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Title: CAN PERSISTENT DETRUSOR INSTABILITY BE PREDICTED AFTER TRANSURETHRAL PROSTATECTOMY ?

Aims of Study:

The detrusor instability frequently found in benign prostate hyperplasia(BPH) is sometimes irreversible even after infravesical obstruction is relieved surgically. It would be good for patient if urologists were able to identify patients with the risk of persistent postoperative bladder irritative symptoms. We compared the pre and postoperative cystometric findings in terms of outcome after prostatectomy to find patients with the risk of postoperative bladder irritative symptoms.

Methods:

Twenty five patients considered to have detrusor instability due to BPH were included in this study. All patients were evaluated with cystometry, uroflowmetry, prostate volume, symptom score(IPSS) preoperatively. These patients were classified according to their cystometry pattern. Type I was a single or continual onset and offset of detrusor instability at bladder volume of less than 150ml, and type II was a single or continual onset and offset of detrusor instability at bladder volume of greater than 150ml. Cystometric findings, uroflowmetry, and IPSS at a average of 3 months after surgery were compared with preoperative findings.

Results :

Of twenty five patients 12 demonstrated Type I, and 13 Type II in the preoperative cystometry. Compared with type II patients, type I patients more frequently complained of irritative symptoms such as frequency, urgency, nocturia after transurethral prostatectomy. In postoperative cystometry, detrusor instability persisted after transurethral prostatectomy in 9 patients (75%) in type I and in 4 (30.5%) in type II ($P<0.05$).

Conclusions:

The cystometric finding may be helpful to determine the possibility of persistent detrusor instability after surgery. So, urologists should notify the patient with preoperative detrusor instability, which may occurs at bladder volume of less than 150ml especially, that he may have a possibility of persistent detrusor instability.