



# **Structure and Function of the Bladder Neck (Advances in Anatomy, Embryology and Cell Biology)**

*W. Dorschner, J.-U. Stolzenburg, J. Neuhaus*

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The alternation between urine retention and discharge several times daily from a nappy to the cessation of all vital functions only becomes the subject baby's first wet of greater attention if the harmony of the structure and function of the bladder is disturbed. Functional disturbances of the lower urinary tract are not only of great socio-economic importance, but are also a considerable personal burden for the patient. Hence urinary incontinence is rightly classified as a severely disabling illness (Hauri 1985). Opinions still differ regarding the morphological basis of urinary continence. The Terminologia Anatomica (1998) defines a *musculus sphincter urethrae internus* (internal urethral sphincter) and a *musculus sphincter urethrae externus* (external urethral sphincter), which in the older nomenclature were known as *musculus sphincter vesicae* and *musculus sphincter urethrae*, respectively. The internal urethral sphincter is ascribed to purely involuntary and the external urethral sphincter to purely voluntary innervation. The significance of the musculature of the pelvic floor for maintaining urinary continence has not yet been ascertained. During numerous urological operations (for instance transurethral resection of the prostate and bladder neck incisions), the only involuntarily innervated sphincter at the *collum vesicae*, the internal urethral sphincter, is partially or completely destroyed (Fig. 27C,D). All the patients remain continent as long as the external urethral sphincter remains intact. How can a purely voluntarily innervated sphincter like the external urethral sphincter ensure constant continence in such cases? Improving the continence rate after radical surgery is a key topic of urological research. The incontinence rate after radical prostatectomy is still between 8.1% (third-degree incontinence) and 41.4% (first- to second-degree incontinence; Rudy et al. 1984; Igel et al. 1987; Schroder and Ouden 1992).

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