

AB101. Diversity and choice in the surgical techniques for benign prostatic hypertrophy

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Abstract: Benign prostatic hypertrophy (BPH) is still one of the most diseases that urologists need to deal with every day. Although conservative and medical therapy for BPH is now well established in terms of alpha-blocker and 5-alpha reductase inhibitor treatment, surgical intervention is still finally irreplaceable for many cases. Open prostatectomy has more than 200 years of history since Doctor Guthrie first used the perineum incision to enucleate the hyperplastic prostate adenoma in the year of 1834. From then on, surgical techniques have been evolved and improved constantly and Guthrie's perineum approach was superseded by Freyer's suprapubic transvesical approach, Millin's retropubic transcapsular prostatectomy, and more recently laparoscopic and robotic-assisted approach. When it comes to surgical treatment options available for BPH, transurethral surgery of prostate (TUSP) have to be mentioned. Monopolar transurethral resection of the prostate (TURP) have been called for many years as the golden standard treatment for the surgical management of BPH. However, TURP rates have declined over the past two decades due to the significant benefits of medical therapy and, to a lesser extent, the proliferation of other transurethral surgical techniques. Transurethral vaporization and vaporesection of the prostate are reported to have the similar results compared to TURP. With the development of the monopolar to bipolar technique and many electrode designs available, TUSP is becoming more and more safety. In recent years, transurethral plasmakinetic resection of the prostate (TUPKRP/PKRP) is the more and more popular technique of TUSP and considered as the new golden standard procedure for surgical treatment of BPH. In the past 5 years, transurethral laser techniques have been used more and more in the surgical management of BPH. There are several types of lasers used for BPH surgery by either coagulating, vaporizing or enucleating the prostate. Laser techniques for treating BPH appears to

have equivalent results to TURP and have superiority to TURP in anticoagulated patients where risks of bleeding and the need for post-operative blood transfusion remain low. Transurethral laser treatment of BPH seems to have a tendency to replace the TURP. In fact, surgical treatment options are far more than the above mentioned, for example, UroLift system can illustrate this point as the latest technique and new technology will appear constantly and apply to clinic. However, so many surgical options exist for BPH and indications are well defined, questions remain in this area. How much prostate volume reduction is necessary to relieve BOO or LUTS, how is bladder underactivity and its associated with LUTS after BPH surgery and which procedure is the best choice for each BPH patient. And more, cost effectiveness of any options should be considered, especially in developing country. It is clear that appropriate counseling is necessary in all patients who undergo BPH surgery.

Keywords: Benign prostatic hypertrophy (BPH); surgery; options; surgical technique

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AB102. Efficacy and safety of prostate biopsy at 12 points by 16 G puncture needle

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Objective: To investigate the efficacy and safety of transrectal prostate biopsy at 12 points by 16 G puncture needle under ultrasonic guidance.

Methods: One hundred cases of transrectal prostate biopsy patients under ultrasonic guidance were screened