Introduction: In our small urological department with 10 beds we started in November 2007 the HoLEP procedure with a holmium laser system (AURIGA XL, StarMedTec GmbH).

Methods: 154 patients with BOO and prostate volume 30 - 210 ml were treated with the standard HoLEP procedure described by Gilling. In case of postoperative urgency and urge-incontinence, gymnastics of pelvic floor (three times a day) and solifenacin 10mg, twice a day, up to four weeks is recommended.

Results: Postoperative urgency is the most frequent undesirable side effect (14 pat.; 9%) of the HoLEP procedure. The use of solifenacin and gymnastics to influence the pelvic floor and sphincter is effective in 10 of the patients within 4 weeks. No adverse effects of the therapy were noticed. In 3 patients an increase of intensity and period of the gymnastics and also a change of the anticholinergic drug (propiverin) was necessary to be successful. In one patient we currently plan an intravesical botulinumtoxin therapy.

An update of other intra- and postoperative findings (hospital stay, duration of catheter, conversion to TUR-P, morcelator problem, bleeding, transfusions, postoperative stress incontinence, postoperative urinary retention, incidental pca, re-operation) is given.

Conclusion: It is mandatory to solve the most common postoperative problem to perform the HoLEP procedure successfully. Solifenacin is a highly effective anticholinergic drug with acceptable side effects.