

## THE OUTCOME OF TURP IN BPH PATIENTS WITH HYPOCONTRACTILE BLADDER

### Hypothesis / aims of study

The functional changes of bladder occur if BOO (bladder outlet obstruction) is present. Disorder of detrusor muscle such as OAB (overactive bladder) and detrusor hypocontractility is related. The goal of this study is to evaluate the post-TURP satisfaction in patients with lower urinary tract syndrome; LUTS (Lower urinary tract syndrome) with detrusor hypocontractility

### Study design, materials and methods

Among patients with lower urinary tract syndrome, 17 patients who showed detrusor hypocontractility at urodynamic study between July 2007 and January were analyzed retrospectively. The mean age was 68.7 years old (57~ 85 years old). Patients with history of neurogenic bladder, prostate cancer, or urethral stricture were excluded. BOO means it is included in obstruction section at Shä-fer nomogram. Detrusor underactivity is defined as the location of coordinate of voiding pressure in weak+, weak-, and very weak section at max flow rate; Qmax. Preoperative and postoperative International Prostate Symptom Score (IPSS), quality of life (QoL), and uroflow Qmax were researched and compared. Paired-T test was used for statistic analysis and significance level was 0.05.

### Results

Preoperative mean prostatic volume of patients was 41 cc (32 ~68 cc). The max bladder capacity was 382 cc, and PdetQmax was 46.7 cmH<sub>2</sub>O at urodynamic findings. There were significant improvement in IPSS, QoL, and Qmax after the procedure (Table 1).

Table 1. Change of the IPSS, QoL, Qmax after TURP ( $p < 0.0001$ )

Parameters	Pre- op	Post-op
IPSS (Total)	27.1±1.4	10.3±1.2
IPSS (Voiding)	15.7±1.1	5.7±0.7
IPSS (Storage)	11.4±1.5	4.6±0.7
QoL	4.5±0.9	2.1±0.6
Qmax	8.5±1.2	15.3±0.9

### Interpretation of results

Although pre-operative urodynamic study result hypocontractile bladder, TURP can improve IPSS, QoL and maximal flow rate in moderate enlarged prostates.

### Concluding message

The outcome of TURP in patients with BPH and hypocontractile bladder was relatively satisfactory. The importance of urodynamics in predicting the outcome of operation is needed emphasized.

### References

- Zwergel U, Wallich B, Lindenmeier A: Long-term results following transurethral resection of the prostate. Eur Urol 1998;33:476-80
- Seaman EK, Jacobs BZ, Blaivas JG: Persistence or recurrence of symptoms after transurethral resection of the prostate: a urodynamic assessment. J Urol 1994;152:935-7

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Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
Is this a Randomised Controlled Trial (RCT)?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	DCUMC IRB
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes