SO - J Endourol. 2018 Sep 12;32(9):891-895. doi: 10.1089/
end.2018.0252. Epub
      2018 Jul 31.

PMID- 29602566
OWN - NLM
STAT- MEDLINE
DCOM- 20181211
LR - 20181211
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 115
DP - 2018 May
TI - Editorial Comment.
PG - 70
LID - S0090-4295(18)30165-1 [pii]
LID - 10.1016/j.urology.2017.11.064 [doi]
FAU - Deane, Leslie A
AU - Deane LA
AD - Rush University Medical Center, Division of Urology,
Department of
      Surgery, Chicago IL.
LA - eng
PT - Journal Article
PT - Comment
DEP - 20180327
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2018 May;115:65-70. PMID: 29477314
CIN - Urology. 2018 May;115:70. PMID: 29602563
MH - Calculi
MH - Humans

MH - *Nephrolithotomy, Percutaneous
MH - *Solitary Kidney
EDAT- 2018/04/01 06:00
MHDA- 2018/12/12 06:00
CRDT- 2018/04/01 06:00
PHST- 2018/04/01 06:00 [pubmed]
PHST- 2018/12/12 06:00 [medline]
PHST- 2018/04/01 06:00 [entrez]
AID - S0090-4295(18)30165-1 [pii]
AID - 10.1016/j.urology.2017.11.064 [doi]
PST - ppublish
SO - Urology. 2018 May;115:70. doi: 10.1016/j.urology.2017.11.064. Epub 2018
      Mar 27.

PMID- 29154984
OWN - NLM
STAT- MEDLINE
DCOM- 20181211
LR - 20181211
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 112
DP - 2018 Feb
TI - Five Supernumerary Renal Arteries Originating From the Aorta Associated
      With Ureteropelvic Junction Extrinsic Compression.
PG - e5-e6
LID - S0090-4295(17)31178-0 [pii]
LID - 10.1016/j.urology.2017.10.035 [doi]
AB - A 65-year-old woman presented with recurrent urinary tract infections. A
      computed tomography of the abdomen and pelvis shows a dilated and
      malrotated right renal pelvis consistent with a ureteropelvic junction
      obstruction as well as multiple renal arteries arising from the aorta. A
      computed tomography angiography revealed 5 separate renal arteries
      originating from the aorta with a single renal artery crossing over and
      obstructing the right renal pelvis. On Lasix renogram, the affected
      kidney contributes 45% of total renal function. The patient remained
      asymptomatic (absent of hematuria, flank pain, infection) and opted for
      active surveillance.

FAU - Chow, Alexander K
AU - Chow AK
AD - Department of Urology, Rush University Medical Center, Chicago, IL.

      Electronic address: alexander_k_chow@rush.edu.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, IL.
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20171212
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Aged
MH - Aorta, Abdominal/*abnormalities
MH - Female
MH - Humans
MH - *Kidney Pelvis
MH - Renal Artery/*abnormalities
MH - Ureteral Obstruction/*etiology
MH - Vascular Malformations/*complications
EDAT- 2017/11/21 06:00
MHDA- 2018/12/12 06:00
CRDT- 2017/11/21 06:00
PHST- 2017/08/29 00:00 [received]
PHST- 2017/10/18 00:00 [revised]
PHST- 2017/10/24 00:00 [accepted]
PHST- 2017/11/21 06:00 [pubmed]
PHST- 2018/12/12 06:00 [medline]
PHST- 2017/11/21 06:00 [entrez]
AID - S0090-4295(17)31178-0 [pii]
AID - 10.1016/j.urology.2017.10.035 [doi]
PST - ppublish
SO - Urology. 2018 Feb;112:e5-e6. doi: 10.1016/
j.urology.2017.10.035. Epub
      2017 Dec 12.

PMID- 28070738
OWN - NLM
STAT- MEDLINE
DCOM- 20180726
LR - 20181113
IS - 1863-2491 (Electronic)
IS - 1863-2483 (Linking)
VI - 11
IP - 4
DP - 2017 Dec
TI - Robotic assisted laparoscopic radical cystectomy with
stentless
      intracorporeal modified Ves.Pa neobladder: early experience.
PG - 423-431
LID - 10.1007/s11701-017-0673-5 [doi]
AB - This study aimed at demonstrating the feasibility of robotic

assisted
laparoscopic radical cystectomy with pure intracorporeal modified Ves.Pa
neobladder with stentless ureteroileal anastomosis. Pure intracorporeal
robotic assisted laparoscopic technique has been recently developed with
a select number of high-volume centers utilizing various operative and
neobladder techniques. We reviewed the patient characteristics, operative
details and perioperative courses in the two patients who have undergone
robotic assisted laparoscopic radical cystectomy with pure intracorporeal
modified Ves.Pa neobladder and one who has undergone the Hautmann W
neobladder. These results were compared to other contemporary robotic
neobladder series. We demonstrate technical success with similar
operative and perioperative results with the modified Ves.Pa neobladder.
The robotic pure intracorporeal modified Ves.Pa neobladder is a
technically feasible operation and may be easier to perform compared to
other neobladders. Initial experience suggests operative time and
perioperative outcomes are similar to other robotic techniques.
FAU - Whelan, Patrick
AU - Whelan P
AD - Rush University Medical Center, Chicago, IL, USA. pwhelan323@gmail.com.
FAU - Tan, Wei Phin
AU - Tan WP
AD - Rush University Medical Center, Chicago, IL, USA.
FAU - Papagiannopoulos, Dimitri
AU - Papagiannopoulos D
AD - Rush University Medical Center, Chicago, IL, USA.
FAU - Omotosho, Philip
AU - Omotosho P
AD - Rush University Medical Center, Chicago, IL, USA.
FAU - Deane, Leslie
AU - Deane L
AD - Rush University Medical Center, Chicago, IL, USA.
LA - eng
PT - Journal Article
DEP - 20170109
PL - England
TA - J Robot Surg
JT - Journal of robotic surgery
JID - 101300401

SB - IM
CIN - J Robot Surg. 2017 Jun;11(2):289-290. PMID: 28361406
MH - Adult
MH - Cystectomy/instrumentation/*methods
MH - Humans
MH - Laparoscopy/methods
MH - Lymph Node Excision/methods
MH - Middle Aged
MH - Postoperative Care
MH - Robotic Surgical Procedures/instrumentation/*methods
MH - Ureter/surgery
MH - Urinary Bladder/*surgery
MH - Urinary Bladder Neoplasms/surgery
OTO - NOTNLM
OT - Bladder cancer
OT - Intracorporeal neobladder
OT - Robotic cystectomy
OT - Ureteroenteric anastomosis
EDAT- 2017/01/11 06:00
MHDA- 2018/07/27 06:00
CRDT- 2017/01/11 06:00
PHST- 2016/12/02 00:00 [received]
PHST- 2017/01/02 00:00 [accepted]
PHST- 2017/01/11 06:00 [pubmed]
PHST- 2018/07/27 06:00 [medline]
PHST- 2017/01/11 06:00 [entrez]
AID - 10.1007/s11701-017-0673-5 [doi]
AID - 10.1007/s11701-017-0673-5 [pii]
PST - ppublish
SO - J Robot Surg. 2017 Dec;11(4):423-431. doi: 10.1007/
s11701-017-0673-5.
      Epub 2017 Jan 9.

PMID- 28338305
OWN - NLM
STAT- MEDLINE
DCOM- 20180309
LR - 20181113
IS - 1677-6119 (Electronic)
IS - 1677-5538 (Linking)
VI - 43
IP - 6
DP - 2017 Nov-Dec
TI - Prostate cancer in renal transplant recipients.
PG - 1021-1032
LID - 10.1590/S1677-5538.IBJU.2016.0510 [doi]
AB - As patients with end-stage renal disease are receiving renal
allografts
      at older ages, the number of male renal transplant recipients
(RTRs)
      being diagnosed with prostate cancer (CaP) is increasing.
Historically,
      the literature regarding the management of CaP in RTR's is
limited to

case reports and small case series. To date, there are no standardized guidelines for screening or management of CaP in these complex patients.
To better understand the unique characteristics of CaP in the renal transplant population, we performed a literature review of PubMed, without date limitations, using a combination of search terms including prostate cancer, end stage renal disease, renal transplantation, prostate cancer screening, prostate specific antigen kinetics, immunosuppression, prostatectomy, and radiation therapy. Of special note, teams facilitating the care of these complex patients must carefully and meticulously consider the altered anatomy for surgical and radiotherapeutic planning.
Active surveillance, though gaining popularity in the general low risk prostate cancer population, needs further study in this group, as does the management of advance disease. This review provides a comprehensive and contemporary understanding of the incidence, screening measures, risk stratification, and treatment options for CaP in RTRs.

FAU - Sherer, Benjamin A
AU - Sherer BA
AD - Department of Urology, Rush University Medical Center, Chicago, Illinois, United States.
FAU - Warrior, Krishnan
AU - Warrior K
AD - Department of Urology, Rush University Medical Center, Chicago, Illinois, United States.
FAU - Godlewski, Karl
AU - Godlewski K
AD - Department of Urology, Rush University Medical Center, Chicago, Illinois, United States.
FAU - Hertl, Martin
AU - Hertl M
AD - Department of Surgery, Abdominal Transplant, Rush University Medical Center, Chicago, Illinois, United States.
FAU - Olaitan, Oyedolamu
AU - Olaitan O
AD - Department of Surgery, Abdominal Transplant, Rush University

Medical
      Center, Chicago, Illinois, United States.
FAU - Nehra, Ajay
AU - Nehra A
AD - Department of Urology, Rush University Medical Center,
Chicago, Illinois,
      United States.
FAU - Deane, Leslie Allan
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, Illinois,
      United States.
LA - eng
PT - Journal Article
PT - Review
PL - Brazil
TA - Int Braz J Urol
JT - International braz j urol : official journal of the Brazilian
Society of
      Urology
JID - 101158091
RN - EC 3.4.21.77 (Prostate-Specific Antigen)
SB - IM
MH - Humans
MH - Incidence
MH - Kidney Transplantation/*adverse effects
MH - Male
MH - Prostate-Specific Antigen/blood
MH - *Prostatic Neoplasms/diagnosis/epidemiology/etiology/therapy
MH - Risk Assessment
PMC - PMC5734064
OTO - NOTNLM
OT - Kidney Transplantation
OT - Prostate-Specific Antigen
OT - Prostatectomy
COIS- Conflict of interest: None declared.
EDAT- 2017/03/25 06:00
MHDA- 2018/03/10 06:00
CRDT- 2017/03/25 06:00
PHST- 2016/09/11 00:00 [received]
PHST- 2016/12/03 00:00 [accepted]
PHST- 2017/03/25 06:00 [pubmed]
PHST- 2018/03/10 06:00 [medline]
PHST- 2017/03/25 06:00 [entrez]
AID - 10.1590/S1677-5538.IBJU.2016.0510 [doi]
AID - IBJU20160510 [pii]
PST - ppublish
SO - Int Braz J Urol. 2017 Nov-Dec;43(6):1021-1032. doi:
      10.1590/S1677-5538.IBJU.2016.0510.

PMID- 27768221
OWN - NLM
STAT- MEDLINE
DCOM- 20180102

LR - 20180102
IS - 1724-6075 (Electronic)
IS - 0391-5603 (Linking)
VI - 84
IP - 2
DP - 2017 Apr 28
TI - Renal fungus ball: a challenging clinical problem.
PG - 113-115
LID - 10.5301/uro.5000201 [doi]
AB - INTRODUCTION: We describe a case of renal pelvi-ureteric fungus ball
managed with placement of two nephrostomy tubes and amphotericin B
irrigation through a nephrostomy tube with the other to free drain. CASE
REPORT: A 46-year-old man with uncontrolled Type 2 diabetes mellitus was
referred to the urology clinic for workup of recurrent urinary tract
infection. Urine culture grew Candida albicans. The patient was started
on oral fluconazole therapy. Cystoscopy and cystogram revealed a grade 3
left vesicoureteral reflux and right retrograde pyelogram revealed a
filling defect in the right renal pelvis extending into the proximal
ureter with severe hydroureteronephrosis. Two nephrostomy tubes were
placed (mid-pole and lower pole) to ensure that the system was not
obstructed. Amphotericin B (50 mg/1000 ml normal saline) irrigation was
then instilled through the mid-pole nephrostomy tube at a rate of 30 ml/h
with the lower pole nephrostomy tube to free drain. An antegrade
nephrostogram was performed after 5 days of amphotericin B instillation,
showing complete resolution of the fungus ball. The patient is awaiting
definitive minimally invasive management of the distal ureteral
narrowing. COMMENTS: Renal and pelvi-ureteric fungus ball is a
challenging clinical entity. It must be addressed promptly and
efficiently to be successful. We describe a minimally invasive approach
that was tolerated well and resulted in complete clearance of the fungus
ball in a relatively short time frame.
FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center, Chicago, Illinois

      - USA.
FAU - Turba, Ulku C
AU - Turba UC
AD - Department of Radiology, Rush University Medical Center,
Chicago,
      Illinois - USA.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, Illinois
      - USA.
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20161015
PL - United States
TA - Urologia
JT - Urologia
JID - 0417372
SB - IM
CIN - Urologia. 2019 Aug;86(3):126. PMID: 30706771
MH - *Candidiasis/surgery
MH - Humans
MH - Kidney Diseases/*microbiology
MH - *Kidney Pelvis
MH - Male
MH - Middle Aged
MH - Nephrostomy, Percutaneous
MH - Ureteral Diseases/*microbiology/surgery
MH - *Urinary Tract Infections/surgery
EDAT- 2016/10/30 06:00
MHDA- 2018/01/03 06:00
CRDT- 2016/10/30 06:00
PHST- 2016/09/13 00:00 [accepted]
PHST- 2016/10/30 06:00 [pubmed]
PHST- 2018/01/03 06:00 [medline]
PHST- 2016/10/30 06:00 [entrez]
AID - A923508B-4280-43CB-ADB4-BA77EDD2A290 [pii]
AID - 10.5301/uro.5000201 [doi]
PST - ppublish
SO - Urologia. 2017 Apr 28;84(2):113-115. doi: 10.5301/uro.5000201.
Epub 2016
      Oct 15.

PMID- 28436355
OWN - NLM
STAT- MEDLINE
DCOM- 20171228
LR - 20171228
IS - 1195-9479 (Print)
IS - 1195-9479 (Linking)
VI - 24
IP - 2
DP - 2017 Apr

TI - Quantification of risk factors in 500 patients with postoperative urinary
      retention.
PG - 8705-8707
AB - INTRODUCTION: An Institutional Quality and Safety Initiative to reduce
      postoperative urinary retention (POUR) and improve patient safety
      indicators (PSIs) was undertaken after a nurse driven protocol for
      catheter removal lead to an increase in POUR. The aim of this study was
      to identify the number of risk factors present in patients with POUR
      while examining the prevalence of those risk factors individually.
      MATERIALS AND METHODS: A retrospective review of our institution's
      surgical database was performed to identify 500 consecutive cases of POUR
      between July 1, 2013 and July 1, 2014. POUR was defined as the inability
      to void postoperatively with bladder scan volumes greater than 450 mL and
      subsequent need for catheterization with an output greater than 450 mL.
      These records were individually reviewed for 15 known independent risk
      factors for urinary retention. Patients with incomplete records or
      preoperative baseline urinary retention requiring catheterization were
      excluded. RESULTS: Of the 500 consecutive patients with POUR, 288 (57.6%)
      were male and 212 (42.4%) were female. At the time of voiding trial, all
      500 patients with POUR (100%) had at least one perioperative risk factor
      identified and over 75% had six or more (mean 6.88, median 7, range
      1-12). CONCLUSIONS: Multiple perioperative risk factors are present in
      the vast majority of patients with POUR. Many of the risk factors are
      modifiable and represent an opportunity for intervention. This could
      ultimately lead to a risk profile which could be used to optimize timing
      of postoperative voiding trials, thus improving patient care (improve
      PSIs and patient comfort, reduce trauma) while maintaining low rates of
      CAUTI.
FAU - Tsambarlis, Peter N

AU - Tsambarlis PN
AD - Department of Urology, Rush University Medical Center, Chicago, Illinois,
      USA.
FAU - Sherer, Benjamin A
AU - Sherer BA
FAU - Godlewski, Karl F
AU - Godlewski KF
FAU - Deal, Rebecca M
AU - Deal RM
FAU - Myers, Jonathan A
AU - Myers JA
FAU - Deane, Leslie A
AU - Deane LA
LA - eng
PT - Journal Article
PL - Canada
TA - Can J Urol
JT - The Canadian journal of urology
JID - 9515842
SB - IM
MH - Aged
MH - Female
MH - Humans
MH - Male
MH - Postoperative Complications/*epidemiology
MH - Retrospective Studies
MH - Risk Assessment
MH - Risk Factors
MH - Urinary Retention/*epidemiology
EDAT- 2017/04/25 06:00
MHDA- 2017/12/29 06:00
CRDT- 2017/04/25 06:00
PHST- 2017/04/25 06:00 [entrez]
PHST- 2017/04/25 06:00 [pubmed]
PHST- 2017/12/29 06:00 [medline]
PST - ppublish
SO - Can J Urol. 2017 Apr;24(2):8705-8707.

PMID- 28111222
OWN - NLM
STAT- MEDLINE
DCOM- 20180416
LR - 20180416
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 102
DP - 2017 Apr
TI - Intentional Omission of Ureteral Stents During Robotic-assisted
      Intracorporeal Ureteroenteric Anastomosis: Is It Safe and Feasible?
PG - 116-120
LID - S0090-4295(17)30041-9 [pii]

LID - 10.1016/j.urology.2017.01.014 [doi]
AB - OBJECTIVE: To describe the surgical technique we used to perform a
stentless intracorporeal ureteroenteric anastomosis and to determine the
outcomes in this initial series. METHODS: We performed a retrospective
review of a prospective database of all patients undergoing robotic-
assisted intracorporeal urinary diversion with stentless ureteroenteric
anastomosis between March 2014 and July 2016. Diversions were performed
at the time of either robotic-assisted laparoscopic cystectomy for
bladder cancer or urinary diversion for other indications. RESULTS: A
total of 10 patients underwent implantation of 20 ureters into the
intestine via a robotic-assisted approach with intentional omission of
stents. Median body mass index was 29.57 (first quartile 23.68, third
quartile 34.69). Median American Society of Anesthesiologists score was 3
(range 2-3). Seven patients had intracorporeal ileal conduit
reconstruction and 3 patients had an intracorporeal neobladder creation.
There were no patients who developed a stricture of the ureter nor did
any patient develop a leak at the ureteroenteric anastomosis. All
patients had normal serum creatinine at least 4 weeks after surgery, and
all patients had follow-up computed tomography of the kidneys, which were
normal. The median follow-up was 8 months (first quartile = 3 months,
third quartile = 17 months). CONCLUSION: Robotic intracorporeal urinary
diversion with intentional omission of ureteral stents is a safe and
feasible option when establishing continuity of the genitourinary and
gastrointestinal tracts.

FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
Electronic address: tanweiphin@yahoo.com.
FAU - Whelan, Patrick
AU - Whelan P
AD - Department of Urology, Rush University Medical Center,

Chicago, IL.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,
Chicago, IL.
LA - eng
PT - Journal Article
DEP - 20170119
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - Anastomosis, Surgical/methods
MH - Humans
MH - Ileum/*surgery
MH - Middle Aged
MH - Retrospective Studies
MH - *Robotic Surgical Procedures
MH - Stents
MH - Ureter/*surgery
MH - Urinary Diversion/*methods
EDAT- 2017/01/24 06:00
MHDA- 2018/04/17 06:00
CRDT- 2017/01/24 06:00
PHST- 2016/10/27 00:00 [received]
PHST- 2016/12/29 00:00 [revised]
PHST- 2017/01/11 00:00 [accepted]
PHST- 2017/01/24 06:00 [pubmed]
PHST- 2018/04/17 06:00 [medline]
PHST- 2017/01/24 06:00 [entrez]
AID - S0090-4295(17)30041-9 [pii]
AID - 10.1016/j.urology.2017.01.014 [doi]
PST - ppublish
SO - Urology. 2017 Apr;102:116-120. doi: 10.1016/
j.urology.2017.01.014. Epub
      2017 Jan 19.

PMID- 28522937
OWN - NLM
STAT- PubMed-not-MEDLINE
LR - 20200930
IS - 1523-6161 (Print)
IS - 1523-6161 (Linking)
VI - 19
IP - 1
DP - 2017
TI - Perineal urethrostomy: Still Essential in the Armamentarium
for
      Transurethral Surgery.
PG - 72-75

AB - A 69-year-old morbidly obese man presented with hematuria caused by a
      large anterior wall bladder tumor. The mass was inaccessible for
      resection by standard means due to the patient's obesity and phallic
      length. A perineal urethrostomy was required to enable complete
      resection. This age-old technique is revisited for the benefit of this
      generation's urologists.
FAU - Papagiannopoulos, Dimitri
AU - Papagiannopoulos D
AD - Department of Urology, Rush University Medical CenterChicago, IL.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical CenterChicago, IL.
LA - eng
PT - Journal Article
PL - United States
TA - Rev Urol
JT - Reviews in urology
JID - 100889067
PMC - PMC5434843
OTO - NOTNLM
OT - Bladder tumor
OT - Perineal urethrostomy
OT - Transurethral resection
EDAT- 2017/05/20 06:00
MHDA- 2017/05/20 06:01
CRDT- 2017/05/20 06:00
PHST- 2017/05/20 06:00 [entrez]
PHST- 2017/05/20 06:00 [pubmed]
PHST- 2017/05/20 06:01 [medline]
AID - 10.3909/riu0742 [doi]
PST - ppublish
SO - Rev Urol. 2017;19(1):72-75. doi: 10.3909/riu0742.

PMID- 27692837
OWN - NLM
STAT- MEDLINE
DCOM- 20180228
LR - 20220310
IS - 1873-2496 (Electronic)
IS - 1078-1439 (Linking)
VI - 35
IP - 1
DP - 2017 Jan
TI - Central zone lesions on magnetic resonance imaging: Should we be
      concerned?
PG - 31.e7-31.e12

LID - S1078-1439(16)30215-0 [pii]
LID - 10.1016/j.urolonc.2016.08.006 [doi]
AB - INTRODUCTION AND OBJECTIVE: The Prostate Imaging Reporting and Data
System (PI-RADS) score was developed to evaluate lesions in the
peripheral and transition zone on multiparametric magnetic resonance
imaging (mpMRI) of the prostate. We aim to determine if the PI-RADS
scoring system can be used to evaluate central zone lesions on mpMRI.
MATERIALS AND METHODS: A retrospective review of 73 patients who
underwent mpMRI/ultrasound (US) fusion-guided biopsy of 143 suspicious
lesions between February 2014 and October 2015 was performed. All
patients underwent a 3T mpMRI. Indications for mpMRI included an abnormal
digital rectal examination, PSA velocity >0.75ng/dl/y, and patients on
active surveillance. The mpMRI sequence involved T2-weighted imaging,
diffusion-weighted imaging, and dynamic contrast enhancement. Using
3-dimensional model software (Invivo Corporation, Gainesville, FL, USA),
a minimum of 3 magnetic resonance imaging (MRI)/US fusion-guided biopsy
samples were taken from each prostate lesion seen on mpMRI irrespective
of PI-RADS score, using local anesthesia in an outpatient clinic setting.
RESULTS: A total of 73 patients underwent MRI/US fusion-guided biopsy of
85 peripheral zone lesions, 31 transitional zone lesions, and 27 central
zone lesions. Only 2 (7%) of central zone lesions were positive for
prostate cancer. Both patients had lesions which were graded as PI-RADS
3. Both the patients had multifocal lesions that encompassed>/=50% of the
central and transition zones on the sagittal view MRI images. Both
patients previously had transrectal US-guided biopsy of the prostate
which was negative for cancer. Both patients underwent a robotic-assisted
laparoscopic prostatectomy, each revealing high-grade cancer.
CONCLUSIONS: Lesions involving only the central gland/zone seen on MRI
are less concerning for malignancy and should not be given

equal weight
      as peripheral zone lesions. In this series, no lesions involving solely
      the central gland/zone, regardless of PI-RADS score, was positive for
      malignancy on MRI/US fusion-guided biopsy. Consideration of a modified
      PI-RADS scoring system should be given to help identify central zone
      lesions with malignant potential.

FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
      Electronic address: tanweiphin@yahoo.com.
FAU - Mazzone, Andrew
AU - Mazzone A
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
FAU - Shors, Stephanie
AU - Shors S
AD - Department of Radiology, Rush University Medical Center, Chicago, IL.
FAU - Antoine, Nency
AU - Antoine N
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
FAU - Ekbal, Shahid
AU - Ekbal S
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
FAU - Khare, Narendra
AU - Khare N
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
FAU - McKiel, Charles
AU - McKiel C
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
FAU - Pessis, Dennis
AU - Pessis D
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
FAU - Deane, Leslie
AU - Deane L
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
LA - eng
PT - Journal Article
DEP - 20160928
PL - United States
TA - Urol Oncol
JT - Urologic oncology

JID - 9805460
RN - 0 (Contrast Media)
SB - IM
MH - Aged
MH - Contrast Media
MH - *Diffusion Magnetic Resonance Imaging
MH - Humans
MH - Image-Guided Biopsy/methods
MH - Male
MH - Middle Aged
MH - Multimodal Imaging
MH - Prostate/*diagnostic imaging/*pathology
MH - Prostatic Neoplasms/*diagnostic imaging/*pathology
MH - Retrospective Studies
MH - Ultrasonography, Interventional
OTO - NOTNLM
OT - Central zone lesion
OT - MRI/US biopsy
OT - Multiparametric magnetic resonance imaging
OT - PSA
OT - Prostate cancer
EDAT- 2016/10/04 06:00
MHDA- 2018/03/01 06:00
CRDT- 2016/10/04 06:00
PHST- 2016/06/20 00:00 [received]
PHST- 2016/08/04 00:00 [revised]
PHST- 2016/08/11 00:00 [accepted]
PHST- 2016/10/04 06:00 [pubmed]
PHST- 2018/03/01 06:00 [medline]
PHST- 2016/10/04 06:00 [entrez]
AID - S1078-1439(16)30215-0 [pii]
AID - 10.1016/j.urolonc.2016.08.006 [doi]
PST - ppublish
SO - Urol Oncol. 2017 Jan;35(1):31.e7-31.e12. doi:
      10.1016/j.urolonc.2016.08.006. Epub 2016 Sep 28.

PMID- 27726884
OWN - NLM
STAT- PubMed-not-MEDLINE
DCOM- 20180302
LR - 20180302
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 98
DP - 2016 Dec
TI - Author Reply.
PG - 111-112
LID - S0090-4295(16)30554-4 [pii]
LID - 10.1016/j.urology.2016.07.044 [doi]
FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center,
Chicago, IL.
FAU - Lin, Carol

AU - Lin C
AD - Department of Radiology, Rush University Medical Center, Chicago, IL.
FAU - Chen, Meri
AU - Chen M
AD - Department of Radiology, Rush University Medical Center, Chicago, IL.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center, Chicago, IL.
LA - eng
PT - Journal Article
PT - Comment
DEP - 20161007
PL - United States
TA - Urology
JT - Urology
JID - 0366151
CON - Urology. 2016 Dec;98 :111. PMID: 27726883
EDAT- 2016/10/12 06:00
MHDA- 2016/10/12 06:01
CRDT- 2016/10/12 06:00
PHST- 2016/10/12 06:00 [pubmed]
PHST- 2016/10/12 06:01 [medline]
PHST- 2016/10/12 06:00 [entrez]
AID - S0090-4295(16)30554-4 [pii]
AID - 10.1016/j.urology.2016.07.044 [doi]
PST - ppublish
SO - Urology. 2016 Dec;98:111-112. doi: 10.1016/j.urology.2016.07.044. Epub 2016 Oct 7.

PMID- 27592523
OWN - NLM
STAT- MEDLINE
DCOM- 20180314
LR - 20180314
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 98
DP - 2016 Dec
TI - Periprostatic Fat: A Risk Factor for Prostate Cancer?
PG - 107-112
LID - S0090-4295(16)30551-9 [pii]
LID - 10.1016/j.urology.2016.07.042 [doi]
AB - OBJECTIVE: To evaluate whether periprostatic fat volume and periprostatic fat ratio as determined by multiparametric magnetic resonance imaging (mpMRI) correlate with the presence of high-grade prostate cancer.
MATERIALS AND METHODS: A total of 295 consecutive patients (median age:

64, range: 38–84) underwent mpMRI of the prostate gland between August 2013 and February 2015. All patients underwent a 3 Tesla mpMRI. Using DynaCAD (Invivo, Gainesville, FL), we calculated the prostate volume and volume of the periprostatic fat seen on mpMRI. The periprostatic fat ratio was calculated using the formula periprostatic fat volume/prostate volume. RESULTS: A higher periprostatic fat volume (P <.001) and a higher periprostatic fat ratio (P <.001) were significantly associated with a higher Gleason score. Periprostatic fat ratio is a better predictor of higher Gleason score compared with periprostatic fat volume (P < .001). There was no correlation observed between periprostatic fat ratio and prostate-specific antigen (median: 7.34, range: 0.36–59.7, P = .274), age (median: 64, range: 38–84, P = .665), or body mass index (median: 28.33, range: 17.99–45.44, P = .310). Patients with a higher periprostatic fat ratio were more likely to undergo intervention for prostate cancer. CONCLUSION: A higher periprostatic fat ratio is significantly associated with a higher Gleason score. Periprostatic fat ratio is a better predictor of higher Gleason score compared with periprostatic fat volume and may be an important risk factor in diagnosing patients with higher grade prostate cancer.

FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center, Chicago, IL. Electronic address: tanweiphin@yahoo.com.
FAU - Lin, Carol
AU - Lin C
AD - Department of Radiology, Rush University Medical Center, Chicago, IL.
FAU - Chen, Meri
AU - Chen M
AD - Department of Radiology, Rush University Medical Center, Chicago, IL.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center,

Chicago, IL.
LA - eng
PT - Journal Article
DEP - 20160901
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CIN - Urology. 2016 Dec;98 :111. PMID: 27726883
MH - Adipose Tissue/*diagnostic imaging
MH - Adult
MH - Aged
MH - Aged, 80 and over
MH - *Body Mass Index
MH - Endosonography/methods
MH - Female
MH - Humans
MH - Illinois/epidemiology
MH - Image-Guided Biopsy
MH - Incidence
MH - Magnetic Resonance Imaging
MH - Male
MH - Middle Aged
MH - *Neoplasm Grading
MH - Prostate/*pathology
MH - Prostatic Neoplasms/epidemiology/*pathology
MH - *Risk Assessment
MH - Risk Factors
EDAT- 2016/09/07 06:00
MHDA- 2018/03/15 06:00
CRDT- 2016/09/06 06:00
PHST- 2016/06/06 00:00 [received]
PHST- 2016/07/11 00:00 [revised]
PHST- 2016/07/15 00:00 [accepted]
PHST- 2016/09/07 06:00 [pubmed]
PHST- 2018/03/15 06:00 [medline]
PHST- 2016/09/06 06:00 [entrez]
AID - S0090-4295(16)30551-9 [pii]
AID - 10.1016/j.urology.2016.07.042 [doi]
PST - ppublish
SO - Urology. 2016 Dec;98:107-112. doi: 10.1016/
j.urology.2016.07.042. Epub
      2016 Sep 1.

PMID- 28078326
OWN - NLM
STAT- PubMed-not-MEDLINE
LR - 20201001
IS - 2379-9889 (Print)
IS - 2379-9889 (Linking)
VI - 2
IP - 1
DP - 2016

TI - Upper Tract Urothelial Carcinoma in the Genetically Predisposed Patient:
      Role of Urinary Markers in Predicting Recurrence.
PG - 235-237
LID - 10.1089/cren.2016.0124 [doi]
AB - Background: Upper tract urothelial carcinoma (UTUC) is an uncommon
      disease that is diagnosed clinically by the selective use of urine
      cytology, urine biomarkers, and imaging of the upper tract. We present a
      case of a patient with Lynch syndrome and high-grade UTUC that was
      diagnosed by an abnormal Cxbladder assay, prompting further endoscopic
      examination. Case Presentation: A 59-year-old Caucasian female with a
      history of endometrial cancer and bladder cancer with Lynch syndrome
      presented for evaluation of recurrent urothelial carcinoma. Her previous
      bladder tumors have been T1 high grade and Ta high grade and have been
      treated with resection and multiple cycles of intravesical Bacillus
      Calmette-Guerin (BCG) therapy. She had also undergone a robotic left
      distal ureterectomy and psoas hitch for a high-grade distal ureteral
      tumor. Surveillance cystoscopy 7 months after revealed a biopsy-confirmed
      bladder tumor, which was resected, and she was started on maintenance BCG
      therapy. At presentation, follow-up urine cytology and UroVysion studies
      were negative. Cxbladder test was also initially negative. However,
      during close clinical monitoring, the Cxbladder test became positive.
      Cystoscopy was once more performed, which was unremarkable. Bilateral
      ureteroscopy was performed, revealing high-grade upper tract renal
      papillary carcinoma (UTUC) in the left renal pelvis. The patient declined
      a nephroureterectomy. She was treated with two sessions of holmium laser
      ablation of the left renal pelvis tumor and underwent 6 weekly courses of
      BCG + interferon instilled into her left renal pelvis using a 5F open-
      ended catheter. Repeat urine cytology, UroVysion, and Cxbladder tests
      were negative after completion of upper tract BCG therapy.

Conclusion:
      Cxbladder test may be useful and an adjunct to urine cytology and the
      UroVysion FISH assay to evaluate patients at high risk for recurrent
      UTUC.
FAU - Tan, Wei Phin
AU - Tan WP
AD - Department of Urology, Rush University Medical Center , Chicago,
      Illinois.
FAU - Tecle, Nahom
AU - Tecle N
AD - Department of Urology, Rush University Medical Center , Chicago,
      Illinois.
FAU - Whelan, Patrick
AU - Whelan P
AD - Department of Urology, Rush University Medical Center , Chicago,
      Illinois.
FAU - Strong, Andrea
AU - Strong A
AD - Department of Urology, Rush University Medical Center , Chicago,
      Illinois.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, Rush University Medical Center , Chicago,
      Illinois.
LA - eng
PT - Case Reports
DEP - 20161201
PL - United States
TA - J Endourol Case Rep
JT - Journal of endourology case reports
JID - 101684114
PMC - PMC5178002
OTO - NOTNLM
OT - Cxbladder
OT - FISH assay
OT - urine cytology
OT - urothelial cancer
COIS- Statement No competing financial interests exist.
EDAT- 2017/01/13 06:00
MHDA- 2017/01/13 06:01
CRDT- 2017/01/13 06:00
PHST- 2017/01/13 06:00 [entrez]
PHST- 2017/01/13 06:00 [pubmed]
PHST- 2017/01/13 06:01 [medline]
AID - 10.1089/cren.2016.0124 [doi]
AID - 10.1089/cren.2016.0124 [pii]
PST - epublish

SO - J Endourol Case Rep. 2016 Dec 1;2(1):235-237. doi:
      10.1089/cren.2016.0124. eCollection 2016.

PMID- 27453647
OWN - NLM
STAT- PubMed-not-MEDLINE
DCOM- 20160725
LR - 20200930
IS - 0974-7796 (Print)
IS - 0974-7796 (Linking)
VI - 8
IP - 3
DP - 2016 Jul-Sep
TI - Procalcitonin is a strong predictor of urine culture results in patients
      with obstructing ureteral stones: A prospective, pilot study.
PG - 277-80
LID - 10.4103/0974-7796.184877 [doi]
AB - PURPOSE: The appropriate management of infected obstructing ureteral
      calculi is prompt genitourinary decompression. Urine cultures are the
      gold standard for confirming infection but often take 24-48 h to result.
      Although white blood cell (WBC) count is an important diagnostic
      laboratory test, it is a nonspecific inflammatory marker. Similarly,
      urinalysis (UA) can be misleading in the setting of a contaminated
      sample, bladder colonization, or in cases of a completely obstructed the
      upper urinary tract. Procalcitonin (PCT) has shown promise in predicting
      the presence and degree of bacterial infections. In this proof-of-concept
      study, we explore whether PCT is effective at predicting concomitant
      infections in the setting of obstructing ureteral stones. MATERIALS AND
      METHODS: This is a prospective, single-institution observational pilot
      study examining adult patients who presented to the emergency room with
      acute obstructing ureterolithiasis. In total, 22 patients were enrolled.
      At the time of presentation, data obtained were vital signs, WBC count,
      PCT, UA, urine, and blood cultures. Fisher-exact two-tailed t-tests and
      receiver operating characteristic statistics with area under the curve
      (AUC) calculations were used to determine the correlation between urine

culture results and PCT, WBC count, nitrite-positive UA, heart rate, and fever. RESULTS: In total, 5/22 patients had bacteria-positive urine cultures. PCT (P = 0.020) and nitrite-positive UA (0.024) were the only statistically significant predictors of urine culture results. In comparing the AUC, PCT (0.812) was strongly correlated with eventual urine culture results. CONCLUSIONS: This proof-of-concept pilot study gives encouraging results, in that PCT was a good predictor of positive cultures (P = 0.02, AUC 0.812). Given, the small sample size, one cannot directly compare PCT to other markers of infection. However, PCT shows promise in this arena and warrants future investigation.
FAU - Papagiannopoulos, Dimitri
AU - Papagiannopoulos D
AD - Department of Urology, Rush University Medical Center, Chicago, IL, USA.
FAU - Whelan, Patrick
AU - Whelan P
AD - Department of Urology, Rush University Medical Center, Chicago, IL, USA.
FAU - Ahmad, Waseem
AU - Ahmad W
AD - Department of Urology, Rush University Medical Center, Chicago, IL, USA.
FAU - Rybak, James
AU - Rybak J
AD - Department of Urology, Rush University Medical Center, Chicago, IL, USA.
FAU - Hota, Bala
AU - Hota B
AD - Department of Infectious Diseases, Rush University Medical Center, Chicago, IL, USA.
FAU - Deane, Leslie
AU - Deane L
AD - Department of Urology, Rush University Medical Center, Chicago, IL, USA.
FAU - Nehra, Ajay
AU - Nehra A
AD - Department of Urology, Rush University Medical Center, Chicago, IL, USA.
LA - eng
PT - Journal Article
PL - India
TA - Urol Ann
JT - Urology annals
JID - 101510823

PMC - PMC4944618
OTO - NOTNLM
OT - Obstructive ureterolithiasis
OT - procalcitonin
OT - urinary tract infections
EDAT- 2016/07/28 06:00
MHDA- 2016/07/28 06:01
CRDT- 2016/07/26 06:00
PHST- 2016/07/26 06:00 [entrez]
PHST- 2016/07/28 06:00 [pubmed]
PHST- 2016/07/28 06:01 [medline]
AID - 10.4103/0974-7796.184877 [doi]
AID - UA-8-277 [pii]
PST - ppublish
SO - Urol Ann. 2016 Jul-Sep;8(3):277-80. doi:
10.4103/0974-7796.184877.

PMID- 25891341
OWN - NLM
STAT- MEDLINE
DCOM- 20160211
LR - 20221207
IS - 1195-9479 (Print)
IS - 1195-9479 (Linking)
VI - 22
IP - 2
DP - 2015 Apr
TI - Totally intracorporeal robot-assisted laparoscopic reverse
seven ileal
      ureteric reconstruction.
PG - 7748-51
AB - We describe the first reported case of completely
intracorporeal robot-
      assisted laparoscopic reverse seven ileal ureteric
reconstruction. The
      patient was a woman with bilateral, long segment ureteric
strictures
      secondary to pelvic surgery and radiation. This report
demonstrates that
      robotic reconstruction is a viable option even in a complex
patient with
      a hostile abdomen.
FAU - Abhyankar, Nikita
AU - Abhyankar N
AD - University of Illinois at Chicago, Chicago, Illinois, USA.
FAU - Vendryes, Christopher
AU - Vendryes C
FAU - Deane, Leslie A
AU - Deane LA
LA - eng
PT - Case Reports
PT - Journal Article
PL - Canada
TA - Can J Urol

JT - The Canadian journal of urology
JID - 9515842
SB - IM
MH - Combined Modality Therapy
MH - Female
MH - Humans
MH - Hysterectomy/adverse effects
MH - Laparoscopy/*methods
MH - Middle Aged
MH - Radiotherapy/adverse effects
MH - Plastic Surgery Procedures/*methods
MH - Robotic Surgical Procedures/*methods
MH - Treatment Outcome
MH - Ureter/*surgery
MH - Ureteral Obstruction/etiology/*surgery
MH - Uterine Cervical Neoplasms/therapy
EDAT- 2015/04/22 06:00
MHDA- 2016/02/13 06:00
CRDT- 2015/04/21 06:00
PHST- 2015/04/21 06:00 [entrez]
PHST- 2015/04/22 06:00 [pubmed]
PHST- 2016/02/13 06:00 [medline]
PST - ppublish
SO - Can J Urol. 2015 Apr;22(2):7748-51.

PMID- 25085266
OWN - NLM
STAT- MEDLINE
DCOM- 20141203
LR - 20221207
IS - 1432-1203 (Electronic)
IS - 0340-6717 (Linking)
VI - 133
IP - 11
DP - 2014 Nov
TI - Common vitamin D pathway gene variants reveal contrasting effects on
      serum vitamin D levels in African Americans and European Americans.
PG - 1395-405
LID - 10.1007/s00439-014-1472-y [doi]
AB - Vitamin D deficiency is more common among African Americans (AAs) than
      among European Americans (EAs), and epidemiologic evidence links vitamin
      D status to many health outcomes. Two genome-wide association studies
      (GWAS) in European populations identified vitamin D pathway gene single-
      nucleotide polymorphisms (SNPs) associated with serum vitamin D [25(OH)D]
      levels, but a few of these SNPs have been replicated in AAs. Here, we
      investigated the associations of 39 SNPs in vitamin D pathway

genes,
      including 19 GWAS-identified SNPs, with serum 25(OH)D concentrations in
      652 AAs and 405 EAs. Linear and logistic regression analyses were
      performed adjusting for relevant environmental and biological factors.
      The pattern of SNP associations was distinct between AAs and EAs. In AAs,
      six GWAS-identified SNPs in GC, CYP2R1, and DHCR7/NADSYN1 were
      replicated, while nine GWAS SNPs in GC and CYP2R1 were replicated in EAs.
      A CYP2R1 SNP, rs12794714, exhibited the strongest signal of association
      in AAs. In EAs, however, a different CYP2R1 SNP, rs1993116, was the most
      strongly associated. Our models, which take into account genetic and
      environmental variables, accounted for 20 and 28 % of the variance in
      serum vitamin D levels in AAs and EAs, respectively.
FAU - Batai, Ken
AU - Batai K
AD - Division of Urology, Department of Surgery, University of Arizona College
      of Medicine, University of Arizona Cancer Center, P.O. Box 245024, 1515
      N. Campbell Ave., Tucson, AZ, 85724, USA, kbatai@email.arizona.edu.
FAU - Murphy, Adam B
AU - Murphy AB
FAU - Shah, Ebony
AU - Shah E
FAU - Ruden, Maria
AU - Ruden M
FAU - Newsome, Jennifer
AU - Newsome J
FAU - Agate, Sara
AU - Agate S
FAU - Dixon, Michael A
AU - Dixon MA
FAU - Chen, Hua Yun
AU - Chen HY
FAU - Deane, Leslie A
AU - Deane LA
FAU - Hollowell, Courtney M P
AU - Hollowell CM
FAU - Ahaghotu, Chiledum
AU - Ahaghotu C
FAU - Kittles, Rick A
AU - Kittles RA
LA - eng
GR - R25 CA057699/CA/NCI NIH HHS/United States
GR - 1R01MD007105-01/MD/NIMHD NIH HHS/United States

GR - IK2 CX000926/CX/CSRD VA/United States
GR - 5R25 CA057699/CA/NCI NIH HHS/United States
GR - R01 MD007105/MD/NIMHD NIH HHS/United States
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, U.S. Gov't, Non-P.H.S.
DEP - 20140802
PL - Germany
TA - Hum Genet
JT - Human genetics
JID - 7613873
RN - 1406-16-2 (Vitamin D)
RN - A288AR3C9H (25-hydroxyvitamin D)
SB - IM
MH - Black or African American/*genetics
MH - Female
MH - Genome-Wide Association Study
MH - Humans
MH - Linkage Disequilibrium
MH - Male
MH - *Polymorphism, Single Nucleotide
MH - Regression Analysis
MH - Vitamin D/*analogs & derivatives/blood
MH - Vitamin D Deficiency/blood/*genetics
MH - White People/*genetics
PMC - PMC4185105
EDAT- 2014/08/03 06:00
MHDA- 2014/12/15 06:00
CRDT- 2014/08/03 06:00
PHST- 2014/04/01 00:00 [received]
PHST- 2014/07/18 00:00 [accepted]
PHST- 2014/08/03 06:00 [entrez]
PHST- 2014/08/03 06:00 [pubmed]
PHST- 2014/12/15 06:00 [medline]
AID - 10.1007/s00439-014-1472-y [doi]
PST - ppublish
SO - Hum Genet. 2014 Nov;133(11):1395-405. doi: 10.1007/
s00439-014-1472-y.
      Epub 2014 Aug 2.

PMID- 23374770
OWN - NLM
STAT- MEDLINE
DCOM- 20130419
LR - 20181202
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 81
IP - 2
DP - 2013 Feb
TI - Editorial comment.
PG - 249-50; discussion 250
LID - 10.1016/j.urology.2012.10.012 [doi]
LID - S0090-4295(12)01256-3 [pii]

FAU - Deane, Leslie Allan
AU - Deane LA
AD - Department of Urology, Division of Laparoscopy, Endourology, and Robotic
      Urologic Surgery, University of Illinois at Chicago, Chicago, Illinois,
      USA.
LA - eng
PT - Journal Article
PT - Comment
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2013 Feb;81(2):246-9. PMID: 23374769
MH - Calcinosis/*diagnostic imaging
MH - Female
MH - Humans
MH - Kidney Medulla/*diagnostic imaging
MH - Male
MH - Nephrolithiasis/*etiology
MH - *Tomography, X-Ray Computed
EDAT- 2013/02/05 06:00
MHDA- 2013/04/23 06:00
CRDT- 2013/02/05 06:00
PHST- 2013/02/05 06:00 [entrez]
PHST- 2013/02/05 06:00 [pubmed]
PHST- 2013/04/23 06:00 [medline]
AID - S0090-4295(12)01256-3 [pii]
AID - 10.1016/j.urology.2012.10.012 [doi]
PST - ppublish
SO - Urology. 2013 Feb;81(2):249-50; discussion 250. doi:
      10.1016/j.urology.2012.10.012.

PMID- 22546385
OWN - NLM
STAT- MEDLINE
DCOM- 20120702
LR - 20181201
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 79
IP - 5
DP - 2012 May
TI - Editorial comment.
PG - 1067; author reply 1067
LID - 10.1016/j.urology.2011.12.058 [doi]
FAU - Deane, Leslie Allan
AU - Deane LA
AD - University of Illinois, Chicago, Illinois, USA.
LA - eng
PT - Journal Article
PT - Comment

PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2012 May;79(5):1063-7. PMID: 22546384
MH - Carcinoma, Renal Cell/*surgery
MH - Humans
MH - Kidney Neoplasms/*surgery
MH - Nephrectomy/*methods
EDAT- 2012/05/02 06:00
MHDA- 2012/07/03 06:00
CRDT- 2012/05/02 06:00
PHST- 2012/05/02 06:00 [entrez]
PHST- 2012/05/02 06:00 [pubmed]
PHST- 2012/07/03 06:00 [medline]
AID - S0090-4295(12)00147-1 [pii]
AID - 10.1016/j.urology.2011.12.058 [doi]
PST - ppublish
SO - Urology. 2012 May;79(5):1067; author reply 1067. doi:
      10.1016/j.urology.2011.12.058.

PMID- 21859340
OWN - NLM
STAT- MEDLINE
DCOM- 20120309
LR - 20220318
IS - 1557-9034 (Electronic)
IS - 1092-6429 (Linking)
VI - 21
IP - 9
DP - 2011 Nov
TI - Robotic-assisted ureteral reimplantation with Boari flap and
psoas hitch:
      a single-institution experience.
PG - 829-33
LID - 10.1089/lap.2011.0028 [doi]
AB - Robotic-assisted ureteral reimplantations were performed on 3
patients at
      a single institution, 2 with Boari flap and psoas hitch and 1
with psoas
      hitch alone. These were for urothelial carcinoma of the distal
ureter,
      ureteral obstruction caused by distal ureteral endometriosis,
and
      ureteral transaction during gynecologic surgery. We used
intraoperative
      ureteroscopy to confirm tumor margins as well as a simple
technique for
      retrograde placement of transvesicle wire prior to ureteral
anastomosis.
      Surgery and recovery were uneventful. This illustrates that
robotic-
      assisted ureteral reimplantation with Boari flap and psoas

hitch is a
      safe and viable approach for ureterovesicle reconstruction.
FAU - Yang, Christopher
AU - Yang C
AD - Department of Urology, University of Illinois at Chicago,
Chicago,
      Illinois 60612, USA.
FAU - Jones, Loren
AU - Jones L
FAU - Rivera, Marcelino E
AU - Rivera ME
FAU - Verlee, Graham T
AU - Verlee GT
FAU - Deane, Leslie A
AU - Deane LA
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20110822
PL - United States
TA - J Laparoendosc Adv Surg Tech A
JT - Journal of laparoendoscopic & advanced surgical techniques.
Part A
JID - 9706293
SB - IM
MH - Adult
MH - Aged
MH - Endometriosis/complications
MH - Female
MH - *Free Tissue Flaps
MH - Humans
MH - Iatrogenic Disease
MH - Intraoperative Period
MH - Male
MH - Psoas Muscles/surgery
MH - Replantation/*methods
MH - *Robotics
MH - Ureter/injuries/*surgery
MH - Ureteral Diseases/complications
MH - Ureteral Neoplasms/surgery
MH - Ureteral Obstruction/etiology/surgery
MH - Ureteroscopy
MH - Urothelium
EDAT- 2011/08/24 06:00
MHDA- 2012/03/10 06:00
CRDT- 2011/08/24 06:00
PHST- 2011/08/24 06:00 [entrez]
PHST- 2011/08/24 06:00 [pubmed]
PHST- 2012/03/10 06:00 [medline]
AID - 10.1089/lap.2011.0028 [doi]
PST - ppublish
SO - J Laparoendosc Adv Surg Tech A. 2011 Nov;21(9):829-33. doi:
      10.1089/lap.2011.0028. Epub 2011 Aug 22.

PMID- 21884902
OWN - NLM
STAT- MEDLINE
DCOM- 20111108
LR - 20181201
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 78
IP - 3
DP - 2011 Sep
TI - Editorial comment.
PG - 530; author reply 530
LID - 10.1016/j.urology.2011.01.037 [doi]
FAU - Deane, Leslie Allan
AU - Deane LA
LA - eng
PT - Editorial
PT - Comment
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2011 Sep;78(3):528-30. PMID: 21459421
MH - Humans
MH - Ureteroscopy/*economics
EDAT- 2011/09/03 06:00
MHDA- 2011/11/09 06:00
CRDT- 2011/09/03 06:00
PHST- 2011/01/14 00:00 [received]
PHST- 2011/01/14 00:00 [revised]
PHST- 2011/01/14 00:00 [accepted]
PHST- 2011/09/03 06:00 [entrez]
PHST- 2011/09/03 06:00 [pubmed]
PHST- 2011/11/09 06:00 [medline]
AID - S0090-4295(11)00111-7 [pii]
AID - 10.1016/j.urology.2011.01.037 [doi]
PST - ppublish
SO - Urology. 2011 Sep;78(3):530; author reply 530. doi:
      10.1016/j.urology.2011.01.037.

PMID- 21244605
OWN - NLM
STAT- MEDLINE
DCOM- 20110718
LR - 20110426
IS - 1464-410X (Electronic)
IS - 1464-4096 (Linking)
VI - 107
IP - 9
DP - 2011 May
TI - Laparoscopic partial nephrectomy: six degrees of haemostasis.
PG - 1454-9
LID - 10.1111/j.1464-410X.2010.09651.x [doi]

AB - OBJECTIVE: * To describe six steps for haemostasis and collecting system
      closure ('six degrees of haemostasis') that are reproducible and that
      minimize the two most concerning complications of laparoscopic partial
      nephrectomy: haemorrhage and urine leakage. METHODS: * A retrospective
      study of 23 consecutive laparoscopic partial nephrectomy cases performed
      by a single surgeon between 2005 and 2008 using the 'six degrees of
      haemostasis' was carried out. RESULTS: * There were no cases of
      intraoperative, postoperative or delayed bleeding. * There were no cases
      of urine leakage. CONCLUSION: * The 'six degrees of haemostasis'
      technique for laparoscopic partial nephrectomy described in the present
      study provides a reliable and reproducible method to reassure the surgeon
      of haemostasis and provide a decreased risk of urine leakage.

FAU - Louie, Michael K
AU - Louie MK
AD - University of California Irvine, Department of Urology, Orange, CA, USA.
      louie@uci.edu
FAU - Deane, Leslie A
AU - Deane LA
FAU - Kaplan, Adam G
AU - Kaplan AG
FAU - Lee, Hak J
AU - Lee HJ
FAU - Box, Geoffrey N
AU - Box GN
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Borin, James F
AU - Borin JF
FAU - Khan, Farhan
AU - Khan F
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Journal Article
DEP - 20110118
PL - England
TA - BJU Int
JT - BJU international

JID - 100886721
SB - IM
MH - Adult
MH - Aged
MH - Female
MH - Hemostasis
MH - Humans
MH - Kidney Neoplasms/*surgery
MH - *Laparoscopy
MH - Male
MH - Middle Aged
MH - Nephrectomy/*methods
MH - Nephrons/surgery
MH - Reproducibility of Results
MH - Retrospective Studies
MH - Treatment Outcome
MH - Young Adult
EDAT- 2011/01/20 06:00
MHDA- 2011/07/19 06:00
CRDT- 2011/01/20 06:00
PHST- 2011/01/20 06:00 [entrez]
PHST- 2011/01/20 06:00 [pubmed]
PHST- 2011/07/19 06:00 [medline]
AID - 10.1111/j.1464-410X.2010.09651.x [doi]
PST - ppublish
SO - BJU Int. 2011 May;107(9):1454-9. doi: 10.1111/
j.1464-410X.2010.09651.x.
      Epub 2011 Jan 18.

PMID- 21195823
OWN - NLM
STAT- MEDLINE
DCOM- 20110131
LR - 20110103
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 77
IP - 1
DP - 2011 Jan
TI - Editorial comment.
PG - 35
LID - 10.1016/j.urology.2010.07.005 [doi]
FAU - Deane, Leslie Allan
AU - Deane LA
LA - eng
PT - Comment
PT - Editorial
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2011 Jan;77(1):30-5. PMID: 20970173
MH - Humans

MH - Lithotripsy/*instrumentation/*methods
MH - Ureteral Calculi/complications/*therapy
MH - *Ureteroscopy
EDAT- 2011/01/05 06:00
MHDA- 2011/02/01 06:00
CRDT- 2011/01/04 06:00
PHST- 2010/07/03 00:00 [received]
PHST- 2010/07/03 00:00 [revised]
PHST- 2010/07/06 00:00 [accepted]
PHST- 2011/01/04 06:00 [entrez]
PHST- 2011/01/05 06:00 [pubmed]
PHST- 2011/02/01 06:00 [medline]
AID - S0090-4295(10)00954-4 [pii]
AID - 10.1016/j.urology.2010.07.005 [doi]
PST - ppublish
SO - Urology. 2011 Jan;77(1):35. doi: 10.1016/
j.urology.2010.07.005.

PMID- 20694091
OWN - NLM
STAT- PubMed-not-MEDLINE
DCOM- 20110714
LR - 20211020
IS - 1920-1214 (Electronic)
IS - 1911-6470 (Linking)
VI - 4
IP - 4
DP - 2010 Aug
TI - Xanthogranulomatous cystitis associated with inflammatory
bowel disease.
PG - E91-3
AB - Xanthogranulomatous inflammation is a benign condition
characterized by
      the presence of multinucleated giant cells, chronic
inflammatory cells
      and lipid-laden macrophages, known as xanthoma cells. Only 22
cases of
      xanthogranulomatous cystitis (XGC) have been reported in the
Japanese and
      English literature. In this report, we describe the twenty-
third case of
      XGC and the third case associated with inflammatory bowel
disease (IBD).
      A 50-year-old woman with quiescent Crohn's disease was
incidentally found
      to have a bladder mass on ultrasound. The lesion was resected
through a
      transurethral approach. Pathology demonstrated XGC. At 3
months post-
      resection, there was no evidence of recurrence adjacent to the
previous
      resection scar.
FAU - Chung, Doreen E
AU - Chung DE

AD - Clinical Assistant Professor, Section of Urology, The
University of
      Chicago, Chicago, IL;
FAU - Carr, Lesley K
AU - Carr LK
FAU - Sugar, Linda
AU - Sugar L
FAU - Hladunewich, Michelle
AU - Hladunewich M
FAU - Deane, Leslie A
AU - Deane LA
LA - eng
PT - Journal Article
PL - Canada
TA - Can Urol Assoc J
JT - Canadian Urological Association journal = Journal de
l'Association des
      urologues du Canada
JID - 101312644
PMC - PMC2911984
EDAT- 2010/08/10 06:00
MHDA- 2010/08/10 06:01
CRDT- 2010/08/10 06:00
PHST- 2010/08/10 06:00 [entrez]
PHST- 2010/08/10 06:00 [pubmed]
PHST- 2010/08/10 06:01 [medline]
AID - 10.5489/cuaj.887 [doi]
PST - ppublish
SO - Can Urol Assoc J. 2010 Aug;4(4):E91-3. doi: 10.5489/cuaj.887.

PMID- 20059350
OWN - NLM
STAT- MEDLINE
DCOM- 20100630
LR - 20211020
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 24
IP - 3
DP - 2010 Mar
TI - Bovine serum albumin glutaraldehyde for completely sutureless
      laparoscopic heminephrectomy in a survival porcine model.
PG - 451-5
LID - 10.1089/end.2009.0200 [doi]
AB - INTRODUCTION: Laparoscopic partial nephrectomy (LPN) has not
received
      widespread clinical application because of its technical
challenge.
      Bovine serum albumin glutaraldehyde (BSAG) is a hemostatic
agent that is
      independent of the clotting cascade. We evaluated the use of
BSAG as the
      sole agent for parenchymal and collecting system closure
during LPN in a

survival porcine model. METHODS: Eighteen pigs underwent hilar clamping
and LPN by longitudinal excision of the lateral one-third of the right
kidney. The opened collecting system was covered with oxidized cellulose
to prevent BSAG seepage into the urinary tract. BSAG was allowed to set
for 10 or 5 minutes. Twelve animals underwent survival LPN BSAG only
closure; six control pigs were acutely studied using saline. Urinary
extravasation was evaluated by injection of furosemide and indigo
carmine, and then evaluating the renal surface and bladder catheter
drainage for dye. A subjective bleeding score was assigned after hilum
unclamping. At 6 weeks, BSAG kidneys were harvested for burst pressure
testing and histopathological analysis. RESULTS: All 12 pigs survived for
6 weeks. No pigs had urinary extravasation. Mean percentage of kidney
removed by weight was 19%. Mean warm ischemia time was 29 minutes. Five
pigs required a second BSAG application to achieve a bleeding score of 0.
Mean arterial and collecting system burst pressures were 301.8 and 322.4
mm Hg, respectively. Mean postoperative creatinine increase was 0.07
mg/dL. CONCLUSION: BSAG for completely sutureless LPN in a survival
porcine model was feasible.
FAU - Louie, Michael K
AU - Louie MK
AD - Department of Urology, University of California Irvine, Orange,
California 92868, USA. louie@uci.edu
FAU - Gamboa, Aldrin Joseph R
AU - Gamboa AJ
FAU - Kaplan, Adam G
AU - Kaplan AG
FAU - Khosravi, Amanda
AU - Khosravi A
FAU - Truong, Hung
AU - Truong H
FAU - Andrade, Lorena
AU - Andrade L
FAU - Lin, Rachelle
AU - Lin R
FAU - Alipanah, Reza
AU - Alipanah R

FAU - Ortiz, Cervando
AU - Ortiz C
FAU - McCormick, David
AU - McCormick D
FAU - Box, Geoffrey N
AU - Box GN
FAU - Lee, Hak J
AU - Lee HJ
FAU - Deane, Leslie A
AU - Deane LA
FAU - Edwards, Robert A
AU - Edwards RA
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
GR - P30 CA062203/CA/NCI NIH HHS/United States
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - 27432CM55Q (Serum Albumin, Bovine)
RN - T3C89M417N (Glutaral)
SB - IM
MH - Animals
MH - Glutaral/chemistry/*therapeutic use
MH - *Laparoscopy
MH - *Models, Animal
MH - Nephrectomy/*methods
MH - Serum Albumin, Bovine/chemistry/*therapeutic use
MH - Survival Analysis
MH - Sus scrofa/*surgery
MH - *Sutures
PMC - PMC3736647
EDAT- 2010/01/12 06:00
MHDA- 2010/07/01 06:00
CRDT- 2010/01/12 06:00
PHST- 2010/01/12 06:00 [entrez]
PHST- 2010/01/12 06:00 [pubmed]
PHST- 2010/07/01 06:00 [medline]
AID - 10.1089/end.2009.0200 [doi]
PST - ppublish
SO - J Endourol. 2010 Mar;24(3):451-5. doi: 10.1089/end.2009.0200.

PMID- 19962554
OWN - NLM
STAT- MEDLINE
DCOM- 20100105
LR - 20091207
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 74

IP - 6
DP - 2009 Dec
TI - Re: Andreoiu et al.: Renal colic in pregnancy: lithiasis or
physiological
      hydronephrosis? (Urology 2009;74:757-761).
PG - 1386; author reply 1387
LID - 10.1016/j.urology.2009.05.037 [doi]
FAU - Deane, Leslie A
AU - Deane LA
LA - eng
PT - Comment
PT - Letter
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
CON - Urology. 2009 Oct;74(4):757-61. PMID: 19660792
MH - Colic/*etiology
MH - Female
MH - Humans
MH - Hydronephrosis/*complications
MH - Kidney Calculi/*complications
MH - Kidney Diseases/*etiology
MH - Pregnancy
MH - Pregnancy Complications/*etiology
EDAT- 2009/12/08 06:00
MHDA- 2010/01/06 06:00
CRDT- 2009/12/08 06:00
PHST- 2009/05/10 00:00 [received]
PHST- 2009/05/10 00:00 [revised]
PHST- 2009/05/11 00:00 [accepted]
PHST- 2009/12/08 06:00 [entrez]
PHST- 2009/12/08 06:00 [pubmed]
PHST- 2010/01/06 06:00 [medline]
AID - S0090-4295(09)00696-7 [pii]
AID - 10.1016/j.urology.2009.05.037 [doi]
PST - ppublish
SO - Urology. 2009 Dec;74(6):1386; author reply 1387. doi:
      10.1016/j.urology.2009.05.037.

PMID- 19154469
OWN - NLM
STAT- MEDLINE
DCOM- 20090902
LR - 20191210
IS - 1464-410X (Electronic)
IS - 1464-4096 (Linking)
VI - 104
IP - 1
DP - 2009 Jul
TI - The 'buoy' stent: evaluation of a prototype indwelling
ureteric stent in
      a porcine model.

PG - 88-92
LID - 10.1111/j.1464-410X.2008.08338.x [doi]
AB - OBJECTIVE To assess a prototype ureteric 'buoy' stent with a 10 F upper
      body tapering to a 3F tail, developed to potentially reduce stent-related
      irritative symptoms while providing an adequate mould for healing after
      endopyelotomy. MATERIALS AND METHODS Eighteen Yucatan minipigs had the
      stent placed either into the intact ureter (phase I) or after Acucise
      proximal endoureterotomy (phase II). Buoy stents were compared to 10/7 F
      endopyelotomy stents and to standard 7 F stents in phases I and II,
      respectively. The pigs were assessed for vesico-ureteric reflux,
      hydronephrosis and infection, before stent insertion and at harvest.
      Stents were weighed before and after placement and the removal force was
      measured. Pressure/flow studies, antegrade nephrostograms and specimens
      for histopathology from the renal pelvis, ureter and vesico-ureteric
      junction (VUJ) were obtained at harvest. RESULTS Thirteen minipigs
      survived the entire study. Ureteric flow with the stents in situ was
      better for buoy stents than for 10/7 F stents (P < 0.005). Ureteric flow
      after endoureterotomy and subsequent stent removal was similar for buoy
      stents and standard 7 F stents. None of the stents refluxed. There was no
      difference between stents in removal force, weight change or incidence of
      hydronephrosis. At 1 and 12 weeks, buoy stents tended to produce lower
      histopathological alteration scores than control stents, especially at
      the VUJ (phase I, 2.0 vs 3.9, P = 0.092; phase II, 0.6 vs 1.7, P = 0.18).
      CONCLUSIONS The novel buoy stents are easily placed and removed via the
      urethra. They can cause less VUJ inflammation than standard stents while
      allowing for adequate ureteric flow and healing after proximal
      endoureterotomy.
FAU - Krebs, Alfred
AU - Krebs A
AD - Department of Urology, University of California, Irvine Medical Center,

      Orange, CA, USA.
FAU - Deane, Leslie A
AU - Deane LA
FAU - Borin, James F
AU - Borin JF
FAU - Edwards, Robert A
AU - Edwards RA
FAU - Sala, Leandro G
AU - Sala LG
FAU - Khan, Farhan
AU - Khan F
FAU - Abdelshehid, Corollos
AU - Abdelshehid C
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Evaluation Study
PT - Journal Article
DEP - 20090114
PL - England
TA - BJU Int
JT - BJU international
JID - 100886721
SB - IM
MH - Animals
MH - Device Removal
MH - Equipment Design
MH - Female
MH - Hydronephrosis/*prevention & control
MH - Stents/microbiology/*standards
MH - Swine
MH - Swine, Miniature
MH - Ureter/microbiology/pathology/*surgery
MH - Urinary Tract Infections/*prevention & control
MH - Vesico-Ureteral Reflux/*prevention & control
EDAT- 2009/01/22 09:00
MHDA- 2009/09/03 06:00
CRDT- 2009/01/22 09:00
PHST- 2009/01/22 09:00 [entrez]
PHST- 2009/01/22 09:00 [pubmed]
PHST- 2009/09/03 06:00 [medline]
AID - BJU8338 [pii]
AID - 10.1111/j.1464-410X.2008.08338.x [doi]
PST - ppublish
SO - BJU Int. 2009 Jul;104(1):88-92. doi: 10.1111/
j.1464-410X.2008.08338.x.
      Epub 2009 Jan 14.

PMID- 19275489
OWN - NLM
STAT- MEDLINE

DCOM- 20090518
LR - 20191210
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 23
IP - 3
DP - 2009 Mar
TI - Evaluation of the outcomes of electrosurgical induced bowel injury
treated with tissue glue/sealant versus sutured repair in a rabbit model.
PG - 535-40
LID - 10.1089/end.2008.0274 [doi]
AB - INTRODUCTION: Bowel injury is an uncommon, although potentially devastating, intraoperative laparoscopic complication. Questions have been raised about the possible use of a tissue adhesive to repair injured bowel. We compared glued repair and sutured repair of both large bowel (LB) and small bowel (SB) electrosurgical injuries in a rabbit model.
METHODS: Pneumoperitoneum was obtained, and four laparoscopic ports were placed in each of 48 New Zealand rabbits. The hook electrode was used in a specified manner to create an equal number of uniform full-thickness injuries to either the SB or the LB. Laparoscopic repair was performed with a 3-0 silk Lembert suture (LS), fibrin glue (FG), or BioGlue (BG), or repair was not performed (i.e., no repair, NR); the animals were monitored for 3 weeks. Adverse clinical outcomes and findings at laparotomy were recorded. Pathologic assessment included an objective scaled evaluation of the intensity of the inflammatory response and degree of healing. RESULTS: In the SB injury group, deteriorating clinical condition necessitated early euthanasia in one animal repaired with FG, one animal repaired with BG, and two animals with NR. LS repair animals had no adverse clinical outcomes. The LB injury group had no adverse clinical outcomes regardless of the method of repair, including the control group. Of the animals that survived for 3 weeks, the animals repaired with BG had more intraabdominal adhesions (100%) than

LS (33%),
      FG (55%), and NR (50%) (p = 0.001). The pathologic assessment revealed
      that BG induced a more intense inflammatory response (p < 0.05).
      CONCLUSION: In the rabbit, suture repair of an electrosurgical SB injury
      appears to have improved outcomes when compared with a glued repair. In
      contrast, LB injury responded well to any form of treatment. The data
      suggest that suture is superior to biological glues when dealing with a
      laparoscopic electrosurgical bowel injury.
FAU - Box, Geoffrey N
AU - Box GN
AD - Department of Urology, University of California, Irvine, Orange,
      California 92868, USA.
FAU - Lee, Hak J
AU - Lee HJ
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Deane, Leslie A
AU - Deane LA
FAU - Santos, Ricardo Juveniz S
AU - Santos RJ
FAU - Elchico, Erick R
AU - Elchico ER
FAU - Khosravi, Amanda
AU - Khosravi A
FAU - Abdelshehid, Corollos A
AU - Abdelshehid CA
FAU - Alipanah, Reza
AU - Alipanah R
FAU - Li, Kevin
AU - Li K
FAU - Moskowitz, Ross M
AU - Moskowitz RM
FAU - Philips, Jason M
AU - Philips JM
FAU - Edwards, Robert A
AU - Edwards RA
FAU - Borin, James F
AU - Borin JF
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Evaluation Study
PT - Journal Article
PL - United States

TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - 0 (Adhesives)
RN - 0 (Tissue Adhesives)
SB - IM
MH - Adhesives/*therapeutic use
MH - Animals
MH - Electrodes
MH - Electrosurgery/*adverse effects
MH - Intestines/*injuries
MH - Models, Animal
MH - Rabbits
MH - *Sutures
MH - Tissue Adhesives/*therapeutic use
MH - Treatment Failure
MH - Treatment Outcome
MH - Wound Healing
MH - Wounds and Injuries/surgery/*therapy
EDAT- 2009/03/12 09:00
MHDA- 2009/05/19 09:00
CRDT- 2009/03/12 09:00
PHST- 2009/03/12 09:00 [entrez]
PHST- 2009/03/12 09:00 [pubmed]
PHST- 2009/05/19 09:00 [medline]
AID - 10.1089/end.2008.0274 [doi]
PST - ppublish
SO - J Endourol. 2009 Mar;23(3):535-40. doi: 10.1089/end.2008.0274.

PMID- 19010491
OWN - NLM
STAT- MEDLINE
DCOM- 20090127
LR - 20220310
IS - 1527-3792 (Electronic)
IS - 0022-5347 (Linking)
VI - 181
IP - 1
DP - 2009 Jan
TI - Comparative study of in vivo lymphatic sealing capability of
the porcine
      thoracic duct using laparoscopic dissection devices.
PG - 387-91
LID - 10.1016/j.juro.2008.08.122 [doi]
AB - PURPOSE: Sealing the lymphatic vessels during abdominal and
pelvic
      surgery is important to prevent the leakage of lymphatic fluid
and its
      resultant sequelae. To our knowledge we compared for the first
time the
      quality of lymphatic sealing by each of 4 commonly used
laparoscopic
      dissection devices. MATERIALS AND METHODS: A total of 12
domestic pigs

were used to test dissecting devices, including monopolar scissors (Ethicon Endo-Surgery, Cincinnati, Ohio), Harmonic ACE Scalpel, LigaSure V, EnSeal and Trissector. A midline incision was made from mid sternum to umbilicus, the diaphragm was divided and the porcine thoracic duct was isolated. In all animals each device was used to seal an area of the duct and each seal was placed at least 2 cm from the prior seal. In group 1 the thoracic duct of 6 pigs was cannulated with a 5Fr catheter and the seal was subjected to burst pressure testing using a burst pressure measuring device (Cole-Parmer, Vernon Hills, Illinois). In the 6 pigs in group 2 each seal was immediately sent for histopathological evaluation. Specimens were given a score for the extent of cautery damage, including 0-none, 1-minimal, 2-moderate, 3-severe and 4-extreme. RESULTS: A total of 64 seals were created, of which 35 were subjected to burst pressure testing. Mean size of the thoracic duct was 2.6 mm. No acute seal failures were observed with any bipolar device or the harmonic shears. However, 2 immediate failures (33%) were seen with monopolar scissors. Mean burst pressure for monopolar scissors, Harmonic ACE Scalpel, LigaSure V, EnSeal and Trissector was 46 (range 0 to 165), 540 (range 175 to 795), 258 (range 75 to 435), 453 (range 255 to 825) and 379 mm Hg (range 175 to 605), respectively ($p < 0.05$). Trissector, Harmonic ACE Scalpel and EnSeal generated seals with significantly higher burst pressure than that of monopolar scissors ($p < 0.05$). Histopathological evaluation revealed that LigaSure caused less thermal damage than Trissector and EnSeal ($p < 0.05$). CONCLUSIONS: Each device tested except monopolar scissors consistently produced a supraphysiological seal and should be suitable for sealing lymphatic vessels during laparoscopic surgery.

FAU - Box, Geoffrey N

AU - Box GN
AD - Department of Urology, University of California-Irvine,
Orange,
      California, USA.
FAU - Lee, Hak J
AU - Lee HJ
FAU - Abraham, Jose B
AU - Abraham JB
FAU - Deane, Leslie A
AU - Deane LA
FAU - Elchico, Erick R
AU - Elchico ER
FAU - Abdelshehid, Corollos A
AU - Abdelshehid CA
FAU - Alipanah, Reza
AU - Alipanah R
FAU - Taylor, Michael B
AU - Taylor MB
FAU - Andrade, Lorena
AU - Andrade L
FAU - Edwards, Robert A
AU - Edwards RA
FAU - Borin, James F
AU - Borin JF
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Journal Article
DEP - 20081117
PL - United States
TA - J Urol
JT - The Journal of urology
JID - 0376374
SB - IM
MH - Animals
MH - Dissection/instrumentation/methods
MH - Equipment Design
MH - Female
MH - Laparoscopy/adverse effects/*methods
MH - Postoperative Complications/prevention & control
MH - Pressure
MH - Swine
MH - *Thoracic Duct
EDAT- 2008/11/18 09:00
MHDA- 2009/01/28 09:00
CRDT- 2008/11/18 09:00
PHST- 2008/04/17 00:00 [received]
PHST- 2008/11/18 09:00 [entrez]
PHST- 2008/11/18 09:00 [pubmed]
PHST- 2009/01/28 09:00 [medline]
AID - S0022-5347(08)02414-2 [pii]

AID - 10.1016/j.juro.2008.08.122 [doi]
PST - ppublish
SO - J Urol. 2009 Jan;181(1):387-91. doi: 10.1016/
j.juro.2008.08.122. Epub
      2008 Nov 17.

PMID- 19178171
OWN - NLM
STAT- MEDLINE
DCOM- 20090506
LR - 20161018
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 23
IP - 1
DP - 2009 Jan
TI - The UCI Seldinger technique for percutaneous renal
cryoablation:
      protecting the tract and achieving hemostasis.
PG - 43-9
LID - 10.1089/end.2008.0032 [doi]
AB - PURPOSE: To describe our Seldinger technique of percutaneous
renal
      cryoablation that was devised to facilitate renal biopsy,
cryoprobe
      placement, and instillation of adjunctive hemostatics while
protecting
      surrounding tissues from cryoinjury. PATIENTS AND METHODS:
This approach
      was used to manage 13 renal masses in 12 adult patients. Under
CT-
      fluoroscopic guidance, an access needle was inserted to abut
the surface
      of the tumor, followed by an Amplatz super-stiff guidewire and
a
      customized coaxial catheter system, which was used as a
conduit for
      needle biopsy, cryoprobe insertion, and FloSeal instillation.
In
      addition, a porcine model was used to compare the temperature
readings
      adjacent to the sheathed and the unsheathed cryoprobe during
percutaneous
      renal cryoablation. RESULTS: In all patients, the use of this
access
      approach was accomplished without incident. Two patients
needed blood
      transfusions. No patient had significant skin, muscle, or
nerve debility.
      At a mean follow-up of 11 months, none had evidence of
persistent disease
      on CT or MRI contrast imaging. In the porcine model, the
customized
      sheath protected the surrounding tissues from reaching

temperatures below
      5 degrees C while temperatures down to -15 degrees C were obtained when
      no insulating sheath was used. CONCLUSIONS: A modified Seldinger
      technique enabled us to perform percutaneous renal cryotherapy through a
      single access channel, which facilitated access for biopsy, cryoprobe
      placement, and instillation of hemostatic agents. This approach may
      provide a protective barrier against cryogenic damage to neighboring
      tissues and could theoretically help minimize the chance of tract
      seeding.
FAU - Abraham, Jose Benito A
AU - Abraham JB
AD - Department of Urology, University of California, Irvine, Irvine,
      California 92868, USA.
FAU - Gamboa, Aldrin Joseph R
AU - Gamboa AJ
FAU - Finley, David S
AU - Finley DS
FAU - Beck, Shawn M
AU - Beck SM
FAU - Lee, Hak J
AU - Lee HJ
FAU - Santos, Ricardo J S
AU - Santos RJ
FAU - Box, Geoffrey N
AU - Box GN
FAU - Deane, Leslie A
AU - Deane LA
FAU - Vajgrt, Duane J
AU - Vajgrt DJ
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Clinical Trial
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
MH - Adult
MH - Aged
MH - Animals
MH - California
MH - Cryosurgery/instrumentation/*methods

MH - Female
MH - *Hemostasis
MH - Humans
MH - Kidney/physiopathology/surgery
MH - Male
MH - Middle Aged
MH - Models, Biological
MH - Sus scrofa
MH - Temperature
MH - *Universities
EDAT- 2009/01/31 09:00
MHDA- 2009/05/07 09:00
CRDT- 2009/01/31 09:00
PHST- 2009/01/31 09:00 [entrez]
PHST- 2009/01/31 09:00 [pubmed]
PHST- 2009/05/07 09:00 [medline]
AID - 10.1089/end.2008.0032 [doi]
AID - 10.1089/end.2008.0032 [pii]
PST - ppublish
SO - J Endourol. 2009 Jan;23(1):43-9. doi: 10.1089/end.2008.0032.

PMID- 18930271
OWN - NLM
STAT- MEDLINE
DCOM- 20081203
LR - 20081113
IS - 1527-3792 (Electronic)
IS - 0022-5347 (Linking)
VI - 180
IP - 6
DP - 2008 Dec
TI - Histological evaluation of cold versus hot cutting: clinical impact on
      margin status for laparoscopic partial nephrectomy.
PG - 2348-52
LID - 10.1016/j.juro.2008.08.029 [doi]
AB - PURPOSE: While most laparoscopic nephron sparing surgery is performed
      using cold scissors, energy based devices may also be used. A criticism
      of this approach has been the potential thermal destruction of the
      cellular architecture at the tumor margin, precluding the ability to
      accurately determine whether tumor cells are present. We clinically
      characterized the histological appearance of tumor margins excised with
      cold scissors, and bipolar and ultrasonic shears. MATERIALS AND METHODS:
      We evaluated 40 renal mass excisions performed by a total of 3 urologists
      at our institution between February 2003 and March 2007. There were 10

bipolar (5 mm LigaSure), 20 ultrasonic (Harmonic Scalpel) and 10 cold excisions. All slides were randomly evaluated twice by a single pathologist blinded to surgeon and excision method. Histological interpretation of the margin was scored as clear vs indeterminate. Variables, including margin fragmentation, artifact, extravascular blood clot, parenchymal hemorrhage, capillary congestion and vessel sealing, were assessed and scored on a scale of 0 to 3, that is 0--none, 1-1% to 25%, 2-26% to 50% and 3--greater than 50%. RESULTS: The pathologist was able to confidently identify cells at the margin as being malignant or benign in all cases. Histologically the ultrasonic scalpel demonstrated increased fragmentation and extravascular blood clotting compared with those of the other cutting methods ($p < 0.025$ and < 0.026, respectively). The ultrasonic scalpel also showed increased artifact depth compared to that of cold cutting ($p < 0.001$). There were no statistical differences between the groups regarding margin artifact, parenchymal hemorrhage or capillary congestion. No statistical significance was observed in any variables between bipolar and cold cutting. CONCLUSIONS: Despite some degree of cellular damage the ability to determine whether cells at the margin were benign or malignant was not affected by using an energy based bipolar or ultrasonic device.

FAU - Phillips, Jason M
AU - Phillips JM
AD - Department of Urology, University of California-Irvine, Irvine, California, USA. jmphilli@uci.edu
FAU - Narula, Navneet
AU - Narula N
FAU - Deane, Leslie A
AU - Deane LA
FAU - Box, Geoffrey N
AU - Box GN
FAU - Lee, Hak J
AU - Lee HJ
FAU - Ornstein, David K
AU - Ornstein DK

FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
DEP - 20081018
PL - United States
TA - J Urol
JT - The Journal of urology
JID - 0376374
SB - IM
MH - Cold Temperature
MH - *Electrosurgery
MH - Hot Temperature
MH - Humans
MH - Kidney Neoplasms/*pathology/*surgery
MH - *Laparoscopy
MH - Nephrectomy/*methods
MH - *Ultrasonic Therapy
EDAT- 2008/10/22 09:00
MHDA- 2008/12/17 09:00
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PHST- 2008/12/17 09:00 [medline]
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AID - S0022-5347(08)02108-3 [pii]
AID - 10.1016/j.juro.2008.08.029 [doi]
PST - ppublish
SO - J Urol. 2008 Dec;180(6):2348-52. doi: 10.1016/
j.juro.2008.08.029. Epub
      2008 Oct 18.

PMID- 18707713
OWN - NLM
STAT- MEDLINE
DCOM- 20080930
LR - 20191210
IS - 1527-3792 (Electronic)
IS - 0022-5347 (Linking)
VI - 180
IP - 4
DP - 2008 Oct
TI - Laboratory evaluation of laparoscopic vascular clamps using a
load-cell
      device--are all clamps the same?
PG - 1267-72
LID - 10.1016/j.juro.2008.06.018 [doi]
AB - PURPOSE: The use of effective vascular clamps is key to
successful
      laparoscopic partial nephrectomy. Based on our clinical

experience the
occlusive capabilities of vascular clamps appeared to be quite variable.
We compared the occlusive force of currently available laparoscopic
vascular clamps. MATERIALS AND METHODS: The jaw force of 3 laparoscopic
vascular clamps (Aesculap(R), Klein Surgical Systems, San Antonio, Texas
and Karl Storztrade mark) were measured by clamping a 2.2 mm compression
load cell (Interface Advanced Force Measurement, Scottsdale, Arizona) in
pound-force. The variables tested were handheld Satinsky, DeBakey and
Storz clamps vs bulldog clamps, proximal, middle and distal application
position, new vs used bulldog clamps and new vs used Satinsky handheld
clamps. In addition, handheld clamps were tested according to the force
generated by the notches in the locking mechanism. Force retention was
also determined for all instruments after clamping a 20Fr latex rubber
catheter for an hour. Finally, leak pressure studies were performed using
a harvested porcine artery to determine the relationship between jaw
force and leak pressure in mm Hg of bulldog and Satinsky handheld clamps
using a pressure gauge (Cole-Parmer(R)). RESULTS: Handheld vascular
clamps provided greater force than bulldog clamps. The proximal position
closest to the hinge provided the greatest force across all instruments.
Compared to new clamps the 2-year-old Klein Surgical Systems bulldog
clamps showed a greater than 40% decrease in jaw force at all positions,
whereas the 3-year-old Aesculap bulldog clamps decreased in jaw force by
less than 9% at all positions. The 2-year-old Satinsky handheld clamps
showed a decrease of 20%, 9% and 0% at the distal, middle and proximal
jaw positions, respectively. Also, there was a positive correlation
between force and the number of notches applied in handheld clamps. In
addition, all instruments maintained jaw force after 1 hour of continuous
clamping. Finally, leak pressure studies performed with used

clamps
showed that Klein Surgical Systems bulldog, Aesculap bulldog and Satinsky
handheld clamps leaked at a pressure of 153 to 223, 465 to 795 and 1,500
to 2,600 mm Hg, respectively. CONCLUSIONS: Vascular clamps have varying
occlusive forces according to clamp type, manufacturer, jaw and teeth
characteristics, jaw clamping position and duration of use. However,
across all clamps the jaw force was greatest at the proximal position.
This is most important when applying laparoscopic bulldog clamps. In
contrast, all handheld vascular clamps generated higher force than
intracorporeal bulldog clamps. At 1 notch the handheld vascular clamps
provided supraphysiological occlusion force regardless of position or
manufacturer.
FAU - Lee, Hak J
AU - Lee HJ
AD - Department of Urology, University of California-Irvine, Orange,
California 92868, USA.
FAU - Box, Geoffrey N
AU - Box GN
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Elchico, Erick R
AU - Elchico ER
FAU - Panah, Reza Ali
AU - Panah RA
FAU - Taylor, Mike B
AU - Taylor MB
FAU - Moskowitz, Ross
AU - Moskowitz R
FAU - Deane, Leslie A
AU - Deane LA
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Evaluation Study
PT - Journal Article
DEP - 20080815
PL - United States
TA - J Urol
JT - The Journal of urology
JID - 0376374

SB - IM
MH - Biomechanical Phenomena
MH - Equipment Design
MH - Equipment Failure Analysis
MH - Equipment Safety
MH - Hemostasis, Surgical/instrumentation
MH - Humans
MH - Laboratories
MH - Laparoscopy/methods
MH - Nephrectomy/*instrumentation/methods
MH - Pressure
MH - Sensitivity and Specificity
MH - Stress, Mechanical
MH - *Surgical Instruments
EDAT- 2008/08/19 09:00
MHDA- 2008/10/01 09:00
CRDT- 2008/08/19 09:00
PHST- 2008/01/24 00:00 [received]
PHST- 2008/08/19 09:00 [pubmed]
PHST- 2008/10/01 09:00 [medline]
PHST- 2008/08/19 09:00 [entrez]
AID - S0022-5347(08)01549-8 [pii]
AID - 10.1016/j.juro.2008.06.018 [doi]
PST - ppublish
SO - J Urol. 2008 Oct;180(4):1267-72. doi: 10.1016/
j.juro.2008.06.018. Epub
      2008 Aug 15.

PMID- 18656905
OWN - NLM
STAT- MEDLINE
DCOM- 20080918
LR - 20220316
IS - 1527-3792 (Electronic)
IS - 0022-5347 (Linking)
VI - 180
IP - 3
DP - 2008 Sep
TI - In vitro evaluation of nitinol urological retrieval coil and
ureteral
      occlusion device: retropulsion and holmium laser fragmentation
      efficiency.
PG - 969-73
LID - 10.1016/j.juro.2008.05.016 [doi]
AB - PURPOSE: Retropulsion of ureteral stones during laser
lithotripsy may
      result in difficult and incomplete stone fragmentation. The
Stone Cone
      nitinol urological retrieval coil and the NTrap nitinol
ureteral
      occlusion device have been introduced into clinical practice
to possibly
      limit stone retropulsion and enhance the efficiency of holmium
laser

(Convergent Laser Technologies, Alameda, California) stone fragmentation.
MATERIALS AND METHODS: A total of 360 BegoStone Plus phantom stones (Bego USA, Smithfield, Rhode Island) of similar mass and weight were divided into 3 groups, including control, Stone Cone and NTrap. The groups were further subdivided according to fiber size (200 or 400 microm) and pulse width (350 or 700 microsec). These stones were placed in a horizontal pipette 12 mm in diameter, submerged in normal saline and disintegrated at laser settings of 1 J and 10 Hz continuously applied for 300 seconds. Retropulsion in cm and fragmentation efficiency with mass loss in mg were measured after treatment. RESULTS: The 2 devices were effective for preventing retropulsion. In the control group the mean +/- SD retropulsion distance using a 350-microsec pulse width with the 200 and 400 microm fibers was 18.4 +/- 5.9 and 14.1 +/- 4.6 cm, while it was 6.2 +/- 2.6 and 5.6 +/- 2.4, respectively, using the 700-microsec pulse width. There was a statistically significant higher loss of stone weight in the Stone Cone and NTrap experimental groups than in the control group ($p < 0.0001$). However, there was no difference between the 2 experimental groups across all groups ($p = 0.32$). CONCLUSIONS: The Stone Cone and NTrap eliminated retropulsion and equally improved fragmentation efficiency. The maximum efficiency of fragmentation was seen using the 200 microm fiber at a 700-microsec pulse width.

FAU - Lee, Hak J
AU - Lee HJ
AD - Department of Urology, University of California-Irvine, Orange, California 92868, USA.
FAU - Box, Geoffrey N
AU - Box GN
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Deane, Leslie A
AU - Deane LA
FAU - Elchico, Erick R
AU - Elchico ER
FAU - Eisner, Brian H

AU - Eisner BH
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Evaluation Study
PT - Journal Article
DEP - 20080726
PL - United States
TA - J Urol
JT - The Journal of urology
JID - 0376374
RN - 0 (Alloys)
RN - 2EWL73IJ7F (nitinol)
RN - W1XX32SQN1 (Holmium)
SB - IM
MH - Alloys
MH - Holmium
MH - In Vitro Techniques
MH - Lithotripsy, Laser/*adverse effects
MH - Surgical Instruments
MH - Ureter
MH - Ureteral Calculi/*therapy
MH - Ureteroscopy
EDAT- 2008/07/29 09:00
MHDA- 2008/09/19 09:00
CRDT- 2008/07/29 09:00
PHST- 2007/12/23 00:00 [received]
PHST- 2008/07/29 09:00 [pubmed]
PHST- 2008/09/19 09:00 [medline]
PHST- 2008/07/29 09:00 [entrez]
AID - S0022-5347(08)01236-6 [pii]
AID - 10.1016/j.juro.2008.05.016 [doi]
PST - ppublish
SO - J Urol. 2008 Sep;180(3):969-73. doi: 10.1016/
j.juro.2008.05.016. Epub
      2008 Jul 26.

PMID- 18550087
OWN - NLM
STAT- MEDLINE
DCOM- 20080902
LR - 20141120
IS - 1527-3792 (Electronic)
IS - 0022-5347 (Linking)
VI - 180
IP - 2
DP - 2008 Aug
TI - Percutaneous and laparoscopic cryoablation of small renal
masses.
PG - 492-8; discussion 498
LID - 10.1016/j.juro.2008.04.019 [doi]
AB - PURPOSE: We reviewed our 4-year experience with percutaneous

cryoablation
and laparoscopy for treating small renal masses. MATERIALS AND METHODS:
After institutional review board approval we retrospectively analyzed
renal cryoablation procedures performed between March 2003 and October
2007. An in-depth analysis was performed concerning demographics,
hospital course and short-term outcome with respect to percutaneous vs
laparoscopic cryoablation. RESULTS: A total of 37 patients underwent
treatment for 43 renal masses. Of the 37 patients 19 underwent
laparoscopic cryoablation (24 tumors) and 18 underwent percutaneous
cryoablation (19 tumors) using computerized tomography fluoroscopy. For
percutaneous cryoablation a saline instillation was used in 58% of cases
to move nonrenal vital structures away from the targeted renal mass.
There were 5 cases of hemorrhage requiring transfusion, all of which were
associated with the use of multiple cryoprobes. The transfusion rate in
the percutaneous and laparoscopic cryoablation groups was 11.1% and
27.8%, respectively. Operative time was significantly longer in the
laparoscopic cryoablation group compared to the percutaneous cryoablation
group at 147 (range 89 to 209) vs 250.2 (range 151 to 360) minutes,
respectively. The overall complication rate (including transfusion) was
lower in the percutaneous cryoablation group compared to the laparoscopic
cryoablation group (4 of 18 [22.2%] vs 8 of 20 [40%], respectively).
Hospital stay was significantly shorter in the percutaneous vs
laparoscopic cryoablation group at 1.3 vs 3.1 days, p <0.0001,
respectively. Narcotic use in the percutaneous cryoablation group was
more than half that used by the laparoscopic cryoablation group (5.1 vs
17.8 mg, p = 0.03, respectively). Among patients with biopsy proven renal
cell carcinoma during a median followup of 11.4 and 13.4 months in the
percutaneous and laparoscopic cryoablation groups, cancer specific
survival was 100% and 100%, respectively, and the treatment failure rate

was 5.3% and 4.2%, respectively. CONCLUSIONS: Percutaneous cryoablation
is an efficient, minimally morbid method for the treatment of small renal
masses and it appears to be superior to the laparoscopic approach. Short-
term followup has shown no difference in tumor recurrence or need for re-
treatment. Of note, hemorrhage was solely associated with the use of
multiple probes.
FAU - Finley, David S
AU - Finley DS
AD - Department of Urology, University of California Irvine Medical Center,
Orange, California, USA. finds@uci.edu
FAU - Beck, Shawn
AU - Beck S
FAU - Box, Geoffrey
AU - Box G
FAU - Chu, William
AU - Chu W
FAU - Deane, Leslie
AU - Deane L
FAU - Vajgrt, Duane J
AU - Vajgrt DJ
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Journal Article
DEP - 20080611
PL - United States
TA - J Urol
JT - The Journal of urology
JID - 0376374
SB - IM
CIN - J Urol. 2009 Jun;181(6):2827; author reply 2827-8. PMID: 19375755
MH - Biopsy, Needle
MH - Carcinoma, Renal Cell/mortality/*pathology/*surgery
MH - Cryosurgery/*methods
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Immunohistochemistry
MH - Kidney Neoplasms/mortality/*pathology/*surgery
MH - Laparoscopy/*methods
MH - Length of Stay
MH - Male
MH - Minimally Invasive Surgical Procedures
MH - Neoplasm Staging

MH - Pain, Postoperative
MH - Retrospective Studies
MH - Risk Assessment
MH - Survival Analysis
MH - Treatment Outcome
EDAT- 2008/06/14 09:00
MHDA- 2008/09/03 09:00
CRDT- 2008/06/14 09:00
PHST- 2007/12/11 00:00 [received]
PHST- 2008/06/14 09:00 [pubmed]
PHST- 2008/09/03 09:00 [medline]
PHST- 2008/06/14 09:00 [entrez]
AID - S0022-5347(08)00948-8 [pii]
AID - 10.1016/j.juro.2008.04.019 [doi]
PST - ppublish
SO - J Urol. 2008 Aug;180(2):492-8; discussion 498. doi:
      10.1016/j.juro.2008.04.019. Epub 2008 Jun 11.

PMID- 18468666
OWN - NLM
STAT- MEDLINE
DCOM- 20080930
LR - 20080805
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 72
IP - 2
DP - 2008 Aug
TI - Fungal urosepsis after ureteroscopy in cirrhotic patients: a
word of
      caution.
PG - 291-3
LID - 10.1016/j.urology.2008.01.005 [doi]
AB - OBJECTIVES: Fungal sepsis after ureteroscopy (URS) is rarely
reported. We
      report on 2 cases of acute fungemia that developed after
routine
      ureteroscopic stone manipulation in patients with advanced
liver
      cirrhosis. This represents a unique and high-risk population,
and, to our
      knowledge, these are the first such cases reported. METHODS:
We performed
      a retrospective review of the medical records of 2 patients
with Child-
      Pugh class B and C liver cirrhosis who had undergone
ureteroscopy (URS)
      and holmium laser lithotripsy for obstructing ureteral
calculi. RESULTS:
      The treated stones measured 10 mm and 12 mm and were at the
right
      ureteropelvic junction and left ureterovesical junction,
respectively.
      Both patients had had indwelling ureteral stents in place for

1 and 2
      months before URS plus holmium laser lithotripsy, with negative
      preoperative urine cultures. Each procedure was uncomplicated, and a
      ureteral stent was left in situ in each case. Within 12 hours of URS,
      each patient became tachycardic, hypotensive, and febrile. Blood, urine
      (proximal to the stone), and stone cultures were positive for Candida
      albicans in both patients. They were both successfully treated with
      intravenous fluconazole and subsequently discharged from the hospital on
      postoperative day 12 and 13, respectively. CONCLUSIONS: Patients with
      advanced liver disease appear to be at greater risk of fungal sepsis
      after otherwise uncomplicated URS and stone manipulation. Consideration
      should be given to prophylactic antifungal therapy, in addition to the
      standard antibacterial prophylaxis for such procedures.
FAU - Beck, Shawn M
AU - Beck SM
AD - Department of Urology, University of California, Irvine, School of
      Medicine, Orange, California 92868, USA. sbeck@uci.edu
FAU - Finley, David S
AU - Finley DS
FAU - Deane, Leslie A
AU - Deane LA
LA - eng
PT - Case Reports
PT - Journal Article
DEP - 20080512
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Humans
MH - Kidney Calculi/*complications
MH - Liver Cirrhosis/*complications
MH - Male
MH - Middle Aged
MH - Sepsis/*microbiology/*urine
MH - Ureteroscopy/*adverse effects
EDAT- 2008/05/13 09:00
MHDA- 2008/10/01 09:00
CRDT- 2008/05/13 09:00
PHST- 2007/11/29 00:00 [received]
PHST- 2007/11/29 00:00 [revised]

PHST- 2008/01/02 00:00 [accepted]
PHST- 2008/05/13 09:00 [pubmed]
PHST- 2008/10/01 09:00 [medline]
PHST- 2008/05/13 09:00 [entrez]
AID - S0090-4295(08)00008-3 [pii]
AID - 10.1016/j.urology.2008.01.005 [doi]
PST - ppublish
SO - Urology. 2008 Aug;72(2):291-3. doi: 10.1016/
j.urology.2008.01.005. Epub
2008 May 12.

PMID- 18498229
OWN - NLM
STAT- MEDLINE
DCOM- 20081006
LR - 20220408
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 22
IP - 6
DP - 2008 Jun
TI - LapED 4-In-1 silicone training aid for practicing laparoscopic skills and
tasks: a preliminary evaluation.
PG - 1351-7
LID - 10.1089/end.2008.0031 [doi]
AB - OBJECTIVE: We developed a simple, inexpensive model to simulate four
reconstructive laparoscopic procedures: pyeloplasty, vesicourethral
anastomosis, bladder injury repair, and partial nephrectomy. MATERIALS
AND METHODS: Liquid silicone was applied in layers to a mold to create
the 4-in-1 model. A questionnaire evaluating its face and content
validity was distributed to postgraduate urologists participating in a
mini-residency program at the University of California-Irvine (UCI), and
in the 2006 American Urological Association Hands-On course on
reconstructive laparoscopic pyeloplasty. RESULTS: A total of 56
postgraduate urologists used the model and completed an evaluation
questionnaire. Ninety-four percent (51/54) and 96% (48/50) agreed that
the model was helpful for practicing laparoscopic pyeloplasty and
urethrovesical anastomosis, respectively. Urologists who were experienced
in either performing laparoscopic pyeloplasty (n = 6) or robot-assisted
and/or laparoscopic prostatectomy (n = 11) would recommend

this model to
      surgeons in training. Overall, 94% (48/51) and 96% (50/52) of
the
      respondents would recommend this model for postgraduate
surgeons and
      residents, respectively. CONCLUSION: We present a versatile
model for
      practicing laparoscopic and robotic suturing and knot-tying
skills in
      four reconstructive urologic procedures. Our results support
the face and
      content validity of this model for performing pyeloplasty and
      vesicourethral anastomoses.
FAU - Abraham, Jose Benito A
AU - Abraham JB
AD - Department of Urology, University of California-Irvine,
Orange,
      California 92868, USA.
FAU - Abdelshehid, Corollos S
AU - Abdelshehid CS
FAU - Lee, Hak J
AU - Lee HJ
FAU - Alipanah, Reza
AU - Alipanah R
FAU - Andrade, Lorena A
AU - Andrade LA
FAU - Sargent, Eric R
AU - Sargent ER
FAU - Box, Geoffrey N
AU - Box GN
FAU - Deane, Leslie A
AU - Deane LA
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Evaluation Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - 0 (Silicones)
SB - IM
MH - Humans
MH - *Laparoscopy
MH - Reproducibility of Results
MH - *Silicones
MH - Surveys and Questionnaires
MH - *Teaching Materials
EDAT- 2008/05/24 09:00
MHDA- 2008/10/07 09:00

CRDT- 2008/05/24 09:00
PHST- 2008/05/24 09:00 [pubmed]
PHST- 2008/10/07 09:00 [medline]
PHST- 2008/05/24 09:00 [entrez]
AID - 10.1089/end.2008.0031 [doi]
PST - ppublish
SO - J Endourol. 2008 Jun;22(6):1351-7. doi: 10.1089/end.2008.0031.

PMID- 18578650
OWN - NLM
STAT- MEDLINE
DCOM- 20081006
LR - 20220331
IS - 1557-900X (Electronic)
IS - 0892-7790 (Linking)
VI - 22
IP - 6
DP - 2008 Jun
TI - Third place: Flank position is associated with higher skin-to-surface
      interface pressures in men versus women: implications for laparoscopic
      renal surgery and the risk of rhabdomyolysis.
PG - 1147-51
LID - 10.1089/end.2008.0047 [doi]
AB - BACKGROUND AND PURPOSE: There have been several reports of rhabdomyolysis
      occurring after prolonged laparoscopic procedures in the flank position.
      Accordingly, we evaluated interface pressures between the skin and three
      commonly used operating room table surfaces. The aim of our study was to
      determine if pressure changes could be related to body mass index (BMI),
      sex, position, and/or the table surface material. PATIENTS AND METHODS:
      Ten men and 10 women were grouped according to BMI <25 or >or=25, with
      five participants in each group. Subjects were placed in the left lateral
      decubitus position with the operating table flat, half flexed, fully
      flexed, half flexed with the kidney rest elevated, and fully flexed with
      the kidney rest elevated. Interface pressures were recorded, using an
      X-Sensor pressure sensing mat, for 5-minute periods in each of the
      described positions on each surface. RESULTS: Sex and BMI were
      statistically significant predictors of increased pressures (P= 0.0042
      and 0.0402, respectively). The parameter estimate for the difference

between men and women was 4.63 mm Hg (P= 0.0002), and the difference for
BMI >or= 25 compared with <25 was also significant (P < 0.0209). Full
table flexion (50-degree) produced significantly higher pressures than
both flat (P= 0.0001) and the half-flexed (25-degree) position (P <
0.0001). Positions with the kidney rest elevated were associated with
significantly higher pressures than without elevation (P < 0.0001). With
regard to the surface used, egg crate provided lower pressures than gel
pads (P= 0.0117). CONCLUSION: Women have significantly lower interface
pressures when compared with men. BMI >or= 25 also increases interface
pressures. The use of the kidney rest is associated with markedly
increased pressure; use of a half-flexed position is preferable to a
full-flexed position. These data have implications for patient
positioning and identification of persons at risk for rhabdomyolysis
during laparoscopic renal surgery.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of California-Irvine, Irvine,
California 92868, USA.
FAU - Lee, Hak J
AU - Lee HJ
FAU - Box, Geoffrey N
AU - Box GN
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Abdelshehid, Corollos S
AU - Abdelshehid CS
FAU - Elchico, Erick R
AU - Elchico ER
FAU - Alipanah, Reza
AU - Alipanah R
FAU - Borin, James F
AU - Borin JF
FAU - Johnson, Royce W
AU - Johnson RW
FAU - Jackson, Donna J
AU - Jackson DJ
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng

PT - Comparative Study
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
MH - *Awards and Prizes
MH - Body Mass Index
MH - Female
MH - Humans
MH - Kidney/physiopathology/surgery
MH - Laparoscopy/*adverse effects
MH - Male
MH - Posture/*physiology
MH - Pressure
MH - Rhabdomyolysis/*etiology/*physiopathology
MH - Risk Factors
MH - *Sex Characteristics
MH - Skin/*physiopathology
EDAT- 2008/06/27 09:00
MHDA- 2008/10/07 09:00
CRDT- 2008/06/27 09:00
PHST- 2008/06/27 09:00 [pubmed]
PHST- 2008/10/07 09:00 [medline]
PHST- 2008/06/27 09:00 [entrez]
AID - 10.1089/end.2008.0047 [doi]
PST - ppublish
SO - J Endourol. 2008 Jun;22(6):1147-51. doi: 10.1089/
end.2008.0047.

PMID- 18397157
OWN - NLM
STAT- MEDLINE
DCOM- 20080814
LR - 20220311
IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 22
IP - 5
DP - 2008 May
TI - Robotic versus standard laparoscopic partial/wedge
nephrectomy: a
      comparison of intraoperative and perioperative results from a
single
      institution.
PG - 947-52
LID - 10.1089/end.2007.0376 [doi]
AB - PURPOSE: Laparoscopic partial/wedge nephrectomy, similar to
laparoscopic
      radical prostatectomy, is a technically challenging procedure
that is
      performed by a limited number of expert laparoscopic surgeons.
The

incorporation of a robotic surgical interface has dramatically increased the use of minimally invasive pelvic surgery such that robotic laparoscopic radical prostatectomy is commonly performed even by laparoscopically naive surgeons. This analysis compares the outcomes of our initial experience with robot-assisted laparoscopic partial nephrectomy (RLPN) performed by an experienced open surgeon to that of standard laparoscopic partial nephrectomy (LPN) performed by two experienced laparoscopic surgeons. PATIENTS AND METHODS: We reviewed the medical records of 11 consecutive patients who underwent 12 standard LPNs (EMM, RVC) (one patient had two unilateral tumors) and 10 consecutive patients (representing the first 11 of such robotic procedures performed at our institution) who underwent 11 RLPNs (one patient had bilateral tumors managed in an asynchronous manner) (DKO). RESULTS: The mean tumor size was 2.3 cm (range 1.7-6.2 cm) for LPN and 3.1 cm (range 2.5-4 cm) for RLPN. The mean total procedure time was 289.5 minutes (range 145-369 min) for LPN and 228.7 minutes (range 98-375 min) for RLPN (P=0.102). The mean estimated blood loss was 198 mL (range 75-500 mL) for LPN v 115 mL (25-300 mL) for RLPN (P=0.169). The mean warm ischemia time was 35.3 minutes (range 15-49 min) in the LPN group and 32.1 minutes (range 30-45 minutes) in the RLPN group (P=0.501). CONCLUSIONS: Introducing a robotic interface for laparoscopic partial/wedge resection allowed a fellowship-trained urologic oncologist with limited reconstructive laparoscopic experience to achieve results comparable to those for laparoscopic partial/wedge resection performed by experienced laparoscopic surgeons. In this regard, the learning curve appears truncated, similar to that with robot-assisted laparoscopic prostatectomy.

FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of Illinois at Chicago, Chicago,

      Illinois 60612, USA. l.deane@mac.com
FAU - Lee, Hak J
AU - Lee HJ
FAU - Box, Geoffrey N
AU - Box GN
FAU - Melamud, Ori
AU - Melamud O
FAU - Yee, David S
AU - Yee DS
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Finley, David S
AU - Finley DS
FAU - Borin, James F
AU - Borin JF
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
FAU - Ornstein, David K
AU - Ornstein DK
LA - eng
PT - Comparative Study
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
MH - Blood Loss, Surgical
MH - Carcinoma, Renal Cell/surgery
MH - Clinical Competence
MH - Hematocrit
MH - Humans
MH - Kidney Neoplasms/surgery
MH - *Laparoscopy
MH - Length of Stay
MH - Middle Aged
MH - Nephrectomy/*methods
MH - Postoperative Complications
MH - *Robotics
MH - Time Factors
MH - Warm Ischemia
EDAT- 2008/04/10 09:00
MHDA- 2008/08/15 09:00
CRDT- 2008/04/10 09:00
PHST- 2008/04/10 09:00 [pubmed]
PHST- 2008/08/15 09:00 [medline]
PHST- 2008/04/10 09:00 [entrez]
AID - 10.1089/end.2007.0376 [doi]
PST - ppublish
SO - J Endourol. 2008 May;22(5):947-52. doi: 10.1089/end.2007.0376.

PMID- 18355143

OWN - NLM
STAT- MEDLINE
DCOM- 20080918
LR - 20161018
IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 22
IP - 3
DP - 2008 Mar
TI - Rapid communication: robot-assisted NOTES nephrectomy: initial report.
PG - 503-6
LID - 10.1089/end.2007.0385 [doi]
AB - BACKGROUND AND PURPOSE: Natural Orifice Transluminal Endoscopic Surgery
(NOTES) using the daVinci robot (Intuitive Surgical, Sunnyvale, CA) has
never been applied to urologic surgery. Here we present our initial
experience with a combined transvaginal and transcolonic, single-port,
robot-assisted NOTES nephrectomy. METHODS: An acute experiment was
performed in a female farm pig. A single 12-mm trocar was placed in the
midline, and two 12-mm standard laparoscopic ports were placed into the
abdomen via the vagina and the colon. The robotic ports were then
telescoped into the 12-mm ports, and the daVinci S robot was docked.
Dissection was performed using the Hot Shears and the ProGrasp
instruments. The robotic camera was placed via the midline port and held
by an assistant. Using the 12-mm transvaginal port, the renal artery and
vein were divided separately with a vascular Endo GIA (US Surgical,
Norwalk, CT) stapler. The kidney was placed into a 10-mm entrapment sack
and removed intact via the vagina. RESULTS: Total operative time was 150
minutes. Estimated blood loss was less than 50 mL. No intraoperative
complications occurred. CONCLUSION: A robot-assisted NOTES nephrectomy
was accomplished in a porcine model using the daVinci S robot. Additional
testing on survival animals is necessary to further explore this
approach.
FAU - Box, Geoffrey N
AU - Box GN
AD - Department of Urology, University of California, Irvine,

California, USA.
FAU - Lee, Hak J
AU - Lee HJ
FAU - Santos, Ricardo J S
AU - Santos RJ
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Louie, Michael K
AU - Louie MK
FAU - Gamboa, Aldrin Joseph R
AU - Gamboa AJ
FAU - Alipanah, Reza
AU - Alipanah R
FAU - Deane, Leslie A
AU - Deane LA
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
MH - Animals
MH - Colon/*surgery
MH - Female
MH - Nephrectomy/*methods
MH - *Robotics
MH - Swine
MH - Vagina/*surgery
EDAT- 2008/03/22 09:00
MHDA- 2008/09/19 09:00
CRDT- 2008/03/22 09:00
PHST- 2008/03/22 09:00 [pubmed]
PHST- 2008/09/19 09:00 [medline]
PHST- 2008/03/22 09:00 [entrez]
AID - 10.1089/end.2007.0385 [doi]
PST - ppublish
SO - J Endourol. 2008 Mar;22(3):503-6. doi: 10.1089/end.2007.0385.

PMID- 18315486
OWN - NLM
STAT- MEDLINE
DCOM- 20080521
LR - 20161018
IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 22
IP - 1
DP - 2008 Jan
TI - Comparison of healing after cystotomy and repair with fibrin

glue and
      sutured closure in the porcine model.
PG - 145-50
LID - 10.1089/end.2007.9861 [doi]
AB - PURPOSE: We compared healing after laparoscopic cystotomy using fibrin
      glue, sutures, or a combination to determine whether fibrin glue can
      obviate the need for sutures and whether there is any detriment when glue
      is used in the presence of sutures. MATERIALS AND METHODS: In 24
      Yorkshire pigs, a 3.5 cm vertical cystotomy was created laparoscopically
      and repaired as follows: Group 1--no closure; group 2--fibrin glue
      closure; group 3--suture repair; group 4--combined fibrin glue and suture
      repair. All animals had a Foley catheter for 1 week. In each group, three
      animals were harvested at 1 week (acute) and three animals were harvested
      at 6 weeks (chronic). RESULTS: Acute: Group 1--all pigs had an unhealed
      defect that leaked when evaluated by cystography. Groups 2, 3, 4--mean
      leak pressures were 80, 97, and 60 cm H(2)O (P = 0.36), respectively.
      Mean bladder capacity was not significantly different between groups.
      Chronic: No leakage seen on a cystogram at 1 week; at 6 weeks, bladders
      were filled at > or =95 to 100 cm H(2)O without leakage. Histologically,
      there was more inflammation in the acute group v chronic group pigs. In
      the acute group pigs repaired with glue or suture + glue, there was more
      inflammation and less epithelial continuity than in the suture alone
      group. At 6 weeks, there was no difference between groups. CONCLUSION:
      Fibrin glue provoked an intense inflammatory response that might have
      delayed healing acutely, resulting in a lower burst pressure in both
      scenarios in which it was used (i.e., alone or in combination with
      sutures). However, by 6 weeks, there did not seem to be any difference
      between groups either clinically or histopathologically.
FAU - Borin, James F
AU - Borin JF
AD - Department of Urology, University of California-Irvine, 101

The City
      Drive, Orange, CA 92612, USA. jborin@uci.edu
FAU - Deane, Leslie A
AU - Deane LA
FAU - Sala, Leandro G
AU - Sala LG
FAU - Abdelshehid, Corollos S
AU - Abdelshehid CS
FAU - White, Shannon M
AU - White SM
FAU - Poulson, Alfred Krebs
AU - Poulson AK
FAU - Khan, Farhan
AU - Khan F
FAU - Edwards, Robert A
AU - Edwards RA
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Comparative Study
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - 0 (Fibrin Tissue Adhesive)
RN - 0 (Tissue Adhesives)
SB - IM
MH - Animals
MH - *Cystotomy
MH - Female
MH - Fibrin Tissue Adhesive/*therapeutic use
MH - Sus scrofa
MH - *Sutures
MH - Tissue Adhesives/*therapeutic use
MH - Urinary Bladder/surgery
MH - *Wound Healing
EDAT- 2008/03/05 09:00
MHDA- 2008/05/22 09:00
CRDT- 2008/03/05 09:00
PHST- 2008/03/05 09:00 [pubmed]
PHST- 2008/05/22 09:00 [medline]
PHST- 2008/03/05 09:00 [entrez]
AID - 10.1089/end.2007.9861 [doi]
PST - ppublish
SO - J Endourol. 2008 Jan;22(1):145-50. doi: 10.1089/end.2007.9861.

PMID- 18186686
OWN - NLM
STAT- MEDLINE
DCOM- 20080311
LR - 20220317

IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 21
IP - 12
DP - 2007 Dec
TI - Comparative analysis of laparoscopic and robot-assisted radical
      cystectomy with ileal conduit urinary diversion.
PG - 1473-80
LID - 10.1089/end.2007.0095 [doi]
AB - PURPOSE: To compare our experience with laparoscopic radical cystectomy
      (LACIC) and robot-assisted laparoscopic radical cystectomy (RACIC) with
      ileal conduit urinary diversion. PATIENTS AND METHODS: Prospective data
      were gathered on 20 consecutive patients undergoing LACIC performed
      between August 2002 and July 2005, and on 14 consecutive patients
      undergoing RACIC performed between March 2005 and December 2006. Radical
      cystectomy with pelvic lymphadenectomy was performed laparoscopically or
      robotically, and an ileal conduit urinary diversion was performed
      extracorporeally. RESULTS: There was no significant difference in terms
      of preoperative factors or baseline tumor characteristics and no
      significant difference in mean operative time (410 min v 419 min) between
      groups. There was less blood loss (212 mL v 653 mL; P < 0.0001) and fewer
      transfusions (42.8% v 70%; P < 0.0011) in the RACIC group. There was one
      intraoperative complication (7%) and no conversions in the RACIC group.
      There were three (15%) intraoperative complications all leading to
      conversion in patients undergoing LACIC. Three (21%) patients in the
      RACIC group and 10 (50%) patients in the LACIC group had at least 1 post-
      operative complication. The mean number of days to oral intake was less
      in the RACIC group (2.3 v 6.1; P = 0.012). There was no significant
      difference in the number of lymph nodes excised (P = 0.09) between
      groups. Bilateral extended lymphadenectomy was performed in 10 (71%)
      RACIC patients with a mean of 22.3 lymph nodes harvested and in 16 (80%)

LACIC patients with a mean of 16.5 lymph nodes harvested. There were no positive margins in patients in the LACIC group and one (7.1%) among patients in the RACIC group--a patient with pT4 disease. CONCLUSION: Both laparoscopic and robot-assisted radical cystectomies can be performed safely without compromising oncologic standards for surgical margins and extent of lymphadenectomy. In this early experience, the robot-assisted approach appears to have a shorter learning curve, and it is associated with less blood loss, fewer postoperative complications, and earlier return of bowel function than LACIC.

FAU - Abraham, Jose Benito A
AU - Abraham JB
AD - Department of Urology, University of California at Irvine, Orange, California 92868, USA.
FAU - Young, Jennifer L
AU - Young JL
FAU - Box, Geoffrey N
AU - Box GN
FAU - Lee, Hak J
AU - Lee HJ
FAU - Deane, Leslie A
AU - Deane LA
FAU - Ornstein, David K
AU - Ornstein DK

LA - eng
PT - Comparative Study
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM

MH - Aged
MH - Aged, 80 and over
MH - Carcinoma, Transitional Cell/secondary/*surgery
MH - Cystectomy/*methods
MH - Female
MH - Follow-Up Studies
MH - Humans
MH - Laparoscopy/*methods
MH - Lymph Node Excision/methods
MH - Lymphatic Metastasis
MH - Male
MH - Neoplasm Staging
MH - Prospective Studies
MH - Robotics/*methods

MH - Treatment Outcome
MH - Urinary Bladder Neoplasms/pathology/*surgery
MH - Urinary Diversion/*methods
EDAT- 2008/01/12 09:00
MHDA- 2008/03/12 09:00
CRDT- 2008/01/12 09:00
PHST- 2008/01/12 09:00 [pubmed]
PHST- 2008/03/12 09:00 [medline]
PHST- 2008/01/12 09:00 [entrez]
AID - 10.1089/end.2007.0095 [doi]
PST - ppublish
SO - J Endourol. 2007 Dec;21(12):1473-80. doi: 10.1089/
end.2007.0095.

PMID- 18068462
OWN - NLM
STAT- MEDLINE
DCOM- 20080111
LR - 20220311
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 70
IP - 5
DP - 2007 Nov
TI - Anatomic excision of anterior prostatic fat at radical
prostatectomy:
      implications for pathologic upstaging.
PG - 1000-3
AB - INTRODUCTION: After exposure of the retropubic space, the
surgeon
      commonly dissects the fat overlying the prostate and usually
discards it.
      We have previously described the importance of dissecting this
fat to
      completely visualize the dorsal venous complex (DVC) and
prostatic apex.
      In this study, we describe a technique to dissect and remove
the anterior
      prostatic fat pad (APF) and its anatomic and pathologic
significance.
      TECHNICAL CONSIDERATIONS: After the retropubic space was
prepared, we
      dissected the fat overlying the puboprostatic ligaments and
the DVC to
      fully expose these structures. The superficial branch of the
DVC was then
      transected, and the fat was dissected cephalad to the junction
with the
      bladder. The fat was then further dissected laterally toward
the lateral
      pelvic sidewall. Video analysis of the lateral dissection of
the fat
      revealed a direct link to the obturator lymph node chain,
where it was

transected. Pathologic analysis demonstrated that 30 (14.7%) of 204
patients had one or more APF lymph nodes, of which four were positive for
metastatic prostate cancer. The cancer of 3 of these 4 patients was
upstaged as a result of the detection of these positive nodes.
CONCLUSIONS: The dissection of the APF facilitates visualization of the
apex and bladder neck. Anatomically, we have demonstrated that the APF
contains lymph nodes approximately 15% of the time that are in
communication with the obturator lymph node chain and DVC. We found that
removal of the APF and its pathologic analysis can result in pathologic
upstaging.
FAU - Finley, David S
AU - Finley DS
AD - Department of Urology, University of California, Irvine, School of
Medicine, Orange, California 92868, USA.
FAU - Deane, Leslie
AU - Deane L
FAU - Rodriguez, Esequiel
AU - Rodriguez E
FAU - Vallone, John
AU - Vallone J
FAU - Deshmukh, Suvarna
AU - Deshmukh S
FAU - Skarecky, Douglas
AU - Skarecky D
FAU - Carpenter, Philip
AU - Carpenter P
FAU - Narula, Navneet
AU - Narula N
FAU - Ornstein, David K
AU - Ornstein DK
FAU - Ahlering, Thomas E
AU - Ahlering TE
LA - eng
PT - Journal Article
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Humans
MH - Intra-Abdominal Fat/*surgery
MH - Male
MH - Neoplasm Staging
MH - Prostatectomy/*methods
MH - Prostatic Neoplasms/*pathology/*surgery
EDAT- 2007/12/11 09:00

MHDA- 2008/01/12 09:00
CRDT- 2007/12/11 09:00
PHST- 2007/07/06 00:00 [received]
PHST- 2007/08/14 00:00 [revised]
PHST- 2007/09/16 00:00 [accepted]
PHST- 2007/12/11 09:00 [pubmed]
PHST- 2008/01/12 09:00 [medline]
PHST- 2007/12/11 09:00 [entrez]
AID - S0090-4295(07)02162-0 [pii]
AID - 10.1016/j.urology.2007.09.028 [doi]
PST - ppublish
SO - Urology. 2007 Nov;70(5):1000-3. doi: 10.1016/
j.urology.2007.09.028.

PMID- 17941773
OWN - NLM
STAT- MEDLINE
DCOM- 20080123
LR - 20161018
IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 21
IP - 9
DP - 2007 Sep
TI - Rapid communication: effects of Steris 1 sterilization and Cidex ortho-
phthalaldehyde high-level disinfection on durability of new-generation
flexible ureteroscopes.
PG - 985-92
AB - BACKGROUND AND PURPOSE: The effects of commonly used reprocessing methods
on flexible ureteroscope longevity have never been examined. We
prospectively studied the effects of Steris 1 sterilization and Cidex
ortho-phthalaldehyde (OPA) high-level disinfection (HLD) on the image
quality, physical structure, and deflective properties of two new
flexible ureteroscopes. MATERIALS AND METHODS: Two identical "out-of-the-
box" Storz 11278AU1 flexible ureteroscopes (Karl Storz Endoscopy,
Tuttlingen, Germany) were sterilized individually using the Steris 1
system (Steris Mentor, Ohio) or disinfected with Cidex OPA (Advanced
Sterilization Products, J&J, Irvine, CA) for 100 trials followed by a
crossover to the other method for another 100 trials over a period of 1
year. After every five trials, optical quality, angle of deflection, and

fiber damage were analyzed in the laboratory. Throughout the study,
neither of these ureteroscopes was used clinically. RESULTS: After 100
trials, ureteroscope 1, which was sterilized initially in the Steris
system, had a 12-mm tear on its shaft (noted after the 17th trial), 297
damaged fibers, and a 37% drop in resolution (loss of 3.75 lines/mm).
There was no change in deflection from baseline. In contrast, after 100
cycles, ureteroscope 2, which was subjected to HLD with Cidex OPA, had no
visible external damage, a 0% change in resolution, 10 damaged fibers,
and no change in deflection. After the crossover, ureteroscope 2
developed a semilunar defect that obscured the endoscopic view, whereas
there was no further significant damage to ureteroscope 1. CONCLUSION:
After 100 cycles, the Steris 1 system rendered the flexible ureteroscope
unusable, whereas HLD with Cidex OPA had minimal adverse impact.
FAU - Abraham, Jose Benito A
AU - Abraham JB
AD - Department of Urology, University of California Irvine, Orange,
California 92868, USA.
FAU - Abdelshehid, Corollos S
AU - Abdelshehid CS
FAU - Lee, Hak J
AU - Lee HJ
FAU - Box, Geoffrey N
AU - Box GN
FAU - Deane, Leslie A
AU - Deane LA
FAU - Le, Todd
AU - Le T
FAU - Jellison, Forrest
AU - Jellison F
FAU - Borin, James F
AU - Borin JF
FAU - Manipon, Anthony
AU - Manipon A
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Journal Article
PL - United States

TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - 0 (Disinfectants)
RN - 643-79-8 (o-Phthalaldehyde)
SB - IM
MH - Cross-Over Studies
MH - Diagnostic Imaging/methods
MH - Disinfectants/*pharmacology
MH - Disinfection/*methods
MH - Endoscopes
MH - Endoscopy/methods
MH - Equipment Contamination/prevention & control
MH - Equipment Design
MH - Equipment Failure
MH - Equipment Reuse
MH - Fiber Optic Technology
MH - Humans
MH - Prospective Studies
MH - Time Factors
MH - *Ureteroscopes
MH - o-Phthalaldehyde/*pharmacology
EDAT- 2007/10/19 09:00
MHDA- 2008/01/24 09:00
CRDT- 2007/10/19 09:00
PHST- 2007/10/19 09:00 [pubmed]
PHST- 2008/01/24 09:00 [medline]
PHST- 2007/10/19 09:00 [entrez]
AID - 10.1089/end.2007.0181 [doi]
PST - ppublish
SO - J Endourol. 2007 Sep;21(9):985-92. doi: 10.1089/end.2007.0181.

PMID- 17678988
OWN - NLM
STAT- MEDLINE
DCOM- 20071018
LR - 20070806
IS - 0094-0143 (Print)
IS - 0094-0143 (Linking)
VI - 34
IP - 3
DP - 2007 Aug
TI - Advances in percutaneous nephrostolithotomy.
PG - 383-95
AB - Percutaneous nephrolithotomy was first performed in 1976. In the past 30
      years, many refinements to the procedure have been made and it has become
      the gold standard for the management of large and complex renal calculi.
      This article reviews advances made in the field and highlights the
      nuances of the technique. The large published series are reviewed and

      their results discussed.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of California Irvine, UCI
Medical
      Center, Orange, CA 92868, USA.
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Journal Article
PT - Review
PL - United States
TA - Urol Clin North Am
JT - The Urologic clinics of North America
JID - 0423221
SB - IM
MH - Humans
MH - Kidney Calculi/pathology/*surgery
MH - Nephrostomy, Percutaneous/*methods
MH - Patient Selection
RF - 62
EDAT- 2007/08/07 09:00
MHDA- 2007/10/19 09:00
CRDT- 2007/08/07 09:00
PHST- 2007/08/07 09:00 [pubmed]
PHST- 2007/10/19 09:00 [medline]
PHST- 2007/08/07 09:00 [entrez]
AID - S0094-0143(07)00036-5 [pii]
AID - 10.1016/j.ucl.2007.04.002 [doi]
PST - ppublish
SO - Urol Clin North Am. 2007 Aug;34(3):383-95. doi:
      10.1016/j.ucl.2007.04.002.

PMID- 17705771
OWN - NLM
STAT- MEDLINE
DCOM- 20071010
LR - 20191210
IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 21
IP - 7
DP - 2007 Jul
TI - In-vivo evaluation of flow characteristics of novel metal
ureteral stent.
PG - 780-3
AB - PURPOSE: To characterize the flow of a novel ureteral stent
composed of a
      nickel-cobalt-chromium-molybde-num alloy and compare it with
flow in a
      standard ureteral stent. MATERIALS AND METHODS: Six 6F
Resonance stents
      and six 6F standard Black Beauty ureteral stents were placed
in six

Yucatan minipigs, with each pig serving as its own control. Flow assessment was performed on all stents via a nephrostomy tube delivering a standard rate of 0.9% saline at 35 cm H(2)O. Flow studies on the standard stents encompassed extraluminal (i.e., lumen of stent occluded with a guidewire), intraluminal (i.e., ureter secured to stent with a constricting suture), and combined (i.e., open lumen without constricting suture) flow. In the Resonance stent, only combined and intraluminal flow could be addressed, as there is no access to the lumen of this stent. RESULTS: With the Resonance stent, intraluminal flow was much greater than combined flow, with mean values of 5.15 mL/min and 2.50 mL/min, respectively (P = 0.057; SD = 7.73). Intraluminal flow was similar to combined flow in the 6F standard stent, with mean values of 7.34 mL/min and 7.30 mL/min, respectively (P = 0.88; SD = 1.76). The standard stent had significantly greater combined flow than the Resonance stent (P = 0.023) but not intraluminal flow (P = 0.247). Of note, whereas it was possible to occlude the 6F standard stent completely with a ureteral ligature (i.e., no guidewire placed in the lumen), it was not possible to occlude the Resonance stent regardless of how tightly the suture was tied. CONCLUSION: The Resonance metal alloy stent provides less overall flow than a standard stent. However, under circumstances of extrinsic ureteral compression sufficient to occlude a standard stent (e.g., extrinsic compression plus an internal guidewire), the metal stent continues to provide satisfactory drainage.

FAU - Blaschko, Sarah D
AU - Blaschko SD
AD - Department of Urology, University of California-Irvine Medical Center, Orange 92868, California, USA.
FAU - Deane, Leslie Allan
AU - Deane LA
FAU - Krebs, Alfred
AU - Krebs A

FAU - Abdelshehid, Corollos S
AU - Abdelshehid CS
FAU - Khan, Farhan
AU - Khan F
FAU - Borin, James
AU - Borin J
FAU - Nguyen, Alex
AU - Nguyen A
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Evaluation Study
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
RN - 0 (Alloys)
SB - IM
MH - *Alloys
MH - Animals
MH - Female
MH - *Stents
MH - Swine
MH - Swine, Miniature
MH - Ureter/*physiology
MH - Urodynamics/*physiology
EDAT- 2007/08/21 09:00
MHDA- 2007/10/11 09:00
CRDT- 2007/08/21 09:00
PHST- 2007/08/21 09:00 [pubmed]
PHST- 2007/10/11 09:00 [medline]
PHST- 2007/08/21 09:00 [entrez]
AID - 10.1089/end.2006.0315 [doi]
PST - ppublish
SO - J Endourol. 2007 Jul;21(7):780-3. doi: 10.1089/end.2006.0315.

PMID- 17638562
OWN - NLM
STAT- MEDLINE
DCOM- 20070905
LR - 20161018
IS - 0892-7790 (Print)
IS - 0892-7790 (Linking)
VI - 21
IP - 6
DP - 2007 Jun
TI - Rapid communication: transvaginal single-port NOTES
nephrectomy: initial
      laboratory experience.
PG - 640-4
AB - BACKGROUND AND PURPOSE: Natural orifice translumenal

endoscopic surgery
      (NOTES) using purpose-built equipment has never been applied to urologic
      surgery. Herein, we present our initial experience with a trans-vaginal
      single-port NOTES nephrectomy. METHODS AND RESULTS: An acute experiment
      was performed in a female farm pig. A single 12-mm trocar was placed in
      the midline and the TransPort Multi-Lumen Operating Platform (USGI
      Medical, San Clemente, CA) was passed transvaginally. This flexible
      device has four working channels and can be locked into position, thereby
      creating a rigid multitasking platform that allows two-handed tissue
      manipulation. Dissection was performed using an endoscopic needle knife
      and a tissue grasper for retraction. Via the 12-mm port, the renal artery
      and vein were taken separately with a vascular EndoGIA and standard
      laparoscopic titanium clips, respectively. The kidney was placed in a
      10-mm EndoPouch retriever and removed intact via the vagina. The total
      operative time was 300 minutes. CONCLUSION: Transvaginal NOTES
      nephrectomy can be accomplished in a porcine model. Additional testing on
      survival animals is necessary to validate this approach.
FAU - Clayman, Ralph V
AU - Clayman RV
AD - Department of Urology, Division of Gastroenterology, University of
      California, Irvine, Orange, California 92868, USA. rclayman@uci.edu
FAU - Box, Geoffrey N
AU - Box GN
FAU - Abraham, Jose Benito A
AU - Abraham JB
FAU - Lee, Hak J
AU - Lee HJ
FAU - Deane, Leslie A
AU - Deane LA
FAU - Sargent, Eric R
AU - Sargent ER
FAU - Nguyen, Ninh T
AU - Nguyen NT
FAU - Chang, Kenneth
AU - Chang K
FAU - Tan, Amy K
AU - Tan AK
FAU - Ponsky, Lee E

AU - Ponsky LE
FAU - McDougall, Elspeth M
AU - McDougall EM
LA - eng
PT - Journal Article
PL - United States
TA - J Endourol
JT - Journal of endourology
JID - 8807503
SB - IM
MH - Animals
MH - Endoscopy/*methods
MH - Female
MH - Nephrectomy/*methods
MH - Peritoneum/surgery
MH - Renal Artery/surgery
MH - Swine
MH - Ureter/surgery
EDAT- 2007/07/20 09:00
MHDA- 2007/09/06 09:00
CRDT- 2007/07/20 09:00
PHST- 2007/07/20 09:00 [pubmed]
PHST- 2007/09/06 09:00 [medline]
PHST- 2007/07/20 09:00 [entrez]
AID - 10.1089/end.2007.0145 [doi]
PST - ppublish
SO - J Endourol. 2007 Jun;21(6):640-4. doi: 10.1089/end.2007.0145.

PMID- 17572223
OWN - NLM
STAT- MEDLINE
DCOM- 20070829
LR - 20070618
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 69
IP - 6
DP - 2007 Jun
TI - Sperm granuloma of the inguinal vas deferens mimicking
recurrent
      incarcerated inguinal hernia.
PG - 1209.e1-3
AB - Masses of the spermatic cord are rare and can be neoplastic or
      inflammatory lesions. We present a case of a sperm granuloma
of the
      inguinal vas deferens presenting as a recurrent incarcerated
inguinal
      hernia in a 42-year-old man.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of California, Irvine,
Orange, CA
      92868, USA. deanel@uci.edu
FAU - Suding, Paul Nash

AU - Suding PN
FAU - Lekawa, Michael E
AU - Lekawa ME
FAU - Narula, Navneet
AU - Narula N
FAU - McDougall, Elspeth M
AU - McDougall EM
LA - eng
PT - Case Reports
PT - Journal Article
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Adult
MH - Diagnosis, Differential
MH - Genital Diseases, Male/diagnosis/*pathology/surgery
MH - Granuloma/*pathology/surgery
MH - Hernia, Inguinal/diagnosis
MH - Humans
MH - Male
MH - Recurrence
MH - Spermatic Cord/*pathology/surgery
MH - Treatment Outcome
MH - Vas Deferens/*pathology/surgery
EDAT- 2007/06/19 09:00
MHDA- 2007/08/30 09:00
CRDT- 2007/06/19 09:00
PHST- 2006/09/10 00:00 [received]
PHST- 2007/02/14 00:00 [revised]
PHST- 2007/03/12 00:00 [accepted]
PHST- 2007/06/19 09:00 [pubmed]
PHST- 2007/08/30 09:00 [medline]
PHST- 2007/06/19 09:00 [entrez]
AID - S0090-4295(07)00389-5 [pii]
AID - 10.1016/j.urology.2007.03.046 [doi]
PST - ppublish
SO - Urology. 2007 Jun;69(6):1209.e1-3. doi: 10.1016/
j.urology.2007.03.046.

PMID- 17441919
OWN - NLM
STAT- MEDLINE
DCOM- 20070618
LR - 20070419
IS - 1464-4096 (Print)
IS - 1464-4096 (Linking)
VI - 99
IP - 5 Pt B
DP - 2007 May
TI - Laparoscopic nephrectomy for renal cell cancer: radical and
total.
PG - 1251-7

FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, University of California Irvine, UCI Medical
      Center, Orange, CA 92868, USA.
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Review
PL - England
TA - BJU Int
JT - BJU international
JID - 100886721
SB - IM
MH - Carcinoma, Renal Cell/pathology/*surgery
MH - Clinical Competence/standards
MH - Humans
MH - Kidney Neoplasms/pathology/*surgery
MH - Laparoscopy/adverse effects/*methods
MH - Nephrectomy/adverse effects/*methods
MH - Postoperative Complications/*etiology
MH - Retroperitoneal Space
MH - Treatment Outcome
RF - 47
EDAT- 2007/04/20 09:00
MHDA- 2007/06/19 09:00
CRDT- 2007/04/20 09:00
PHST- 2007/04/20 09:00 [pubmed]
PHST- 2007/06/19 09:00 [medline]
PHST- 2007/04/20 09:00 [entrez]
AID - BJU6832 [pii]
AID - 10.1111/j.1464-410X.2007.06832.x [doi]
PST - ppublish
SO - BJU Int. 2007 May;99(5 Pt B):1251-7. doi:
      10.1111/j.1464-410X.2007.06832.x.

PMID- 17320686
OWN - NLM
STAT- MEDLINE
DCOM- 20070327
LR - 20070226
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 69
IP - 2
DP - 2007 Feb
TI - Percutaneous cryoablation of an upper pole renal mass: use of
      contralateral single lung ventilation to avoid pleural and pulmonary
      puncture.
PG - 384.e1-3
AB - A percutaneous approach to cryoablation of renal masses is not

without a
      risk of complications. We describe a case in which selective, single lung
      intubation of an obese patient with an upper pole left renal mass allowed
      for percutaneous cryoablation with avoidance of pleural and pulmonary
      injury. We accomplished this by minimizing the ventilation-induced renal
      motion and collapsing the ipsilateral lung so that it remained out of
      harm's way.
FAU - Blaschko, Sarah D
AU - Blaschko SD
AD - Department of Urology, University of California, Irvine, School of
      Medicine, Irvine, California, USA.
FAU - Deane, Leslie A
AU - Deane LA
FAU - Borin, James F
AU - Borin JF
FAU - Vajgrt, Duane
AU - Vajgrt D
FAU - McDougall, Elspeth M
AU - McDougall EM
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Case Reports
PT - Journal Article
PL - United States
TA - Urology
JT - Urology
JID - 0366151
SB - IM
MH - Aged
MH - Body Mass Index
MH - Cryosurgery/adverse effects/*methods
MH - Follow-Up Studies
MH - Humans
MH - Kidney Neoplasms/pathology/*surgery
MH - Lung Diseases/prevention & control
MH - Male
MH - Nephrostomy, Percutaneous/adverse effects/methods
MH - Obesity/physiopathology
MH - Pleural Diseases/prevention & control
MH - Posture
MH - Punctures/adverse effects
MH - Respiration, Artificial
MH - Risk Factors
MH - Treatment Outcome
EDAT- 2007/02/27 09:00
MHDA- 2007/03/28 09:00
CRDT- 2007/02/27 09:00

PHST- 2006/03/20 00:00 [received]
PHST- 2006/09/10 00:00 [revised]
PHST- 2006/11/16 00:00 [accepted]
PHST- 2007/02/27 09:00 [pubmed]
PHST- 2007/03/28 09:00 [medline]
PHST- 2007/02/27 09:00 [entrez]
AID - S0090-4295(06)02518-0 [pii]
AID - 10.1016/j.urology.2006.11.003 [doi]
PST - ppublish
SO - Urology. 2007 Feb;69(2):384.e1-3. doi: 10.1016/
j.urology.2006.11.003.

PMID- 16857457
OWN - NLM
STAT- MEDLINE
DCOM- 20060724
LR - 20141120
IS - 1527-9995 (Electronic)
IS - 0090-4295 (Linking)
VI - 68
IP - 1 Suppl
DP - 2006 Jul
TI - Review of minimally invasive renal therapies: Needle-based and
      extracorporeal.
PG - 26-37
AB - Management of the small renal mass (< or = 3 cm) is a topic of
      significant debate among urologists worldwide. With the advent
of needle-
      based therapies and, less frequently, reports of
extracorporeal
      approaches, along with ongoing refinements in each technology,
patients
      with such masses may have the option of being treated in a
truly
      minimally invasive, or even noninvasive, manner. Herein we
review the
      body of available clinical literature on these modalities with
respect to
      patient selection, success and complication rates, follow-up
information,
      energy delivery devices, and current probe configurations.
FAU - Deane, Leslie A
AU - Deane LA
AD - Department of Urology, UCI Medical Center University of
California-
      Irvine, Orange, California 92868, USA. rclayman@uci.edu
FAU - Clayman, Ralph V
AU - Clayman RV
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Review
PL - United States
TA - Urology

JT - Urology
JID - 0366151
SB - IM
MH - Catheter Ablation
MH - Cryosurgery
MH - Humans
MH - Kidney Neoplasms/*surgery
MH - Laparoscopy
MH - Laser Therapy
MH - *Minimally Invasive Surgical Procedures
MH - Patient Selection
MH - Ultrasonic Therapy
RF - 55
EDAT- 2006/07/22 09:00
MHDA- 2006/07/25 09:00
CRDT- 2006/07/22 09:00
PHST- 2005/09/20 00:00 [received]
PHST- 2006/01/09 00:00 [revised]
PHST- 2006/02/17 00:00 [accepted]
PHST- 2006/07/22 09:00 [pubmed]
PHST- 2006/07/25 09:00 [medline]
PHST- 2006/07/22 09:00 [entrez]
AID - S0090-4295(06)00511-5 [pii]
AID - 10.1016/j.urology.2006.02.041 [doi]
PST - ppublish
SO - Urology. 2006 Jul;68(1 Suppl):26-37. doi: 10.1016/
j.urology.2006.02.041.

PMID- 16217348
OWN - NLM
STAT- MEDLINE
DCOM- 20051115
LR - 20151119
IS - 0022-5347 (Print)
IS - 0022-5347 (Linking)
VI - 174
IP - 5
DP - 2005 Nov
TI - Erectile dysfunction and andropause symptoms in infertile men.
PG - 1932-4; discussion 1934
AB - PURPOSE: We evaluated the prevalence of andropause symptoms
and erectile
      dysfunction in our infertile population. MATERIALS AND
METHODS: A total
      of 302 consecutive men presenting for infertility evaluation
and 60
      consecutive men with proven fertility seeking vasectomy
(controls) were
      administered the Androgen Deficiency in the Aging Male and
Sexual Health
      Inventory for Men (SHIM) questionnaires. Information regarding
other
      clinical parameters, including seminal parameters, was
collected by

review of patient charts. RESULTS: Of the 302 infertile men screened, 38%
reported significant andropause symptoms and 28% had abnormal SHIM
scores. Of the subgroup of infertile men with nonobstructive azoospermia,
25% reported andropause symptoms and 27% had an abnormal SHIM score. In
the fertile group 21% reported andropause symptoms and only 11% had an
abnormal SHIM score. The prevalence of erectile dysfunction in infertile
men was significantly higher than in the fertile controls (p = 0.007).
CONCLUSIONS: Andropause symptoms and erectile dysfunction are common
among infertile men, affecting approximately 38% of this population. This
finding suggests that the population of infertile men should be carefully
screened to identify and treat those with erectile dysfunction.
FAU - O'Brien, Jeanne H
AU - O'Brien JH
AD - Department of Urology, University of Rochester Medical Center, Rochester,
New York 14642-8656, USA.
FAU - Lazarou, Steve
AU - Lazarou S
FAU - Deane, Leslie
AU - Deane L
FAU - Jarvi, Keith
AU - Jarvi K
FAU - Zini, Armand
AU - Zini A
LA - eng
PT - Comparative Study
PT - Journal Article
PL - United States
TA - J Urol
JT - The Journal of urology
JID - 0376374
SB - IM
MH - Adult
MH - Age Distribution
MH - Aged
MH - *Andropause
MH - Case-Control Studies
MH - Cohort Studies
MH - Comorbidity
MH - Erectile Dysfunction/diagnosis/*epidemiology
MH - Humans
MH - Incidence
MH - Infertility, Male/diagnosis/*epidemiology

MH - Male
MH - Middle Aged
MH - Probability
MH - Prognosis
MH - Reference Values
MH - Risk Assessment
MH - Severity of Illness Index
MH - Surveys and Questionnaires
EDAT- 2005/10/12 09:00
MHDA- 2005/11/16 09:00
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AID - S0022-5347(01)68842-6 [pii]
AID - 10.1097/01.ju.0000177453.14334.a2 [doi]
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SO - J Urol. 2005 Nov;174(5):1932-4; discussion 1934. doi:
      10.1097/01.ju.0000177453.14334.a2.

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TI - High levels of sperm DNA denaturation as the sole semen
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PG - 23-4
FAU - Deane, Leslie
AU - Deane L
AD - Division of Urology, Department of Surgery, Mount Sinai
Hospital,
      University of Toronto, Toronto, Ontario, Canada.
FAU - Sharir, Sharon
AU - Sharir S
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AU - Jarvi K
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RN - 0 (Antineoplastic Agents)
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SB - IM
MH - Adult
MH - Antineoplastic Agents/*adverse effects
MH - DNA/drug effects
MH - Humans
MH - Infertility, Male/*chemically induced
MH - Male
MH - *Nucleic Acid Denaturation
MH - Semen/cytology
MH - Spermatozoa/*abnormalities
MH - Testicular Neoplasms/*drug therapy
EDAT- 2003/12/10 05:00
MHDA- 2004/08/26 05:00
CRDT- 2003/12/10 05:00
PHST- 2003/12/10 05:00 [pubmed]
PHST- 2004/08/26 05:00 [medline]
PHST- 2003/12/10 05:00 [entrez]
AID - 10.1002/j.1939-4640.2004.tb02754.x [doi]
PST - ppublish
SO - J Androl. 2004 Jan-Feb;25(1):23-4. doi:
      10.1002/j.1939-4640.2004.tb02754.x.