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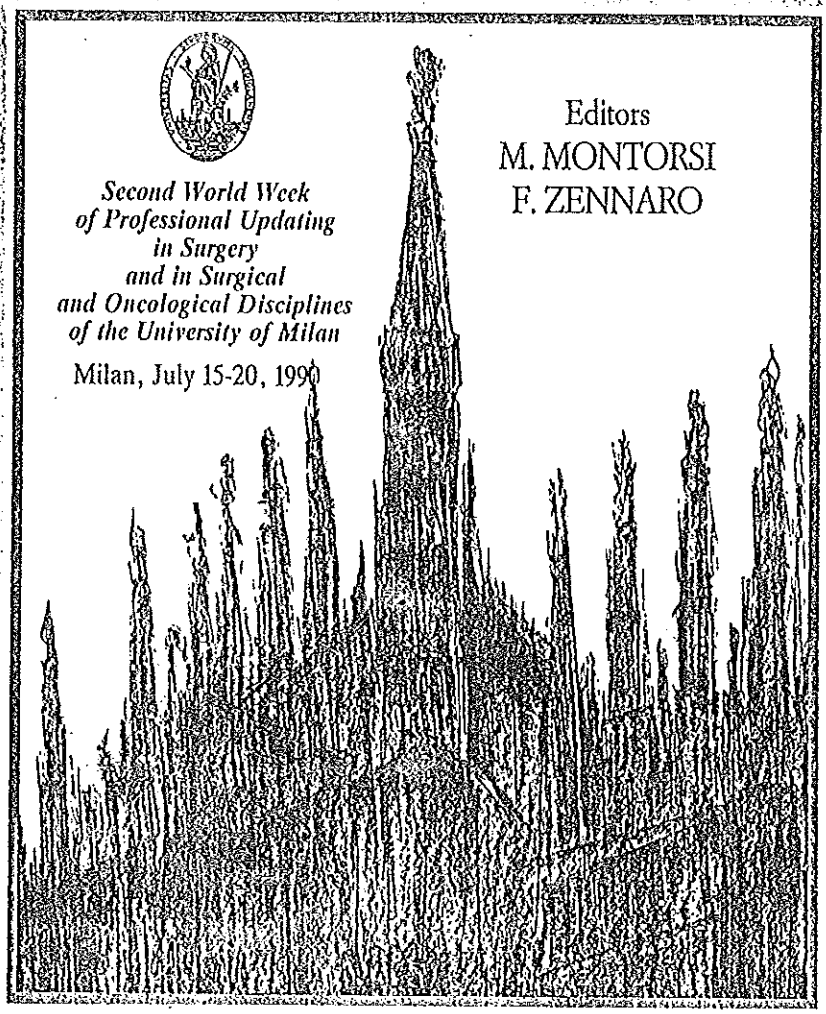

MONDUZZI EDITORE

ALTERNATIVES IN THE SURGICAL TREATMENT OF OBSTRUCTIVE BHP: TRANSURETHRAL DIVULSION OF THE PROSTATE (TUDP)

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INTRODUCTION

Traditional therapy of symptomatic benign prostatic hyperplasia (BPH) is based on surgical removal of obstructing adenomatous tissue by transurethral or open prostatectomy. Recently alternative modalities have been introduced which are "less surgical". Among these transurethral balloon divulsion of the prostate (TUDP) is particularly appealing because of its less invasive charateristics. Although the concept of improving outlet obstruction by dilatation is not new; TUDP is a more sofisticated procedure based on the application of modern endourological technology. Infact, the term divulsion well describes the splitting effect which this technique determines on the obstructing prostatic tissue.

In collaboration with the Departement of Urology of New York Medical College we have performed TUDP on 42 patients with symptomatic BHP in an effort to better establish its indications and place with respect to surgery.

MATERIAL AND METHODS

A total of 42 patients age 53-87 were treated. All patients were evaluated preoperatively with uroflow studies, transrectal prostatic ultrasound, flexible cystoscopy and retrograde urethrography after having undergone a careful history and physical examination. All procedures were performed under regional or local anesthesia with sedation. Fluoroscopic control was used for all cases. Following flexible cystourethroscopy, retrograde urethrography was performed to localize and mark the position of the external urethral sphincter with a needle placed at the skin level. All catheter manipulations were done after placement of a 0.38 flexible tip guide-wire per urethra into the bladder. A balloon catheter (25 mm) inflated at 3 atm with dilute contrast for 10 minutes was used in all cases. Repeat cystoscopy was performed in a number of cases immediately after TUDP to document its effects. At the end of the procedure a 20 Fr Foley catheter was positioned over the guide-wire into the bladder. The bladder was then irrigated and left to gravity drainage for 24 to 72 hours. Most of the procedures were done on an outpatient basis.

RESULTS

Among the 42 patients treated 4 were in urinary retention prior to the procedure. Of these 3 were able to void after the procedure although with significant residual urine. Of the remaining 38 patients approximately 70% reported significant improvement of symptoms one month following treatment but only 40% had documented improvement in urinary flow rate. Greater than 1 year follow up is available for 35 of the patients treated. Among these gradual return of symptoms was noted in a significant number of patients above age 68. Infact, whereas patients between 55 and 67 yrs of age reported persistent effectiveness of treatment at 1 yrs and 18 months: 85% and 83% respectively; patients above age 68 had a more dismal outcome with gradual but progressive return of symptomatology with a 70% incidence of return of symptoms at 18 months even though most still reported some benefit from the treatment.

CONCLUSIONS

On the basis of these findings we feel that although TUDP is a less invasive method of treating BHP results obtained with this modality are not as long lastin surgical trea the age of 6 younger patie relief of uri patients makes settings. Ther an important rium especially i function an poor surgical TURP or open easily performe

BIBLIOGRAPHY

1) Deisting W. prostate: A new hypertrophy. Uro
2) Castaneda F J, Lund G., L Zunica W.R., and phy: retrograde urethra in human
3) Leporhand Ri resection of the of prostatism. J.
4) Eshghi M.: tract Part I l Lesson 37 1989.
5) Reddy P.K.: prostate for tr Clin. of North Am

as long lasting as those obtainable with traditional surgical treatment especially in patients above the age of 68. The more encouraging results in younger patients and its effectiveness in the relief of urinary retention in high surgical risk patients makes TUDP more appealing in these clinical settings. Therefore we feel that TUDP represents an important addition to the urological armamentarium especially in patients concerned with postoperative sexual function and those older patients who are very poor surgical risks and thus not candidates for TURP or open prostatectomy since TUDP can be more easily performed under local anesthesia.

BIBLIOGRAPHY

1) Deisting W.: Transurethral dilatation of the prostate: A new method in the treatment of prostatic hypertrophy. Urol.Int. 1956; 2:158-171.

2) Castaneda F., Reddy P., Wassermann N., Hulbert J, Lund G., Letourneau J.G., Hunter D.W., Castaneda-Zunica W.R., and Amplatz K.: Benign prostatic hypertrophy: retrograde transurethral dilation of the prostatic urethra in humans. Radiology, 163:649, 1987.

3) Leporhand Rigan D.G.: The efficacy of transurethral resection of the prostate in men with moderate symptoms of prostatism. J. of Urol. 143:533, 1990.

4) Eshghi M.: Endoscopic incision of the urinary tract Part I lower urinary tract: all a update series Lesson 37 1989.

5) Reddy P.K.: New technique to anesthetize the prostate for transurethral balloon dilatation: Urol. Clin. of North America. Feb 1990 p 55.