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Advances in Surgical Management of BPH

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Transurethral Resection of Prostate (TURP) is the Gold standard in surgical management of BPH. TURP has stood the test of time during the last 70 years and became the most common surgical procedure in the hands of the Urologist. It is termed as gold standard because of effective long term outcome and can be performed safely.

TURP is associated with morbidity of around 17% and main complications are bleeding, hyponatremia and TURP syndrome, specially during resection of large size prostate.

During the last two decades, several advances have taken place to reduce the complications and morbidity of TURP. Eglesia's continuous irrigation resectoscope is routinely used, which resects under low pressure and reduce absorption of the irrigating fluid. There are several advances in imaging like endovision camera and digital endoscopes, which provide magnification and anatomy can be clearly delineated during the TURP. Initially distill and boiled was used for irrigation which causes dilutional Hyponatremia and TURP syndrome and also haemolysis. Glycin 1.5% is isotonic solution decrease absorption of the fluid during procedure and no haemolysis but hyponatremia can occur. Saline is used for bipolar TURP which have advantages of minimum fluid absorption and hyponatremia. There are several advances in the loop for resection. Thick loop resection provides better coagulation along with resection of the tissue, as a result bleeding is less. The thick loop can be used with monopolar as well as bipolar cautery. There have been several advances in diathermy machines which solid state computerized machines provide coagulation with intermittent cutting and the current is passed according to impedance of the tissue. Bipolar diathermy reduces the passing of current through body and saline can be used for resection. There is efficient cutting with less bleeding and there is no temperature at the time of resection, as a result, there is less damage to the surrounding tissue and scarring. The anatomy is clearly delineated throughout the procedure and one can be more accurate in resection. Due to use of saline, there is no limitation of time of resection and large prostate can also be resected. The patient has better post operative recovery, less irrigation and shorter hospital stay.

In comparison to any minimally invasive treatment, TURP is the most cost effective with better outcome and is useful in developing countries where affordability of the treatment by a patient is equally important.

In conclusion, there have been significant advances in TURP which have improved the outcome and reduced the morbidity and complications. Bipolar thick loop has better results in comparison to monopolar and bipolar thin loops. Any size of the prostate can be resected. This is a cost effective procedure in developing countries with long term better outcome. Therefore, it is emerging as another gold standard in surgical management of BPH.