

Markku Multanen,* Martti Talja,* Tero Välimaa**

*Päijät-Häme Central Hospital, Lahti, Finland

**Tampere University of Technology, Tampere, Finland

A BIOABSORBABLE POLYGLYCOLIC ACID STENT IN THE PREVENTION OF URINARY RETENTION AFTER TRANSURETHRAL NEEDLE ABLATION OF PROSTATE

AIMS OF STUDY

Transurethral needle ablation of prostate (TUNA) is a relatively new minimally invasive treatment modality for patients with bladder outlet obstruction due to an enlarged prostate. The advantages of this procedure over TURP are 1/ short hospital stay, 2) no need for general or spinal anaesthesia, 3) rapid recovery, 4) minimal side effects. Postoperative urinary retention is common because of tissue oedema due to thermal effects. In this study we wanted to see, how effective a bioabsorbable PGA urethral stent is in the prevention of postoperative urinary retention after TUNA procedure.

METHODS

There were 12 patients with symptoms suggestive of bladder outlet obstruction. Ten patients had low serum PSA levels, two patients with slightly elevated PSA had benign histology in prostatic biopsies. The mean age was 61.5 years (46 - 73), the mean size of the prostate 55 g (18 - 91) and the mean score in DAN-PSS 19.5 (4 - 57). The maximal flow in miktio-graphy was 7.8 ml/s (4.9 - 17.5) and the residual volume 217 ml (11 - 436) preoperatively. Standard TUNA procedure technique was used, local and transperineal anaesthesia. PGA prostatic stent was applicated to nine patients.

RESULTS

There were no major complications. One patient had macroscopic haematuria postoperatively and stayed in hospital observation for two extra days. One patient's stent moved distally and was pushed into its right place under local anaesthesia. The patients came to a control visit 6 weeks postoperatively, when the stent had degraded. The maximal flow had improved till 11.1 ml/s (5.4 - 19.9) and residual volume had diminished to 93 ml (14 - 203). The mean score in DAN-PSS was 7.1 (0 - 32). Eight patients out of nine with the PGA stent were able to void immediately after the procedure. All three patients without the PGA needed a suprapubic catheter, which could be removed after 2 - 4 weeks postoperatively.

CONCLUSION

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The PGA prostatic seems to be effective, safe and well tolerated in the prevention of urinary retention after the TUNA procedure.