

## Two years follow-up of clinical comparison in high volume benign prostatic obstruction cases – bipolar plasma enucleation and open prostatectomy

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**Introduction & Objectives:** A long-term, retrospective study assessed the viability of the bipolar enucleation of the prostate (BPEP) by comparison to open transvesical prostatectomy (OP) with regard to surgical efficiency and safety, perioperative morbidity, convalescence period and follow-up parameters, in cases of high volume benign prostatic hyperplasia (BPH).

**Materials & Methods:** Between January 2013 and January 2018, a total of 180 patients underwent BPEP and OP in equal numbers and were followed by International Prostate Symptom Score (IPSS), Quality of Life score (QoL), maximum flow rate (Qmax), postvoiding residual urinary volume (PVR) and PSA level at 1, 3, 6, 12, 18 and 24 months after the initial intervention. The inclusion criteria consisted of prostate volume larger than 80 mL, IPSS higher than 19 and Qmax smaller than 10 mL/s.

**Results:** Similar preoperative features were defined in the 2 study arms. Equivalent mean operating times (95.5 versus 86.3 minutes) and resected adenoma tissue weights (102.4 versus 110.2 grams) were determined for BPEP and OP. The plasma-button enucleation provided the advantages of reduced mean hemoglobin level drop (1.5 versus 2.9 g/dL), catheterization period (2.5 versus 6.5 days) and hospital stay (3.2 versus 7.4 days). No major differences were described in terms of short as well as long term adverse events. The two years' follow-up revealed similar outcomes concerning symptom scores and voiding parameters in the 2 series.

**Conclusions:** The BPEP technique constitutes a feasible alternative of matching the conventional OP therapeutic efficiency while minimizing morbidity and reducing convalescence. The long term evaluation confirmed the similar functional benefits of the two treatment alternatives.