

UROLOGIC PROSTHESES. THE COMPLETE PRACTICAL GUIDE TO DEVICES, THEIR IMPLANTATION AND PATIENT FOLLOW-UP. Edited by Culler C. Carson III. 328 pp. Illust. Humana Press, Towota, NJ. 2002. US\$135. ISBN 0-89603-894-7

The use of prosthetic devices in urology has become a major element in reconstructive surgery, contributing a great deal to the effort to restore normal genitourinary function. This book is a compilation of articles and chapters by various authors, each a recognized expert in the field.

A wide variety of topics are covered. These include the use of periurethral injections for stress incontinence, metal stents for neurogenic voiding dysfunction and benign disease of the prostate, testicular and

penile prostheses, and artificial urinary sphincters. One unique chapter deals with advances in tissue engineering and the possible future use of autologous or allogeneic materials in reconstruction.

The coverage of periurethral injectable agents is excellent, providing an up-to-date review of the agents available, techniques, and clinical outcomes for both men and women. There is an extensive review of penile prostheses. Various authors give their opinions on indications for surgery and on the technical aspects, including why one model may be superior to another. Possible complications are discussed, including how to avoid them and how to manage them. There are chapters on problems with prostheses, including reoperation

and the management of infections of penile prostheses.

The only downside to this text is that of repetition. Each chapter was written independently, so information such as historical perspective, products available and even clinical outcomes is often repeated. That aside, this is an excellent review of the topic for the surgeon with minimal or moderate experience with urologic prostheses. Even for those with considerable experience, useful advice can be gleaned from the experience of these expert contributors.

Robert Bard, MD
Department of Surgery
Section of Urology
Health Sciences Centre
Winnipeg, Man.

SESAP Critique
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Category 6, Item 26

The x-rays demonstrate a transverse fracture through the body of the third lumbar vertebra, called a Chance fracture. This injury is the result of a distraction force applied in flexion that splits the spinous process in the transverse plane and proceeds ventrally through the vertebral body or the intervertebral disk. Chance fractures are seen frequently in drivers restrained by improperly applied lap belts and subjected to sudden deceleration forces.

Small bowel injury is an associated finding in more than 50% of cases, resulting from direct compression of the fluid-gas filled bowel between the restraint belt and the spinal column. The early diagnosis of hollow viscus injuries is difficult at best, because symptoms and physical findings on abdominal examination may be lacking.

The association between Chance fractures and hollow viscus injury is so strong that many authors recommend celiotomy unless abdominal examination is completely benign in an alert patient or diagnostic peritoneal lavage is normal in those who cannot be examined reliably. Abdominal sonograms and computed tomography are not consistently helpful; findings are often quite subtle.

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References

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