26. Lyndrup J, Nickelsen C, Weber T, Mølnitz E, Guldbaek E (1993) Induction of labour by balloon catheter with extra-amniotic saline infusion (BCEAS): a randomised comparison with PGE₂ vaginal pessaries. Eur J Obstet Gynecol Reprod Biol 53: 189–1897
27. Barkai G, Cohen SB, Kees S, Lusky A, Margalit V, Ma-shiach S, Schiff E (1997) Induction of labor with use of a Foley catheter and extraamniotic corticosteroids. Am J Obstet Gynecol 177: 1145–1148
28. Levy R, Ferber A, Ben-Arie A, Paz B, Hazan Y, Blickstein I, Hagay ZJ (2001) A randomised comparison of early versus late amniotomy following cervical ripening with a Foley catheter. Br J Obstet Gynaecol 109: 168–72
29. Jagani N, Schulman H, Fleischer A, Mitchell J, Randolph G (1982) Role of the cervix in the induction of labor. Obstet Gynecol 59: 21–26
30. Chung JH, Huang WH, Rumney PJ, Garite TJ, Nageotte MP (2003) A prospective randomized controlled trial that compared misoprostol, Foley catheter, and combination misoprostol-Foley catheter for labor induction. Am J Obstet Gynecol 189: 1031–1035
31. Perry KG Jr, Larmon JE, May WL, Robinette LG, Martin RW (1998) Cervical ripening: a randomized comparison between intravaginal misoprostol and an intracervical balloon catheter combined with intravaginal dinoprostone. Am J Obstet Gynecol 178: 1333–1340
32. Rust OA, Greybush M, Atlas RO, Jones KJ, Balducci J (2001) Preinduction cervical ripening. A randomized trial of intravaginal misoprostol alone vs. a combination of transcervical Foley balloon and intravaginal misoprostol. J Reprod Med 46: 899–904
33. Barrilleaux PS, Bofill JA, Terrone DA, Magann EF, May WL, Morrison JC (2002) Cervical ripening and induction of labor with misoprostol, dinoprostone gel, and a Foley catheter: a randomized trial of 3 techniques. Am J Obstet Gynecol 186: 1124–1129
34. Abramovici D, Goldwasser S, Mabie BM, Mercer BM, Goldwasser R, Sibai BM (1999) A randomized comparison of oral misoprostol versus Foley catheter and oxytocin for induction of labor at term. Am J Obstet Gynecol 181: 1108–1112
35. Atad J, Hallak M, Auslender R, Porat-Packer T, Zarfati D, Abramovici H (1996) A randomized comparison of prostaglandin E₂, Oxytocin, and the double-balloon device in inducing labor. Obstet Gynecol 87: 223–227
36. Atad J, Hallak M, Ben-David Y, Auslender R, Abramovici H (1997) Ripening and dilatation of the unfavourable cervix for induction of labour by a double balloon device: experience with 250 cases. Br J Obstet Gynaecol 104: 29–32
37. Yuen PM, Pang HY, Chung T, Chang A (1996) Cervical ripening before induction of labour in patients with an unfavourable cervix: a comparative study of the Atad ripener device, prostaglandin E₂ vaginal pessary, and prostaglandin E₂ intracervical gel. Aust N Z J Obstet Gynaecol 36: 291–295
38. Khotaba S, Volfson M, Tarazova L et al. (2001) Induction of Labour in women with previous cesarean section using the double balloon device. Acta Obstet Gynecol Scand 80: 1041–1042
39. Blumenthal PD, Ramanauskas R (1990) Randomized trial of Dilapan and Laminaria as cervical ripening agents before induction of labor. Obstet Gynecol 75: 365–368
40. Kerr JMM, Johnstone RW, Phillips MH (1954) Historical review of british obstetrics and gynaecology. E & S Livingstone, Edinburgh & London, pp 24–40
41. Bricker L, Lucas M (2003) Amniotomy alone for induction of labour (Cochrane Review). The Cochrane Library, Oxford, Update Software
42. Keirse MJNC (1988) Amniotomy or oxytocin for induction of labor: re-analysis of a randomized controlled trial. Acta Obstet Gynecol Scand 67: 731–735
43. Boulvain M, Stan C, Irion O (2003) Membrane sweeping for induction of labour (Cochrane Review). The Cochrane Library, Oxford, Update Software

Gynäkologe 2004 · 37:334
DOI 10.1007/s00129-004-1517-8
Online publiziert: 26. März 2004
© Springer-Verlag 2004

C. Anthuber · Frauenklinik, Klinikum Starnberg GmbH

Obstruktive Miktio bei gynäkologischen Erkrankungen

Gynäkologe (2004) 37:153–163

In Tabelle 3 wurden versehentlich fehlerhafte Angaben zur Zusammensetzung einzelner Präparate gemacht. Bitte beachten Sie die korrigierte Version:

Tabelle 3

Häufig eingesetzte Medikamente zur Reduktion der Detrusoraktivität

Gruppe	Name, Dosierung
Anticholinergika	Tolterodine (Detrusitol®) 2–4 mg Trospiumchlorid (Spasmolyt®, Spasmo-Rhoival TC®, Spasmo-Urgenin TC®, Spasmex®) 3×5–15 mg Propiverin (Mictonorm®) 2–3×15 mg
Direkt muskelwirksame Relaxanzen	Oxybutynin (Dridase®) 2–3×5 mg, wirkt auch anticholinerg Flavoxat (Spasuret®) 3–4×200 mg
Antidepressivum	Imipramin (Tofranil®) 25–100 mg

Die Online-Version des Originalartikels können Sie unter <http://dx.doi.org/10.1007/s00129-003-1484-5> finden.