

***The Impact of Transurethral Resection of
Prostate in Case of Benign Prostatic
Hyperplasia (Large Glands)
on Sexual Function:
A Prospective Study in Georgia***

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BENIGN PROSTATIC HYPERPLASIA: “ A silent Tsunami for men ”

- The prevalence of histologically identifiable Benign Prostatic hyperplasia (BPH):
 - > 50% in men older than 60 and ~ 90% at age 85;
- 1/3 of men older than 50 will develop symptoms caused by BPH, and approximately 25% of men in this age group will eventually require surgery;
- In Germany 120,000 Transurethral Resection of Prostate (TURP) are performed annually (1998 data).

TREATMENT FOR BPH

Conservative therapy

- 5- α -Reductase Inhibitors (finasteride, dutasteride);
- α -blockers (terazosin, doxazosin, alfizosin, tamsulosin).
- Phyto-therapy (Extract of *Serenoa Repens*)

Surgical interventions

- Open prostatectomy;
- Transurethral resection of the prostate (TURP);
- Transurethral incision of the prostate (TUIP)
- Transurethral microwave thermotherapy (TUMT);
- Transurethral Electro vaporization (TUVP);
- Transurethral needle ablation;
- (Nd):YAG laser prostatectomy

WHY TURP?

CONTROVERSY ABOUT THE IMPACT OF THE PROSTATE SIZE AND SURGERY OUTCOMES

- Small prostate volume - one of the baseline parameters predicting an unfavorable outcome of surgery (Arai et al. 2000, J Urol Vol. 164);
- Prostate smaller than 50 ml predicts better treatment outcomes (Diamandis et al. 2001. J of Urol, Vol. 165);
- Extraordinary large glands – a frequent indication for open prostatectomy;
- TURP - still the “gold standard” surgical procedure for patients with BPH in case of medium & large size of prostate

GAPS IN THE EVIDENCE ON THE IMPACT OF TURP ON SEXUAL FUNCTION OF PATIENTS WITH BPH

- The impact of TURP on sexual function has not been systematically assessed;
- Inconsistent evidence about the impact of surgery on erectile dysfunction;
- Is the association between the treatment of BPH (including TURP) and erectile dysfunction random as suggested by some?

THE PURPOSE OF THE STUDY & METHODOLOGY

PURPOSE - To evaluate the impact of TURP on different parameters of sexual function among the patients with BPH (large glands)

STUDY INSTRUMENT - Georgian version of International Index of Erectile Function (IIEF) questionnaire

SAMPLE

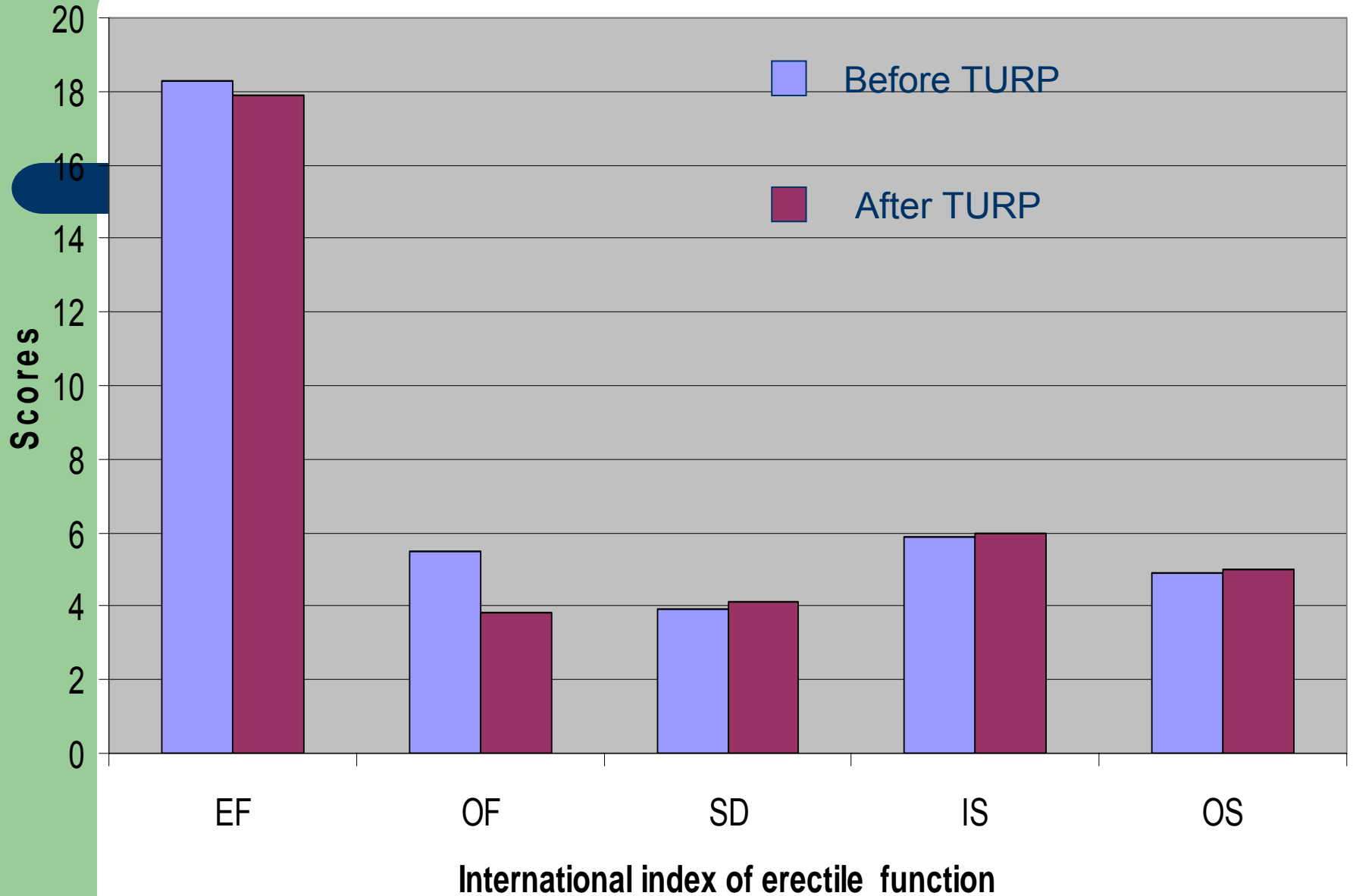
- 24 cases (patients with symptomatic BPH)
 - 12 patients 8-12 months after TURP for BPH-Group A;
 - 12 patients with BPH without surgery - Group B
- 12 healthy men (controls) - Group C
- Age range (for cases and controls): 50-65 years -77%, > 65 years 33%

THE PURPOSE OF THE STUDY & METHODOLOGY (Continued)

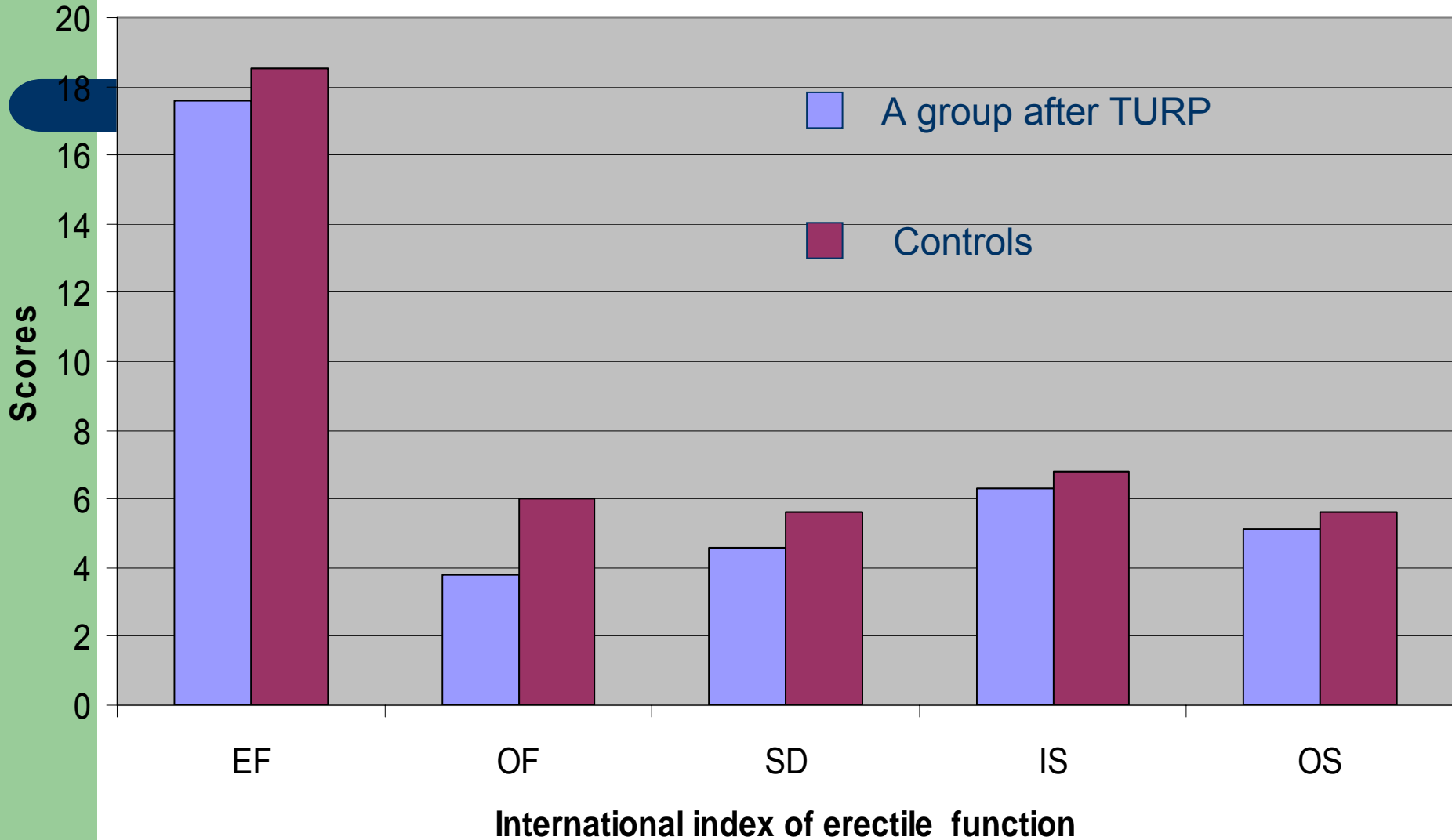
Inclusion criteria:

- Age 50 to 70 (for all groups);
- Histologically confirmed diagnosis of BPH (for cases in groups A & B);
- Prostate volume 70-75 cm³ or greater measured by ultrasonography (for patients in groups A & B);

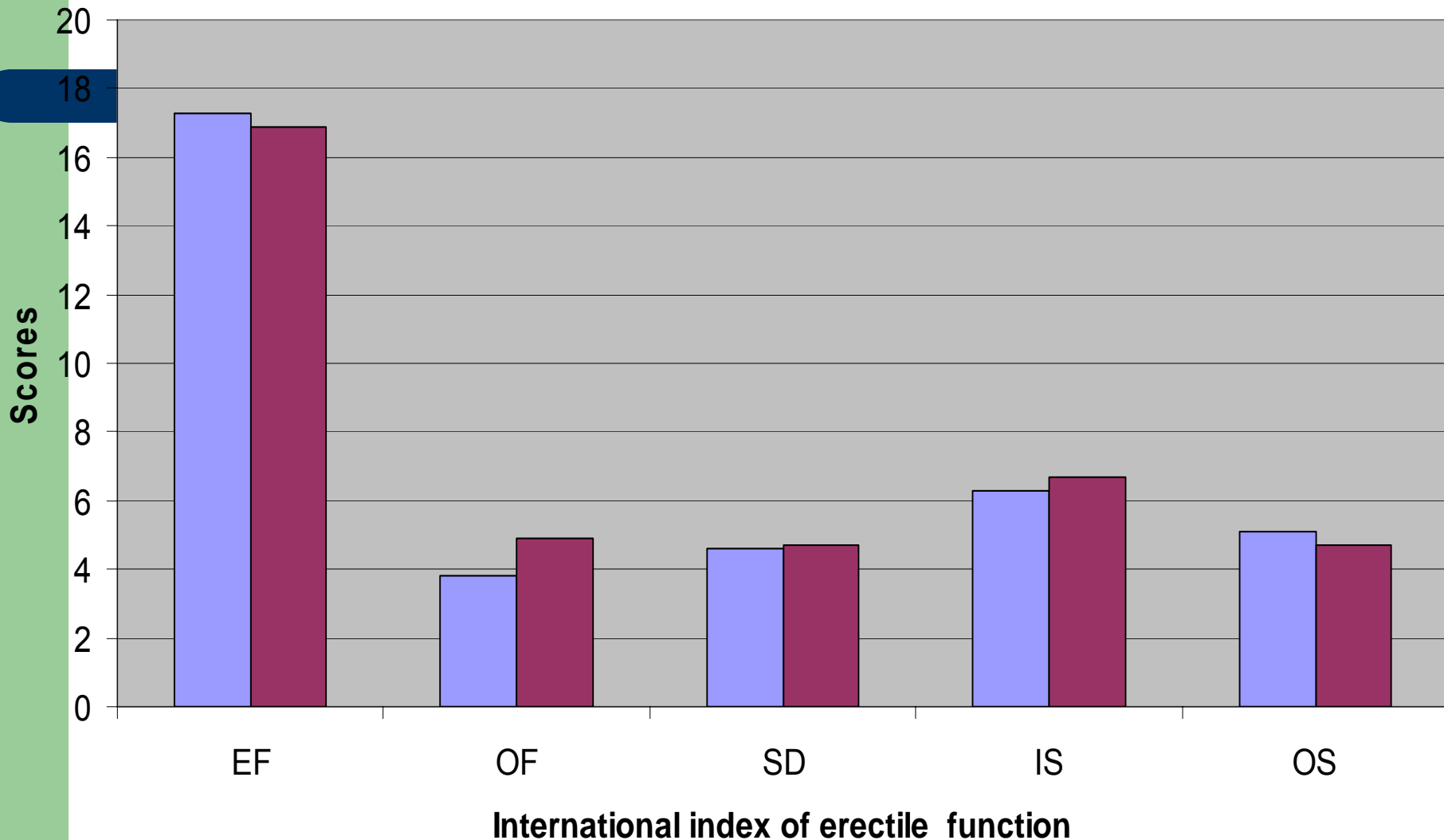
IIEF Characteristics in 12 Patients with BPH (Group A) Before & After TURP



IEF characteristics in 12 patients with BPH after TURP (group A) in comparison of 12 men from control group



IIEF characteristics in 12 patients with BPH from group A (after TURP) in comparison of 12 patients with BPH from group B (before TURP)



CONCLUSIONS

- TURP is generally a safe procedure for sexually active men even with very large glands;
- The impotence attributable to TURP is probably no more common than that in BPH patients without surgery
- The impotence after TURP was associated with severity of ejaculatory dysfunction after surgery;
- Erectile dysfunction after TURP could be alleviated by sexological counseling preoperatively concerning retrograde ejaculation;
- A final determination of the impact of TURP on sexual function requires more rigorous studies.

Take care of old men, please!.....

