Editorial

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Collaborative Efforts Among the Fields of Technology, Device Development, and Medicine

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Technological advances, including various medical devices, have been tremendously beneficial. They allow us to make diagnoses more easily and accurately, and also to improve treatment outcomes. Of the various fields of medicine, urology as a specialty is especially dependent on technology and medical devices. For example, we were the first to incorporate and implement innovations ranging from endoscopy to lasers and robotics. The contemporary generation of surgical robot systems made by Intuitive Surgical Inc. (Sunnyvale, CA, USA) resulted from research initially conducted by the Stanford Research Institute, the National Aeronautics and Space Agency, and the Department of Defense of the USA. The idea of surgeons being able to perform surgery from a remote location was attractive for use in space travel to treat astronauts and to remove specialist surgeons from the battlefield. At the time, nobody expected that this new technology and the devices developed to incorporate these advances would be used for prostate cancer surgery. Advances in imaging technologies now allow us to noninvasively visualize and diagnose in ways that were not possible earlier. Minimally invasive surgery has become the standard of care in most fields of urologic surgery.

International Neurourology Journal (INJ) has endeavored to focus on the development of technology and medical devices, as well as on clinical and basic research. As part of these efforts, we have recruited a range of valuable articles in the field of urology to be published in this issue.

Advanced noninvasive medical tools for evaluating voiding patterns in real life are very important for assessing a patient's status in his or her daily living environment, not in the hospital or laboratory. The smart-band technology for urination recognition is highly innovative and has the possibility of entering into use in the near future. Poly-L-lactic acid implantable mesh could be a useful and safer substitute for the polypropylene mesh currently used for stress urinary incontinence (SUI) and pelvic organ prolapse (POP). In 2011 and 2013, the U.S. Food and Drug Administration (FDA) presented concerns about the use of transvaginal mesh to repair POP. In 2014, the FDA proposed putting transvaginal mesh for POP in a higher risk category than mesh for SUI.

The articles regarding new and innovative medical devices in this issue could provide solutions to the current barriers and limits in the diagnosis and treatment of many urologic diseases. We would like to express our gratitude to the authors for the outstanding articles that they submitted to this special issue of INJ. INJ will continue its efforts to facilitate collaboration among the fields of technology, device development, and medicine. Such collaboration will be beneficial for researchers, clinicians, and patients alike.

• **Conflict of Interest:** No potential conflict of interest relevant to this article was reported.

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