

24- MONTH FOLLOW UP AFTER ROTORESECTION: A PROSPECTIVE STUDY**Hypothesis / aims of study**

The aim is to assess safety and efficacy of Rotoresection, as a method of treatment of BPH.

Study design, materials and methods

Thirty patients were prospectively enrolled between September 2000 and June 2001. Mean age was 61 ± 6 years (range: 52 – 78 years). All patients had AUA 7 score of >12 , Q max < 12 ml/s, prostate size of 20-80 cc and Prostate Specific Antigen (PSA) 0-4 ng/ml. Mean operative time was 45.2 ± 9.9 minutes. The procedure was conducted using Rotoresect system ®. Catheter was removed after 1.97 ± 0.3 days. Patients were seen 1-, 3-, 6-, 18- and 24- month after surgery. AUA 7 score, Q max; and urinalysis were carried out at each visit. All patients but 2 completed 6-month and 23 patients completed 24 months follow up.

Results

Mean AUA 7 score decreased from a preoperative value of 20.5 ± 3.8 to a value of 1.12 ± 1.56 , mean Qmax rose from 8.7 ± 2.1 ml/s to 21.8 ± 8.5 ml/s, mean total prostate volume decreased from 36.5 ± 12.9 cc to 21 ± 7.9 cc at 24 months. Mean preoperative hemoglobin level was 13.8 ± 1 gm/dl and at day 1 postoperative was 13.6 ± 1.2 gm/dl. No patient required blood transfusion or had the manifestations of TUR syndrome. Early complications were UTI and mild degree of SUI in 10 & 11 patients respectively. One patient had urethral stricture and another had posterior urethral stone at 6 months and both were treated successfully with good flow thereafter. At 24 months, 23 patients had sterile urine and perfect continence.

Interpretation of results:

Rotoresection was attended by a decrease of symptom score of >19 and an increase of > 13 ml/sec. of Qmax at 2-year follow up without significant morbidity, both at short and intermediate term.

Concluding message

Thus far, Rotoresection is a safe and effective method for the treatment of BPH. No significant blood loss or TUR syndrome was encountered. Short hospital stay and excellent functional results were achieved.