

HoLEP is effective regardless of age but with more incontinence; vaporization is age-sensitive. Elderly require more postoperative meds in both.

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“HoLEP vs Vaporization in Elderly BPE Patients: A Multicenter Retrospective Comparison”

Background and Objective

BPH is increasing in aging society. HoLEP: age-independent, gold standard.

Vaporization: effective, but age-related outcomes unclear.

Compare elderly vs non-elderly in HoLEP and vaporization.

Methods

Multicenter retrospective (2016–2021).

Patients: HoLEP 286 / Vaporization 586 → final n=477 (Elderly 198, Non-elderly 279).

Outcomes: IPSS, QoL, complications, meds use at 6M.

Analysis: regression, ROC.

Results

Figure 1: HoLEP vs Vaporization outcomes (Catheter duration, IPSS, Incontinence)

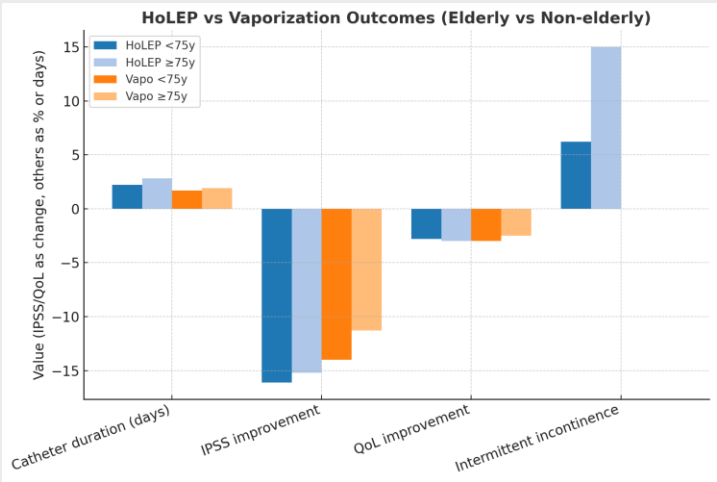


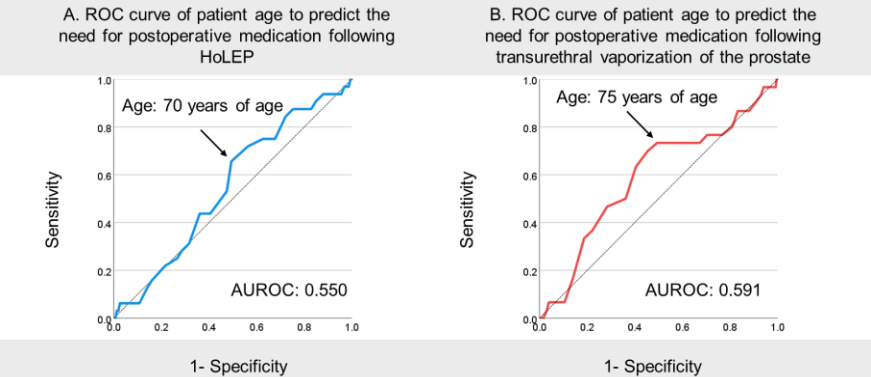
Table 1: HoLEP vs Vaporization outcomes : IPSS decline

		HoLEP				Vaporization			
		B	P value	95% CI of B		B	P value	95% CI of B	
				Lower	Upper			Lower	Upper
Constant		1.826	0.493	-3.477	7.128	-1.514	0.387	-4.96	1.932
Age	≥75 vs <75	-				2.617	0.003	0.917	4.317
Prostate volume		-				-			
PVR		-				-			
IPSS voiding score		-0.788	<.001	-1.231	-0.344	-1.031	<.001	-1.282	-0.779
IPSS storage score		-1.066	<.001	-1.512	-0.620	-0.697	<.001	-0.996	-0.398

Table 2 : HoLEP vs Vaporization outcomes : Meds at 6M

		HoLEP			Vaporization		
		<70 years	≥70 years	P value	<75 years	≥75 years	P value
		(n=78)	(n=112)	(<70 vs ≥70 years)	(n=149)	(n=138)	(<75 vs ≥75 years)
Overall		9 (11.5%)	23 (20.9%)	0.103	9 (6.0%)	21 (15.2%)	0.011
Alpha-1 blockers		1 (0.1%)	2 (1.8%)	0.784	2 (1.3%)	7 (5.1%)	0.141
5-alpha reductase inhibitors		0	0	N.A.	0	2 (1.4%)	0.140
Drugs for OAB		8 (10.3%)	21 (18.8%)	0.109	8 (5.4%)	16 (11.6%)	0.047

Figure 2: ROC curves with cutoff ages 70y & 75



Discussion

HoLEP improved IPSS regardless of age.

Vaporization less effective in elderly.

Elderly needed more postoperative meds after both procedures.

Complications mild; SUI more common after HoLEP in elderly.