

LONG TERM FOLLOW UP OF
ELECTROVAPORIZATION OF THE PROSTATE

THESIS
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In UROLOGY

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SUMMARY AND CONCLUSION

Benign Prostatic Hyperplasia (BPH) is the most common Benign tumor in men, and is responsible for urinary symptoms in the majority of men above 50 years. BPH is pathologically present in 50% of men between 51 and 60 years old. and Jumps to 90% in men over 80 years.

TURP is the golden standard therapy for BPH, but owing to high incidence of morbidity researchers have developed several alternative minimally invasive treatments.

Transurethral electrovaporization of the prostate (TVP) is one of the most promising of these less invasive methods because of its safety and ability to provide near bloodless tissue ablation or vaporization, shorten hospital stay and catheterization time, and provide symptomatic improvement with less morbidity than conventional TURP. It is Simple, hemostatic, does not cause a transurethral syndrome, Suitable for high risk patients and utilizes lower cost, familial and currently available equipment.

Throughout this work we tried to evaluate safety, efficacy and durability of TVP after about 3 years of the procedure.

Our study included thirty six patients who had obstructive benign prostatic hyperplasia and underwent transurethral electrovaporization of the prostate between july 1995 and October 1996 at Al Azhar university Hospitals. Only twenty six patients attended for long term follow-up. Seven patients were

lost contact and the other three patients died from unrelated medical diseases.

All the attended twenty six patients were assessed after about 3 years of TVP using AUA Symptom score, measurement of Q-max and size of adenoma by transrectal ultrasound and estimation of post voiding residual urine.

Our results revealed that TVP is a reasonable and durable procedure to treat obstructive BPH, the mean AUA Symptom score was decreased from 25.8 preoperatively to 12.9 about 3 years after TVP (50% improvement), the mean Q-max was increased from 7.6 ml/sec preoperatively to 15.1ml/sec (about 98.6% improvement), while the mean transition zone volume was reduced from 23.1 cc preoperatively to 14.6 cc (reduction was about 37%) The mean Post voiding residual urine was reduced from 134.5ml preoperatively to 63.4 ml about 3 years after TVP (reduction was about 53%)

Complications included two patients (7.7%) with stricture membranobulbous urethra as proved by ascending and voiding urethrocystogram four patients (15.4%) were complicated by infravesical obstruction due to recurrence of adenoma and two patients (7.7%) were complicated by true urinary incontinence due to incompetent urethral sphincter as proved by urodynamic assessment.

In Conclusion: Our three years follow-up results suggest that

transurethral electrovaporization of the prostate is an effective and durable alternative to the standard transurethral resection of the prostate, However, further studies with larger number of patients may be needed.