Objective: TURis is an emerging technique showing the same efficacy as the monopolar resection. We assessed outcome and complication rates on a cohort of 63 patients with a mean follow-up of 12.6 +/- 11.3 months.

Material - Methods: Between November 2008 and May 2010, 63 patients with a mean age of 70.9 +/- 9.5 years had a transurethral resection of the prostate using TURis. Preoperatively, all patients had IPSS score > 13 and maximal flow rate (Qmax) < 10 ml/sec. Endpoints were: mean duration of resection - mean volume of resected prostatic tissue - difference in hemoglobin values preoperatively and on the second postoperative day - mean duration of catheterization - mean hospital stay- incidence of various complications - percentage of patients where obstruction was not relieved (post-operative Qmax < 15 ml/sec).

Results: Mean values of IPSS and Qmax pre-operatively were 18.5 and 7.2 ml/sec, and post-operatively 6.3 and 17.8 ml/sec, respectively. The mean reduction of haemoglobin was 0.87 +/- 0.79 g/dl. Mean duration of catheterization was 3 days and the mean hospital stay was 4.5 days. One patient (1.6 %) developed a post-operative urethral stricture, while 2 patients presented a post-operative bladder neck contracture. Two patients suffered clot retention with a need for transfusion. In 3 patients, maximal flow rate remained < 15 ml/sec after 6 months.

Conclusions: Preliminary results from our study show that transurethral resection of the prostate using TURis shows the same efficacy as the conventional monopolar resection but with an improved safety profile. Shorter resection time, shorter duration of catheterization and reduced blood loss contribute to the decreased incidence of complications.