



Translational Research in Urology

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Editorial

Performing Urology Procedure in Positive Urine Culture as a Research: Is that Ethical?

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HIGHLIGHTS

- Is it essential to evaluate the risk of infection in patients undergoing urologic surgeries?
- It should be better to mention the sample size estimation by the statistical consultant.
- Performing urologic surgery in patients with a positive culture is still under debate.

ARTICLE INFO

Document type: Editorial

Receive Date: 04 September 2019

Accept Date: 10 October 2019

Available online: 05 November 2019

DOI: 10.22034/AU.2020.229504.1020

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ABSTRACT

The prospective cohort study investigated the association between postoperative infectious complications in patients undergoing urologic procedures based on the presence of asymptomatic bacteriuria (ASB). The advantages of that study are not only the method of blinding by using alternative infectious diseases physicians but also the idea was unique. When we read this article, we thinking about more important risk factors rather than ASB. Although This study was approved by the Universidad CES Research Ethics Committee, we should think about its ethical problems.

Keywords: Urology Procedure; Urology; Urine Culture

Editorial: We read the interesting article review article entitled “Risk of infection in patients undergoing urologic surgery based on the presence of asymptomatic bacteriuria: A prospective study.” by Ramos-Castaneda et. al., published in The American journal of infection control (2019) (1). We want to congratulate the authors for this article and make some contributions. The author conducted a prospective cohort study to investigate the association between postoperative infectious complications in patients undergoing urologic procedures based on the presence of asymptomatic bacteriuria (ASB).

The advantages of this study are not only the method of blinding by using alternative infectious diseases physicians but also the idea was unique. When we read this article, we thinking about more important risk factors rather than ASB.

Although this study was approved by the Universidad CES Research Ethics Committee (2), we should think about its ethical problems. In the latest European Urology guideline, it was recommended that ASB should be treated in two groups: pregnant women and before urologic procedures.

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So, performing surgery in patients with positive urine culture, probably put them at the risk of harmful events such as sepsis. Of 22 patients with ASB, three suffered from infectious complications and on postoperative day 10, the cumulative risk of infection in patients with ASB doubled, which could be a sign of colonization of bacterial organisms in surgical sites.

When it comes to the sample size, it should be better if the authors mention the sample size estimation by the statistical consultant. Spirit checklist guidelines recommend writing sample size estimation in the method part of the clinical articles. When looking a table two, although the rate of ASB was not statistically significant between the two groups by the p-value of 0.63, the rate of ASB was higher in 23% of patients with infection complications (23% vs. 14%). Maybe this difference would be significant if there was an adequate and larger sample size. In conclusion, we believe that performing urologic surgery in patients with positive culture is still a risk, and further studies with a larger sample size are required to change our approach to treating ASB in this group of patients.

Authors' contributions

All authors contributed equally.

Acknowledgments

Special thanks to the Urology Research Center (URC), Tehran University of Medical Sciences (TUMS).

Conflict of interest

All authors claim that there is not any conflict of interest.

Funding

There is no funding.

Ethical statement

Not applicable.

Data availability

Not applicable.

Abbreviation

ASB Asymptomatic bacteriuria

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Author (s) biosketches

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How to cite this article

Fakhr Yasseri A, Aslzare M. Performing Urology Procedure in Positive Urine Culture as a Research: Is That Ethical? *Translational Research in Urology*. 2019 Oct;1(2):51-53.

DOI: [10.22034/AU.2020.229504.1020](https://doi.org/10.22034/AU.2020.229504.1020)

URL: http://www.transresurology.com/article_108109.html

