A patient's success story

Janet Murray, a guard in a correctional facility, is a 42 year old white woman with an 8 year history of frequency, urgency, and nocturia. Before treatment, she voided up to 25 times in a 24 hour period; four to six times per night. Janet could remember experiencing only one normal night's rest after the age of 40. She was concerned that her impaired sleep was placing her job at risk because of drowsiness during the day shift and urinary frequency (aggravated by a lack of readily available lavatory access) during the night shift. She had failed bladder training, timed voiding, biofeedback, and maximum doses of anticholinergic medications, including Ditropan XL, Detrol LA, and imipramine. Urodynamics showed an unstable bladder. Luckily, Janet was deemed a candidate for a new method of neuromodulation with an implantable device called InterStim. Similar to a cardiac pacemaker but stimulating the third sacral nerve, InterStim has achieved remarkable results, with a reduction in episodes of nocturia of more than 60%. One year after implantation, Janet reports having had an immediate and sustained improvement in her frequency and nocturia. She now voids a total of six to eight times in 24 hours, with no episodes of nocturia. Her job is no longer at risk, and her quality of life has improved substantially.

procedure, entailing the implantation of a temporary device with a neuromodulation unit only slightly larger than a pager attached to the patient's regular pant belt. This stage 1 procedure is performed under local anaesthesia and takes less than 45 minutes. If the patient's symptoms improve by more than 50%, a permanent device is implanted in either buttock with a 6 cm incision. The device can be programmed via an extracorporeal handheld device for increases or decreases in power magnitude. The effects on nocturia have been remarkable, with a reduction of more than 60% in episodes of nocturia, even in patients taking diuretic medication. Adverse events such as pain at the implant site, lead migration, infection or skin irritation, or technical or device related problems are possible in up to one third of patients, and contraindications such as benign prostatic hypertrophy, cancer, or urethral stricture may exclude some patients from candidacy for the procedure[24]; in general, however, sacral neuromodulation is an effective, safe, and reversible treatment and offers an important new option[22] for patients with symptoms of urgency, urge incontinence, and nocturia.

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Corrections and clarifications

Minimally invasive parathyroidectomy
Late insertion of authors' affiliations in this editorial led to some confusion over authorship, which resulted in us adding a third, non-existent, author, T S Reene (10 April, pp 849-50). The article had only two authors, F Fausto Palazzo and Gregory P Sadler, both of whom worked at John Radcliffe Hospital in Oxford (as specialist registrar in endocrine surgery and consultant endocrine surgeon respectively) at the time of writing the editorial. F Fausto Palazzo is now T S Reeve fellow in endocrine surgery, Royal North Shore Hospital, Sydney, Australia. The authorship has been amended on bmj.com.

Why do doctors use treatments that do not work?
The authors of this editorial, Jenny Doust and Chris Del Mar, prompted by a rapid response, have alerted us to an error in their editorial (28 February, pp 474-5). In the fourth paragraph, they misquoted reference 9. The authors had written that flecainide for the treatment of supraventricular tachycardia makes the electrocardiogram look normal, whereas the trial cited investigated use of flecainide for ventricular tachycardia.

This week in the BMJ: Three days of amoxicillin are enough for non-severe pneumonia
We inadvertently omitted the word "excess" in this summary paragraph for the paper by the ISCAP Study Group ("Three day versus five day treatment with amoxicillin for non-severe pneumonia in young children: a multicentre randomised controlled trial," 3 April, pp 791-4). The fourth sentence should read: "Clinical failure was more likely with non-adherence to treatment at day 5, an excess respiratory rate of >10 breaths/minute, and infection with respiratory syncytial virus." Although the reader who alerted us to this error claimed that the slip prompted him to read the whole article, introducing errors to attract readers is not a strategy that we are planning to adopt.