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THE CORRELATION ANALYSIS BETWEEN PREOPERATIVE MAXIMUM DETRUSOR PRESSURE AND POSTOPERATIVE OUTCOME AFTER TRANSURETHRAL RESECTION OF PROSTATE (TURP)

Hypothesis / aims of study

To assess the short-term outcome of transurethral resection of the prostate (TURP) in men with different maximum detrusor pressure (Pdet.max).

Study design, materials and methods

Neurologically intact men with lower urinary tract symptoms (LUTS), who were diagnosed with BPH and underwent surgical intervention in our department, were enrolled between 2009 and 2012. All patients had completed the International Prostate Symptom Score (IPSS) and quality-of-life (QOL) questionnaires and had undergone a full urodynamic analysis before surgery. The outcomes were assessed at 24 months postoperatively using the IPSS Score, QOL score, and maximum urinary flow rate (Qmax).

Results

The patients were classified into the following 2 groups according to their preoperative pressure-flow study (P-FS): group A consisted of 40 patients with Pdet.max less than 70cmH₂O; group B consisted of 90 patients with Pdet.max more than 70cmH₂O.

Interpretation of results

Preoperative characteristics were similar between the two groups. The postoperative IPSS score of group A was significant larger than group B, postoperative Qmax of group A was significant lower than group B. In the group A, postoperative improvement subjective and objectively successful rate was 67.5% and 50.0% respectively, significant lower than group B, which is 90.0% and 87.8% respectively

Concluding message

Urodynamic analysis may play a limited role in detecting bladder outlet obstruction (BOO) in BPH patients with detrusor underactivity and urinary retention. According to the results of our study, with the cutoff of 70cmH₂O, Pdet.max seems to be a promising prognostic factor obtained by preoperatively urodynamic analysis for all the patients who need surgery.

Disclosures

Funding: there's no specify source of funding or grant **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** The outcomes were assessed postoperatively using the IPSS Score, QOL score, and maximum urinary flow rate (Qmax). **Helsinki:** Yes **Informed Consent:** Yes