#699 - Micturition recovery after HoLEP in patients with long-term indwelling catheter: a single center experience

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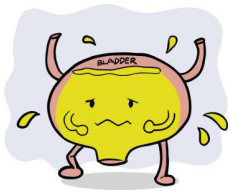
Aims of study

PREMISES

As recently shown[1], **surgical treatment** for BPO may be **beneficial** also in patients with **altered bladder contractility**.



AIM

To evaluate micturition recovery after HoLEP in men with **long-term (> 5 months) indwelling bladder catheter** at short-term follow-up (3 months).

Study design, materials and methods

This was a **retrospective**, **single center**, **cohort** study.

We collected data from patients who underwent **HoLEP** in a single center by a single experienced surgeon between January 2022 and July 2023.

Men were divided in two cohorts based on the presence of bladder catheter before surgery (**group A**) or not (**group B**).

After 3 months we evaluated surgery outcomes

- Qmax
- PVR
- IPSS questionnaire

Differences among groups were analyzed with unpaired T-test and results were displayed in boxplots.

Results and interpretation

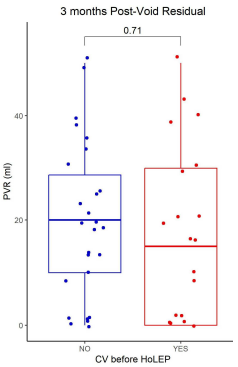
Patients in **group A** were 20 and patients in **group B** were 30; their characteristics are shown in the table.

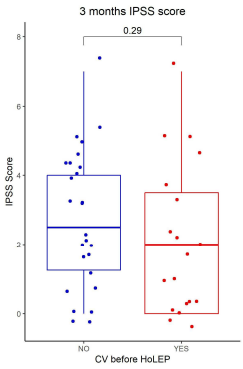
Characteristics	TOT	CV	No CV	*p*
Age (median)	69	69	68	0.388
BMI (median)	26,3	26	26,4	0.729
Prostate Vol. (median)	99	104	95	0,031
CV remove (POD) (median)	2,8	3,4	2,5	0.321
HospStay (median)	4,3	5,1	3,8	0,033

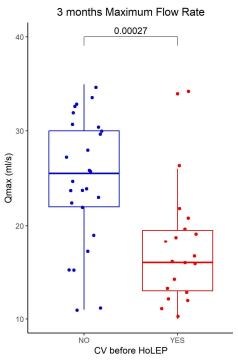
No difference in baseline data, except for **prostate volume** and **hospital stay** which were slightly higher in group A.

Patients in group A had an indwelling catheter for a mean of 13.7 months. After surgery, **ALL PATIENTS** obtained a valid micturition recovery in terms of non-significant PVR (< 50mL) and sufficient Qmax (> 12mL/s).

There was no statistical difference regarding
- PVR (p = 0.845) or IPSS (p = 0.101)







Qmax values were lower in **group A** (p = 0.009), although sufficient for a valid micturition; this may be due to a transient detrusor hypocontractility.

Conclusions

This work suggests
- HoLEP is **effective** for valid micturition recovery in patients with **long-term indwelling catheter**
- same results between groups (PVR and IPSS)

-> **Possible to treat patients with sub-optimal bladder contractility with good outcomes.**

Prospective validation is essential to confirm these results.

References

1. Wroclawski ML, Takemura LS, Santos HOD, Heldwein FL, Gauhar V, Lim EJ, Law YXT, Teoh JY, Herrmann TRW, Castellani D. Functional and safety outcomes after benign prostatic enlargement surgeries in men with detrusor underactivity compared with normal detrusor contractility: Systematic review and meta-analysis. Neurourol Urodyn. 2024 Jan;43(1):126-143. doi: 10.1002/nau.25336. Epub 2023 Nov 27. PMID: 38010924