Hypothesis / aims of study
Here the author report the mid-term clinical outcomes analysis with efficacy and safety of HoLEP.

Study design, materials and methods
From May 2010 to September 2012, 270 consecutive patients treated with HoLEP were enrolled in this study. All patients were evaluated by DRE, TRUS, serum PSA preoperatively. International Prostate Symptom Score (IPSS), peak urinary flow rate (Qmax), and postvoid residual urine (PVR) were documented preoperatively and 1, 3, 6, 12, 24 months postoperatively. The perioperative data and complications were analyzed. All procedures of HoLEP were done by a single surgeon.

Results
The mean patient age at the surgery was 67.5 years (45-82), and the mean PSA was 3.7 ng/ml (0.4-19.4). Mean operation time was 73.6 minutes (30-150). Mean prostate volume was 64.3 ml (20-150) and mean resected tissue weight was 9.3 g (2-63). Mean catheter indwelling time was 2.7 day (1-6), and mean hospital stay was 3.2 day (1-7). The blood loss was minimal, so transfusion was not needed. The baseline data were IPSS; 23.0 (7-35), QoL score; 5.4 (4-6), Qmax (ml/s); 12.5 (1.2-16.5), PVR (ml); 59 (20-250). Postoperatively, IPSS and QoL scores and PVR decreased, and Qmax increased significantly. Intraoperative complication was minor capsular perforation (n=5). Postoperative complications were acute urinary retention (n=9), transient incontinence (n=17), urinary tract infection (n=4), urethral stricture (n=4) and bladder neck contracture (n=12).

Concluding message
HoLEP showed statistical improvement of clinical parameters after 1 month operation and these results sustained for 24 months regardless of prostatic size.

Disclosures
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