

A Simple Bedside Risk Score Predicting Catheter-Free Outcomes After MIST for BPH: A Multicenter Study With Direct Clinical Applicability

Taro Igarashi¹, Ayane Nishioka¹, Yuto Nukariya¹, Akira Furuta¹, Yasuyuki Suzuki², Takahiro Kimura¹

¹The Jikei University School of Medicine
²Tokyo International Ohori Hospital

BACKGROUND

Catheter-free recovery after MIST remains difficult to predict in patients presenting with urinary retention.

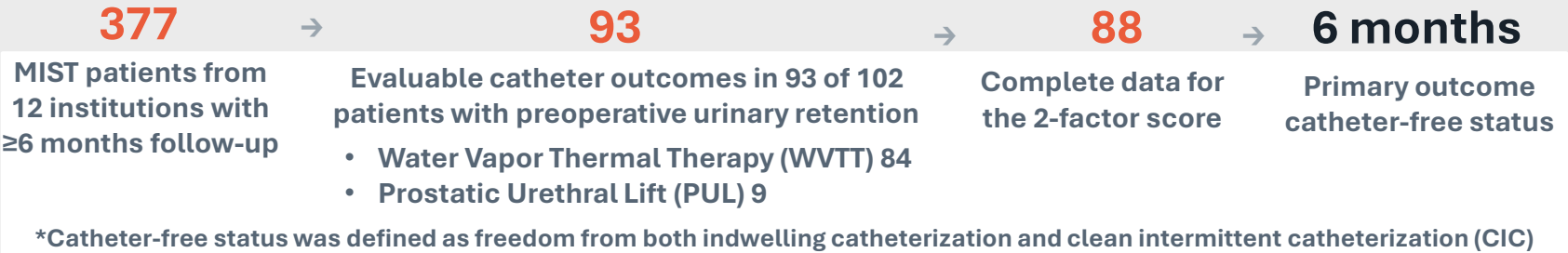
AIM

Identify independent predictors and develop a practical bedside risk score.

KEY DEFINITIONS

- Multicenter retrospective cohort
- Postoperative follow-up ≥6 months
- Preoperative urinary retention: indwelling catheter or CIC

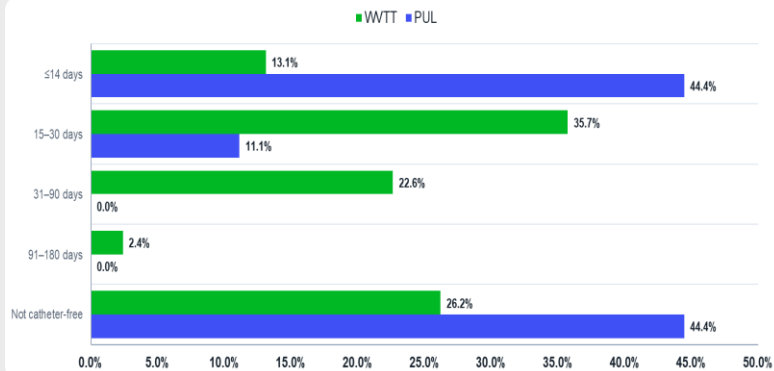
I. STUDY DESIGN



ii. RESULTS

1. Time to Catheter-Free Status after MIST

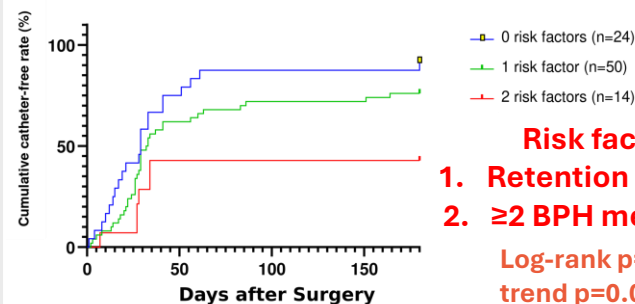
Patients with preoperative urinary retention and evaluable catheter outcomes (WVTT, n=84; PUL, n=9)



Catheter-free:
WVTT 62/84 (73.8%), median 28 days;
PUL 5/9 (55.6%), median 3 days

3. RISK SCORE

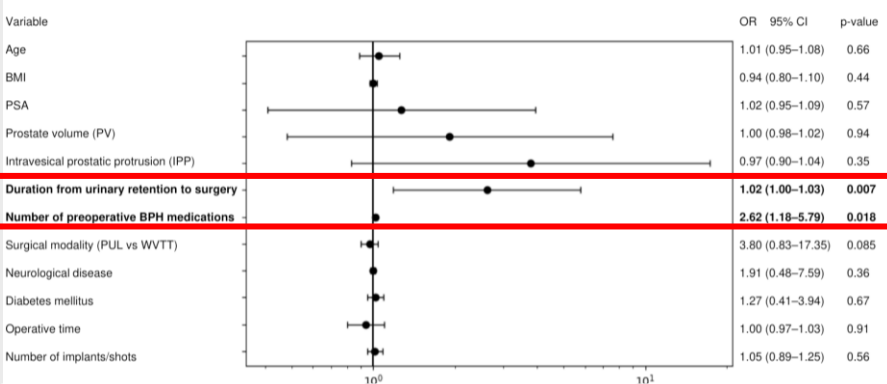
Catheter-free recovery decreased as risk factors



Risk factors:
1. Retention ≥3 months
2. ≥2 BPH medications
Log-rank p=0.011, trend p=0.0027

2. INDEPENDENT PREDICTORS

Multivariable model for catheter-free status



Retention duration: OR 1.02 (1.00–1.03), p=0.007
≥2 BPH medications: OR 2.62 (1.18–5.79), p=0.018
Procedure type was not significant (p=0.085)

iii. TAKE-HOME MESSAGE

Two routine preoperative variables may identify patients at risk of delayed catheter-free recovery



This exploratory score requires external validation