

Read all about it... It can be awkward when a patient asks you about a report in their favourite tabloid detailing an amazing research breakthrough or a 'cutting-edge' new treatment / test and you don't know what they are talking about! So this section fills you in on the facts.

Keep your pecker up, Bill...new prostate cancer zapper won't wreck your love life! Pioneering soundwave treatment proves as effective as surgery

The Daily Mail – 12 March 2016

The 'Bill' referenced in the headline is none other than Rolling Stones bassist Bill Wyman, who has recently revealed that he has been diagnosed with prostate cancer. The article otherwise relates to the presentation at the European Association of Urology (EAU) Congress of the medium-term results of the UCH-led high-intensity focused ultrasound (HIFU) registry. The team from UCH, Basingstoke, Surrey, Southampton, Dorset, Chelmsford, Bristol and Essex presented their data of 625 patients undergoing HIFU between 2004 and 2015. HIFU utilises a trans-rectal ultrasound probe which targets specific

areas of tumour within the prostate with ultrasound to cause heating and tissue destruction. The results from the study are impressive; risk of incontinence was just 1-2% and erectile dysfunction was 15%. Five-year cancer-free survival was seen in 93% of patients.

HIFU certainly is not 'new' as the headline suggests, but has been on the periphery of prostate cancer treatments for a decade. This news though brings HIFU a step closer to having a permanent place in the prostate cancer treatment arsenal. The current National Institute for Health & Care Excellence (NICE) guidance only

sanctions use of HIFU in the context of a clinical trial and a full approval would be dependent on long-term data. Also relevant to this is the contentious issue of the nature of multi-focal prostate cancer. There is a wealth of evidence that tumours in the prostate do not occur in isolation, but occur on a background of prostate-wide genetic changes. Put simply, there is a concern that focused treatments may destroy a tumour on the left of the gland, only for a tumour to develop on the right soon after. This is also an area of much research and is likely to become much clearer over the coming years.

'It was like being stabbed with a shard of glass': Woman left in a wheelchair after controversial incontinence surgery that's destroyed thousands of lives

The Sun – 15 March 2016

This story details the complications that a 51-year-old lady suffered after undergoing a trans-vaginal tape (TVT) insertion for stress urinary incontinence. The story is extremely vague and, in one aspect, somewhat misleading. The article seems to make mention of the fact that erosion of the tape is a known complication when it states that "the tape can come apart, with segments ... making their way into tissue in the body", but then reveals that the poor patient suffered her complications in the immediate postoperative period. Six weeks following the procedure the lady developed urinary tract infections and pain from "lacerations inside her body". The pain limited her mobility and caused the need for use of a wheelchair. It appears no spinal or neurological injury occurred to necessitate the use of a wheelchair. She underwent another surgical procedure which seems to have thankfully left her better off, this may have been a division of the tape.

The article closes by mentioning that the lady is now backing 'Sling The Mesh', an online UK campaign against TVT and trans-obturator tape (TVT-O) operations. This campaign mostly centres around the risks of persistent groin pain and risk of erosion following tape placement. The risk of persistent pain is around 1% following TVT in most studies and the risk of erosion is around 3% (BAUS patient information says 5 in 100 cases).

This story may serve to put some patients off surgery, but it contains no striking revelations for urologists. It is a reminder though that mesh tapes have had a controversial history and in the United States the controversy is still very much raging. In January of this year the FDA reclassified trans-vaginal mesh for prolapse as a Class III (very high risk) medical device. The number of lawsuits against manufacturers of tapes in the US has already caused several TVT tapes to be withdrawn from market.

Can you really trust a robot surgeon?

The Daily Mail – 7 March 2016

At first glance, this may seem to be a warning over which of your colleagues you shouldn't lend a fiver for lunch, but it is in fact quite an informative article about the da Vinci surgical robot. The article does detail reports of the number of technical failures that have occurred in the United States (hence the headline) but the author also goes out of her way to dispel the myth that 'the robot' is doing the operation in some sort of automated fashion and makes it clear that the robot is simply a surgical instrument, albeit a very expensive one. The article explains how each instrument (the scissors / Maryland forceps) costs £2000-£3000 and is hard-wired to only be usable 10 times before replacements have to be bought. At a time when the funding and the future of the NHS is a political hot potato, I welcome a story like this that reminds the public that the fantastic NHS is providing them with very expensive, cutting-edge treatments that would cost upwards of \$30,000 in North America.



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