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LETTER TO EDITOR

Old wine in new bottles?

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Dear Editor,

I read the above-mentioned article with interest to learn something "new" about a "novel" technique of a procedure which has initially been described 20 years ago by Peter Gilling and Mark Fraundorfer [1]. Ever since, the three-lobe holmium laser enucleation of the prostate (HoLEP) procedure has been well established for the treatment of benign prostatic obstruction (BPO) as a size-independent method with excellent long-term results [1, 2]. Meanwhile, a lot of technical modifications have been described for the HoLEP procedure: high power [1, 3], low power (total low power, low power at the apex and bladder neck) [4], en bloc [5], en bloc "no touch" techniques [6], or the anteroposterior dissection HoLEP technique [7]. The only issue that is not "new" is the 3 horse shoe-like incision HoLEP (3 HSI HoLEP) [8]. The described approach is a fundamental part of the HoLEP procedure and can be seen in mostly all of the videos published in this field, but has not been labelled with a specific "name" so far. The goals of these technical modifications of the HoLEP technique are to shorten the learning curve, to decrease the risk of early transient stress/urge incontinence and to decrease the incidence of early postoperative dysuria. However, none of these technical modifications have been critically evaluated and validated (by other experts in HoLEP) in larger multicentric studies with regard to the expected outcomes of these modifications so far.

Despite these descriptions in technical papers, which of course, also gain the author's reputation in endourology, the most important issue in HoLEP as in any other transurethral endoscopic enucleation technique (EEP) is still to find the right plane: the layer of enucleation between the prostatic pseudocapsule and the adenoma. After reviewing the technical HoLEP papers [3–8], the initial description of HoLEP in 1998 must be correctly named holmium vapoenucleation of the prostate (HoVEP), because the energy source, the Ho:YAG laser, is used to find the correct plane and for dissecting the adenoma from the pseudocapsule [1]. Contrary to that, in the current papers [3–7], as in the study by Miernik and Schoeb, a blunt dissection (with the beak of the resectoscope) of the prostate with holmium laser support is being more or less performed [3–8]. As a special feature, Miernik and Schoeb omit the longitudinal 5, 7, and 12 o'clock incisions made in the classic three-lobe HoLEP technique [8]. However, the article lacks a clear scientific explanation of the disadvantages of longitudinal incisions during EEP.

The main drawback of the paper by Miernik and Schoeb is the aspect of the learning curve as a surgical bias [8]. All surgeries were carried out by one surgeon (A.M.) who had performed initially, 94 classic three-lobe HoLEPs, and secondly, the en bloc 3 HSI HoLEP in 114 patients. The operative time was significantly lower in the latter group compared to the classic three-lobe HoLEP group (which was prior performed). Is this difference in the operative time based upon the "new" 3 HSI HoLEP technique or the completion of the individual HoLEP-learning curve in larger prostates (mean prostate size 88.3 ml classic three-lobe HoLEP and 86.3 ml 3 HSI HoLEP)? The reoperation rate (13.8% vs. 4.4%), the transfusion rate (3.2% vs. 0%), as well as the recatheterization rate (12.8% vs. 6.1%) was not only higher in the three-lobe HoLEP group compared to the 3 HSI group, but also higher than in the HoLEP literature [2], which supports the assumption of completion of an individual HoLEP-learning curve. Another drawback of 3 HSI HoLEP is step 4 of the technique which describes a regular monopolar or bipolar coagulation of the prostate fossa. Experienced EEP surgeons would assess this rather as an unwanted argument against the use of lasers for EEP but for the use of electric current (bipolar, monopolar or plasmakinetic) for EEP.

As Thomas Herrmann mentioned in his editorial, "Enucleation is enucleation is enucleation is enucleation", the

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principle of anatomical enucleation is still the completeness of removal of adenomatous tissue no matter what energy or technique is used [9], which has still not been standardized so far. The lack of standardization in the literature might be one reason for the shallow learning curve which restricts HoLEP or other EEP techniques to a limited number of centres worldwide. Is the current paper by Miernik and Schoeb helpful for a more standardized HoLEP training? I am not sure. Finally, I would like to conclude with a famous quotation among German surgeons from unknown origin "if you think it's (a) new (technique) it most likely proves that you are not familiar with the literature".

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Compliance with ethical standards

Conflict of interest The authors have nothing to disclose.

Research involving human participants and/or animals This article does not contain any research on patients.

References

1. Fraundorfer MR, Gilling PJ (1998) Holmium:YAG laser enucleation of the prostate combined with mechanical morcellation: preliminary results. Eur Urol 33:69–72
2. Cornu JN, Ahyai S, Bachmann A, de la Rosette J, Gilling P, Gratzke C, McVary K, Novara G, Woo H, Madersbacher S (2015) A systematic review and meta-analysis of functional outcomes and complications following transurethral procedures for lower urinary tract symptoms resulting from benign prostatic obstruction: an update. Eur Urol 67:1066–1096
3. Baazeem AS, Elmansy HM, Elhilali MM (2010) Holmium laser enucleation of the prostate: modified technical aspects. BJU Int 105(5):584–585
4. Cracco CM, Scoffone CM (2017) Low-power versus high-power en-bloc no-touch holmium laser enucleation of the prostate (HoLEP); comparing feasibility, safety and efficacy. J Endourol 31(S2):A304
5. Gong YG, He DL, Wang MZ, Li XD, Zhu GD, Zheng ZH, Du YF, Chang LS, Nan XY (2012) Holmium laser enucleation of the prostate: a modified enucleation technique and initial results. J Urol 187:1336–1340
6. Scoffone CM, Cracco CM (2016) The en-bloc no-touch holmium laser enucleation of the prostate (HoLEP) technique. World J Urol 34:1175–1181
7. Endo F, Shiga Y, Minagawa S, Iwabuchi T, Fujisaki A, Yashi M, Hattori K, Muraishi O (2010) Anteroposterior dissection HoLEP: a modification to prevent transient stress urinary incontinence. Urology 76:1451–1455
8. Miernik A, Schoeb DS (2018) "Three horse shoe-like incision" holmium laser enucleation of the prostate: first experience with a novel en bloc technique for anatomic transurethral prostatectomy. World J Urol. https://doi.org/10.1007/s00345-018-2418-0 **(Epub ahead of print)**
9. Herrmann TR (2016) Enucleation is enucleation is enucleation is enucleation. World J Urol 34:1353–1355