

OUTCOME OF UROLUME WALL STENT INSERTION FOR BENIGN PROSTATIC HYPERPLASIA.

Aims of Study

The Urolume wall stent has been used successfully in the management of urethral obstruction secondary to benign prostatic hyperplasia (BPH), urethral stricture disease and adenocarcinoma. We report the long-term outcome in 33 men with symptomatic BPH.

Methods

The case-notes of 33 consecutive men were retrospectively reviewed. All patients had symptomatic BPH treated with the placement of a urolume stent, at our Institution, between August 1992 and August 1994. Patient demographics, indications for stent insertion (*Table 1*), pre and post-operative flow rate (ml/s), stent-related complications and the need for further intervention to treat stent or BPH related complications were recorded.

Table 1 : Indications for placement of the Urolume Wall Stent.

| Indication for Stent Insertion | Number of Men | Percentage |
|--|---------------|------------|
| Failed alternative treatment(s) for BPH e.g. α -adrenoceptor blockade | 13 | 39 |
| Acute urinary retention secondary to BPH | 3 | 9 |
| Incontinent with an indwelling catheter | 3 | 9 |
| Unfit for major surgery e.g. TURP | 12 | 36 |
| Patient Choice | 2 | 7 |

Results

The mean age of the men was 73 (range 57-86) years. The mean period of follow-up was 24.5 (range 3-60) months. Flow rates universally improved. (The pre-operative range was 3.9-14.1ml/s, and the post-operative range, 8-27.5ml/s). The pre-operative flow-rate had not been recorded in the 3 patients who had an indwelling catheter prior to surgery.

36% of patients (n=12) experienced complications, with operative re-intervention required in 15% (n=5). Stent and BPH related complications are listed in Table 2.

Table 2 : Complications experienced following Insertion of the Urolume Wall Stent.

| Complication | Number of Men | Percentage |
|---|---------------|------------|
| UTI | 2 | 6 |
| Post-micturition dribble | 1 | 3 |
| LUTS | 7 | 21 |
| Perineal pain | 3 | 9 |
| Incontinence (treated by catheterisation) | 1 | 3 |
| Removal of stent | 2 | 6 |
| Resection of stent overgrowth | 3 | 9 |

Of those patients who required resection of stent overgrowth, each underwent one resection under general anaesthetic, ranging between 6 months, 2 years and 3 years following stent insertion.

Of the 2 patients who had the stent removed, one was found to have the stent coiled up in the bladder 2 weeks following stent insertion, and went on to have a TURP. The stent was short

of the bladder neck in the second patient, and was removed after 7 months and a TURP performed.

Conclusions

The urethral stent is a valid treatment for BPH. In our experience over a 5 year follow-up period, its main benefit appears to be derived by those patients who are elderly or infirm or in whom alternative therapies have failed. However, recognized long-term complications do occur, in approximately a third of patients. Hence, patients must be made aware of these prior to stent insertion.