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CAPITAL
LETTERS)PROGNOSTIC VALUE OF URODYNAMIC STUDY IN THE
OUTCOME MEASUREMENT AFTER TURP

Aims of Study We performed this study to elucidate whether patient satisfaction and improvement of clinical parameters correlate with the degree of obstruction after transurethral resection of prostate (TURP). We investigated the role of urodynamic studies as a predictor of outcome after following TURP.

Methods Parameters including pre-operative symptom scores (IPSS), uroflow rate, prostate volume and urodynamic studies, were assessed in 27 patients undergoing TURP due to BPH. Bladder outlet obstruction was assessed by pressure/flow studies (PFS). Post-operative evaluation was performed with IPSS and uroflowmetry 3 months after surgery. Post-operative patient satisfaction was determined by subjective responses to the questionnaires, and each response was categorized into one of the two results groups; good (much improved, improved) and poor (slightly improved, no change, getting worse. The subjective responses, clinical and urodynamic parameters were compared and statistically analyzed.

Results Of the total, eighteen patients (67%) had bladder outlet obstruction (BOO; defined as L-PURR \geq 3), while 14 (52%) demonstrated associated detrusor instability (DI). Significant improvements in IPSS, QOL, peak flow rate and residual urine were noted in all patients post-operatively ($p < 0.05$). Significant improvements in voiding symptom scores were demonstrated in the patients who were categorized in the good results group ($p < 0.05$). Good results (16 patients) were more frequently noted in the patients with BOO than those without. 60% of the patients who showed only DI had poor results. The positive predictive value for the good and poor results were 76.9% (L-PURR $>$ 3) and 91% (L-PURR $<$ 3).

Conclusions These results show that post-operative satisfaction was greater in patients with confirmed obstruction by PFS. However, there were no significant differences in the improvements of clinical parameters except voiding symptom scores between BOO and those without. L-PURR is thought to be useful parameter in predicting the postoperative results.