



The authors reply: Urethral strictures after bipolar transurethral resection of prostate may be linked to slow resection rate

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To the editor:

I appreciate your interest in our study and thanks for the comments made. It was indeed an interesting find in this study, that slow resection rate was associated with urethral stricture (US) formation [1]. We observed that the resection rate was generally slower in the US group. In response to your query, it was noted that the resection rates did not seem to differ very much between consultants and trainees, whose patients went on to develop US. What this suggests was that even in surgeons with greater experience, US would be more likely to occur if the resection rate was slow. However, the small sample population of this group (n=13) limited our ability to determine the statistical difference between the resection rates of consultants and trainees.

It would therefore be prudent to pay some attention to the issue of surgeon experience when designing future prospective studies on this subject matter.

CONFLICTS OF INTEREST

The author has nothing to disclose.

REFERENCE

1. Tan GH, Shah SA, Ali NM, Goh EH, Singam P, Ho CCK, et al. Urethral strictures after bipolar transurethral resection of prostate may be linked to slow resection rate. *Investig Clin Urol* 2017;58:186-91.

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