A RANDOMIZED DOUBLE BLIND STUDY COMPARING TRANSURETHRAL RESECTION WITH VAPORIZATION RESECTION FOR TREATMENT OF BPH

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Transurethral resection of the prostate (TURP) remains the main surgical treatment for BPH. It is claimed that using transurethral vaporization resection of the prostate (TUVRP) increases the width of the resecting element allows higher energy setting and increases amount of energy transferred in tissue. This results in reduced blood loss, resection time and decreased resection fluid absorption.

Aiming to compare between TURP and TUVRP, regarding blood loss, resection time, irrigation requirements and hospital stay. Eighty patients with mean age 61 ± 5.13 years old (range from 52-70 years) underwent either TURP (40 patients) using the standard thin loop, or TUVRP (40 patients) using the thick loop. The outcome in the two groups was assessed as regards: resection time, resected prostatic weight, irrigation requirements, and change in haemoglobin (1 hour and 24 hours) postoperatively, length of catheterization and hospital stay.

According to our data the mean resection time was 62.25 ± 9.21 and 46.11 ± 7.19, the mean resected weight was 33.65 ± 4.69 and 31.4 ± 3.49, the mean catheterization in days 4.26 ±0.87 and 4.22 ± 0.88, the mean blood loss HB/L (one hour) was 13.40 ± 1.09 and 14.61 ± 0.50, the mean blood loss HB/L (24 hours) was 11.23 ± 1.27 and 13.11 ± 0.68, and the irrigation requirements in litres was 24.19 ± 2.56 and 24.06 ± 1.98 for the TURP and TUVRP respectively.

We concluded that TUVRP is comparable to the standard TURP. The only advantage is the reduction of the resection time.