

IN BRIEF

SURGERY

Consensus is lacking with regard to the most appropriate management of the distal ureter to prevent spillage of tumor-cell-bearing urine during laparoscopic pluck nephroureterectomy for upper tract transitional cell carcinoma. Mueller and colleagues have piloted ureteral injection of 5 ml of the fibrin sealant TISSEEL® (Baxter Healthcare, Zurich, Switzerland) before dissection. No extravesical or intravesical disease recurrences were seen among their 8-patient-strong sample.

Original article Mueller, T. J. *et al.* Ureteral fibrin sealant injection of the distal ureter during laparoscopic nephroureterectomy—a novel and simple modification of the pluck technique. *Urology* 75, 187–192 (2010)

Using a video monitor during endoscopic transurethral resection of prostate and bladder should minimize surgeon fatigue and muscular strain. The need to hold the endoscope in continuous close contact with the eye during direct visualization of the operative field generates postural stress. The trunk torsion, head inclination and arm elevation associated with direct endoscopy were not observed during ergonomic assessment of surgeons performing 9 video-assisted procedures.

Original article Luttmann, A. *et al.* Ergonomic assessment of the posture of surgeons performing endoscopic transurethral resections in urology. *J. Occup. Med. Toxicol.* 4, 26 (2009)

A greater number of adverse events were reported during the 3-month period in which trainees first performed anesthetic procedures at a university hospital in Australia. A retrospective cohort study of 20,000 patients over a 5-year period detected a 28% spike in events such as nerve injury, insufficient oxygenation, aspiration, and failed tracheal tube placement. The excess risk dropped progressively after the first month, and was independent of resident seniority.

Original article Haller, G. *et al.* Rate of undesirable events at beginning of academic year: retrospective cohort study. *BMJ* 339, b3974 (2009)

ETHICS

A random survey of 600 patients in the US has confirmed the generally low rate of disclosure of adverse events by medical personnel. Just 40% of 845 adverse events were reported to patients. Events requiring additional treatment, and those that affected patients in relatively good health, were most likely to be disclosed. Interestingly, the quality of care was rated higher by patients when occurrence of adverse events was acknowledged.

Original article López, L. *et al.* Disclosure of hospital adverse events and its association with patients' ratings of the quality of care. *Arch. Intern. Med.* 169, 1888–1894 (2009)