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EFFECT OF TAMSULOSIN IN BENIGN PROSTATIC HYPERPLASIA PATIENTS WHO WERE TREATED WITH SPINAL ANESTHESIA: PREVENTING THE ACUTE URINARY RETENTION

Hypothesis / aims of study

To evaluate the clinical effects of tamsulosin 0.4 mg, a selective α 1A-adrenoreceptor antagonist in patients at risk for acute urinary retention, who were treated with spinal anesthesia.

Study design, materials and methods

We analyzed 206 patients who had been underwent orthopedic surgery in one center. The patients were tested with uroflowmetry and International Prostate Symptom Score (IPSS). We choose eighty four patients. Selection criteria were IPSS > 8 and maximum flow rate < 15ml/s. We randomly divided them into two groups; Group 1, tamsulosin treatment and Group 2, no treatment control. Group 1 had been treated with tamsulosin 0.4 mg once a day for two days before orthopedic ambulatory surgery, and till post operative day one. We evaluated acute urinary retention patients after removal of indwelling catheter at post operative day one.

Results

During the study period, 3 of 42 patients (7.1%) in the tamsulosin group and 7 of 42 patients (16.7%) in the control group experienced acute urinary retention.

Interpretation of results

There was significant therapeutic effect on preventing acute urinary retention after treatment with tamsulosin 0.4 mg ($p < 0.05$).

Concluding message

Patients at risk for acute urinary retention after orthopedic ambulatory surgery could more successfully prevent acute urinary retention, if treated with tamsulosin 0.4 mg. We recommend tamsulosin 0.4 mg before surgery, for benign prostatic hyperplasia patient to prevent acute urinary retention.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Kangbuk Samsung Hospital Institutional Review Board.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes