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EDITORIAL COMMENT



EJACULATORY PRESERVATION

How important really is it for a man to preserve his antegrade ejaculation following a benign prostatic hyperplasia (BPH) procedure? How many men really care? These are 2 questions that have yet to be published on in our urologic peer reviewed literature. Prior to the advent of medical management for BPH this was a nonissue. The only treatments were open simple prostatectomy or transurethral resection of the prostate (TURP), both of which produced a very high rates of ejaculatory dysfunction and was just expected to occur for patients postprocedure. Once medical management became available, the preservation of ejaculatory function was significantly improved for BPH treatments, but some drugs still had a 30% dysfunction rate.¹ In the recent past, newer minimally invasive treatments have been developed which attempt to limit this dysfunction. The Rezum, Urolift, and Aquaablation systems all have published articles in our urologic peer reviewed literature that have very low rates of ejaculatory dysfunction.^{2–4}

This publication looks to address a modification of the TURP technique by only removing the intravesical portion of the prostatic obstruction while leaving alone the bladder neck and lateral lobes in hopes of preserving antegrade ejaculation. The publication cites that this antegrade ejaculation preservation may be secondary to preserving both the bladder neck and prostatic tissue proximal to the verumontanum. I have reservations accepting this philosophy. When a man is placed on alpha blockade management, which relaxes the bladder neck and prostatic tissue smooth muscle, there may still considerable ejaculatory dysfunction even though no prostatic tissue adjacent to the verumontanum has been removed. Also, both the Rezum water vapor therapy and the Aquaablation treatment do eliminate surrounding prostatic tissue of the verumontanum, yet produce minimal ejaculatory problems.

This is a significant contribution to our urologic literature in that many urologists are still the most comfortable performing a TURP for bladder outlet obstruction and urinary retention, and this modified technique has been demonstrated to produce adequate resolution of the voiding dysfunction while preserving excellent ejaculatory function. This procedure modification may not be necessary for those men who do not care about this preservation, but anecdotally I think more and more men do wish to maintain their ejaculation. It is still one of life's simple pleasures.

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AUTHOR REPLY



We agree that preservation of ejaculation is viewed positively by patients and their partners. For many men, this factor alone helps them determine which of the myriad therapies for benign prostatic hyperplasia they ultimately select. Dr. Ulchaker is spot on with his observation that many benign prostatic hyperplasia therapies can result in ejaculatory dysfunction with varying rates among medical, minimally invasive technologies and surgery. However, we maintain that preservation of tissue near and around the verumontanum is key to ensuing ejaculatory preservation. Although some alpha blockers may result in ejaculatory dysfunction, this is more likely secondary to anejaculation rather than retrograde ejaculation. Furthermore, Rezum water vapor therapy does not eliminate tissue near the veru as in a resection and/or vaporization technique. Rather, it creates pockets of coagulation necrosis. Finally, and of interest, the Aquaablation technique by choice and design attempts to preserve ejaculation by modifying treatment patterns near the veru. We believe that maintenance of ejaculation will be less likely related to which technology is used and more due to tissue preservation near the verumontanum. Time will tell!

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