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Top-down thulium fiber laser enucleation of the prostate: technical aspects

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Using 0.6 J/70 Hz, one posterior groove is created at either the 5 or 7 o'clock position up to the verumontanum, allowing simultaneous enucleation of the median lobe, with the attached lateral lobe. The urethral mucosa between the lateral lobe and the verumontanum is incised on both sides to expose the surgical capsule. The resectoscope is rotated upside-down at the 12 o'clock position. The anterior commissure mucosa is then incised starting from the bladder neck at the 12 o'clock position. The dissection plane is created between the adenoma and the surgical capsule anterolaterally using a sequence of short incisions. Once the plane between the adenoma and surgical capsule is created, a top-down lateral lobe dissection is performed and extended anteroposteriorly towards the apical adenoma at the 6 o'clock position. Once the 6 o'clock position is reached, the resectoscope is withdrawn backwards to visualize the mucosal strip. It appears as a band-shaped structure attached to the sphincter on the medial side of the scope. By incising the band-shaped mucosa close to the adenoma, the apex of the adenoma is completely released without damaging the ring formed by the sphincter muscle. Dissection is contin-

ued from the bladder neck to the 6 o'clock position. The remaining attachment between the adenoma and surgical capsule is dissected using a combination of lateral and retrograde dissections. Once the surgeon reaches the bladder neck at 6 o'clock the remaining attachment between the adenoma and surgical capsule is separated at the bladder neck from lateral to medial.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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ETHICAL APPROVAL

All procedures performed were in accordance with the ethical standards of our institutional research committee and the Helsinki declaration and its later amendments.

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