



- Frequency of sexual dysfunction after transurethral resection of prostate for benign prostatic hyperplasia.
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Hypothesis / aims of study

To determine the frequency of sexual dysfunction after transurethral resection of prostate(TURP) for benign prostatic hyperplasia(BPH).The present study will help in establishing local statistics on frequency of erectile dysfunction after transurethral resection of prostate as this disease has never been studied in our population. Most studies focus on surgical and functional outcomes of BPH surgery, while sexual outcomes are often uninvestigated or under-investigated.

Study design, materials and methods

It’s a descriptive Study conducted from 21 March 2022 to 21 September 2022.This study was conducted on 82 male patients of 40 to 60 years of age with BPH having Lower Urinary Tract Symptoms(LUTS). Detailed history, examination and investigations like full blood count, coagulation profile, ultrasound KUB and Prostate with pre and post void residual urine were performed on every patient. Pre-operative Erectile function was assessed by using international index of erectile function (IIEF-5) which is the sum of the ordinal responses to the five items. It will be interpreted as: a score of 22-25= No erectile dysfunction, a score of 17-21 = Mild erectile dysfunction, a score of 12-16=. Mild to moderate erectile dysfunction, a score of 8-11= Moderate erectile dysfunction, a score of 5-7= Severe erectile dysfunction. All patients underwent TURP using mono polar diathermy and were managed according to our ward protocol till his discharge from the hospital. Post TURP erectile function was assessed after six months using the same IIEF-5. Any increase or decrease in the score were noted. All the data like name, age, BMI, duration of BPH, pre and post-operative IIEF-5 score and degree of sexual dysfunction (mild, moderate, severe) were recorded.

Results

This study was conducted on 82 patients. The mean age of the patients was 50.71±5.72 years. The mean duration of LUTS was 5.26±1.77 months. The mean preoperative IIEF-5 score was 22.41±2.30. The mean postoperative IIEF-5 score was 22.41±3.68 and the mean BMI was 26.08±3.12 kg/m2). Regarding the age distribution there were 45 (54.9%) patients in the age group of 40 to 50 years and 37 (45.1%) patients in the age group of 51 to 60 years. The frequency of sexual (erectile) dysfunction in our study was 8 (9.8%). There were 74 (90.2%) patients with no erectile dysfunction, 4 (4.9%) patients with mild erectile dysfunction,2 (2.4%) patients with moderate erectile dysfunction and 2 (2.4%) patients with severe erectile dysfunction.

Interpretation of results

The frequency of sexual dysfunction was 8 (9.8%) in our study, which is comparable to a study conducted by Parsons et al with a reported incidence of 5.65% deterioration in sexual function after transurethral resection of prostate. Post TURP sexual dysfunction in relation to age , BMI and duration of lower urinary tract symptoms is best explained in tables attached.

- Stratification of sexual (erectile) dysfunction with age

		Age distribution		Total	P value
		40 to 50 years	51 to 60 years		
Sexual (Erectile) dysfunction	Yes	5	3	8	0.64
		62.5%	37.5%	100.0%	
	No	40	34	74	
		54.1%	45.9%	100.0%	
Total		45	37	82	
		54.9%	45.1%	100.0%	

- Stratification of sexual (erectile) dysfunction with duration of LUTS

		Duration of LUTS		Total	P value
		2 to 5 months	> 5 months		
Sexual (Erectile) dysfunction	Yes	3	5	8	0.33
		37.5%	62.5%	100.0%	
	No	41	33	74	
		55.4%	44.6%	100.0%	
Total		44	38	82	
		53.7%	46.3%	100.0%	

- Stratification of sexual (erectile) dysfunction with BMI

		BMI distribution			Total	P value
		21 to 24.9 kg/m <sup>2</sup>	25 to 29.9 kg/m <sup>2</sup>	> 29.9 kg/m <sup>2</sup>		
Sexual (Erectile) dysfunction	Yes	3	4	1	8	0.93
		37.5%	50.0%	12.5%	100.0%	
	No	31	32	11	74	
		41.9%	43.2%	14.9%	100.0%	
Total		34	36	12	82	
		41.5%	43.9%	14.6%	100.0%	

Concluding message

The frequency of sexual dysfunction after transurethral resection of prostate for benign prostatic hyperplasia in our study was 8 (9.8%). Preoperative sexual function must be assessed for better comparison with post-operative erectile function.