

## EFFECTIVENESS OF TRANSURETHRAL RESECTION OF THE PROSTATE IN PATIENT OF BENIGN PROSTATIC HYPERPLASIA: HOW MUCH SHOULD BE RESECTED?

### Hypothesis / aims of study

Despite the development of new minimally invasive methods, transurethral resection of the prostate (TURP) remains the gold standard surgical treatment for lower urinary tract symptoms (LUTS) related to BPH, with more than 90% of the patients reporting normal or improved voiding, after 10-year follow-up period. The recommended technique of TURP consists of complete removal of all adenomatous tissue inside the surgical capsule. However, complication rates seem to be related to resection time and the amount of resected tissue, and historical data has shown that the amount of resected tissue during TURP has decreased significantly over the last 10 years. The aim of this study was to evaluate the impact of the percent of resected tissue (PRT) during TURP on the short-term clinical outcome of patients with LUTS due to BPH.

### Study design, materials and methods

The study comprised a retrospective analysis of a 45 consecutive men who underwent TURP for treatment of LUTS due to BPH between March 2008 and December 2010. The PRT was calculated as the resected tissue weight divided by the preoperative ultrasound prostate volume measurement x 100. Patients were divided in three groups according to the PRT: Group 1 (n=16) < 15%; Group 2 (n=15) = 15% to 25%; and Group 3 (n=14) > 25%. They were re-evaluated at 1 months for IPSS, QoL, and nocturia.

### Results

Mean pre and postoperative nocturia in group 1, 2, 3 was 3.4±1.1, and 2.5±1.2, 3.8±1.4, and 2.5±1.1, 3.8±1.5, and 2.7±1.7 respectively. There were significant difference in nocturia in group 1, 2, 3 (p=0.011, p=0.002, p=0.041). Mean pre and postoperative IPSS in group 1, 2, 3 was 25.2±8.5 and 13.2±3.9, 27.6±4.6 and 14.9±10.1, 29.0±5.6 and 20.3±3.7 respectively. There were significant difference in IPSS in group 1, 2, 3 (p=0.018, p=0.022, p=0.030). No significant statistical difference in the IPSS variation according to the PRT was observed (p=0.292). Variation in IPSS was 18.4, 20.4, and 14.3 for patients from group 1, 2 and 3 respectively. There was no significant difference in nocturia variation according to the PRT (p = 0.781). Variation in nocturia was 1.1, 1.3, and 1.4 for patients from group 1, 2 and 3 respectively.

### Interpretation of results

Percent of resection tissue was not related to LUTS

### Concluding message

Percent of resection tissue during TURP was not related to lower urinary tract symptom in patient of benign prostatic hyperplasia.

Keywords: BPH, organ weight, symptom score

### Disclosures

**Funding:** none **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** this abstract was retrospective study **Helsinki:** Yes **Informed Consent:** Yes