**Introduction**

Acute retention of urine is a urological emergency. Urethral catheterisation is occasionally not possible. Then suprapubic cystostomy remains the treatment of choice. The two different approaches practised are percutaneous push-in technique using a peel away sheath [1] or the metal trocar and open surgical method. The existing percutaneous technique was modified by me to make it simple and cheap.

**Technique**

The procedure is done under local anaesthesia. Position of the enlarged bladder is confirmed by percussion. The skin is prepared as for a standard suprapubic cystostomy, and 2% lignocaine is infiltrated in the midline 2 cm above the pubic symphysis. Using a number 11 blade a vertical cut 1-2 cm in length is made in the midline. The incision is deepened and a small cut is made in the rectus sheath. With a mosquito forceps the rectus defect is enlarged and blunt dissection is done in the suprapubic fat till the resistance of the bladder is felt. The depth and position of the bladder are confirmed by inserting a 23 gauge needle on a syringe while aspirating.

A 16Fr catheter is mounted on a 2/5 Fr Lister’s urethral dilator (figure). Tension is maintained on the catheter so that the tip of the catheter gets pointed by the traction. 2% lignocaine jelly is applied to the tip. The dilator and the catheter mounted on it are gently pushed through the cut made in the rectus sheath maintaining the traction on the catheter until the resistance of the bladder wall is felt. The catheter and the dilator are then pushed downwards and slightly forwards maintaining firm pressure. At one point a sudden give is felt as it penetrates the bladder wall. This will be confirmed by the appearance of urine. The dilator is then advanced a further 3-4 cm into the bladder cavity. Then 10-15ml of sterile water is injected to inflate the bulb and the dilator is withdrawn. The catheter is anchored.

**Discussion**

The modified method requires minimal material (local anaesthetic, number 11 surgical blade on a Bard Parker handle, 2/5 Lister’s urethral dilator, 16 Fr Foley catheter, 23...
gauge needle, 10 ml syringe and nylon skin suture) and it is simple to perform. A disposable peel away kit costs about Rs. 3 000. The open technique requires general anaesthesia, open access, and more time.

The size of the catheter may be a limiting factor in this new technique. Catheters larger than 18Fr may be difficult to push through the bladder wall. The procedure may be technically difficult in an obese patient with a thick abdominal wall. With a thick bladder wall the extra force necessary may make the procedure uncomfortable.

References

A brain bank for Sri Lanka
K R D De Silva¹, S K Shankar², A Mahadevan² and P R Dodd³

Our ageing population has a high prevalence of neurodegenerative diseases, and infectious diseases of the nervous system are emerging in Asia. Extrapolation from animal research to humans has the disadvantage of species differences in anatomy, physiology, biochemistry, and genetics. The systematic collection and cryopreservation of human brains at autopsy in “brain banks” is a useful resource [1,2]. Standardised protocols for brain retrieval, dissection, cryopreservation, and distribution have been established. Brain bank networks in the USA and Europe facilitate data and specimen exchange, and make high quality tissue available [3].

The Sri Lankan population has distinctive demographic and ethnic features which may modulate the presentation of neurological disorders. Life expectancy of 74.1 years is the highest in the region. The over-60 population (currently 9.6%) is expected to increase rapidly to reach 13% in 2010 and 21% in 2025. To develop effective management strategies, it is essential to have baseline scientific data on nervous system disorders. Due to its cultural and religious practices, Sri Lanka is in a unique position to obtain brain tissue for research.

Potential pitfalls
In animal models, the investigator has control over choice of species, gender and genetic homogeneity (inbred animals). With human material patient-related variables play crucial roles, from administrative, legal, and ethical issues to antemortem and postmortem events. Conducting an autopsy and collecting the brain can be delayed by the need to contact relatives for written consent and availability of suitable professional and technical staff. It is optimal to collect tissue within 6 hours of death, but brain tissue collected 48 hours or more postmortem can be useful for many studies [4]. Intact and biologically active nucleic acids and proteins have been obtained from brains collected after 72 hours [5].

Diseased brains can be compared with matched controls. Factors such as antemortem nutritional status, agonal state, postmortem interval etc, may influence the results, and must be controlled [6]. Tissue integrity must be well maintained. The interval between death and freezing of the tissue affects the preservation of some neuropeptides and catecholamines [7]. Terminal agonal state can influence some transcripts and proteins [8]. Cerebrospinal fluid is a useful resource, and many brain banks collect it. DNA is well preserved in autopsy brain [9]. High molecular weight DNA can be extracted from cerebral cortex 20 days postmortem, whereas it degrades in blood and kidney within a week [9]. Although RNA is labile in many tissues, it is quite stable in frozen brain [4].

Slow freezing of tissues reduces osmotic shock and ice crystal formation, preserving biochemical and structural integrity [10]. Hypoxia antemortem increases lactate and lowers brain pH, which can fragment RNA and some proteins [11]. Coma prolonged for more than 24 hours leads to loss of RNA. Tissue pH does not vary across

¹Department of Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka, ²Human Brain Bank, National Institute of Mental Health and Neurosciences, Bangalore, India, and ³School of Molecular and Microbial Sciences, University of Queensland, Brisbane, Australia.

Correspondence: KRDDS, e-mail: <ranilds@sltnet.lk>. Competing interests: none declared.