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Monopolar Transurethral Resection of the Prostate by a Single Surgeon in North-Central Nigeria: Surgical Results and Postoperative Complications

Réssection Transurétrale Monopolaire de la Prostate par un Seul Chirurgien au Centre-Nord du Nigéria : Résultats Chirurgicaux et Complications Postopératoires

^{1,2,*}T. Atim, ³K. O. Obiatuegwu

ABSTRACT

BACKGROUND: There has been an upsurge in the use of electrocautery in the treatment of benign prostatic hyperplasia (BPH) in our environment. Monopolar transurethral resection of the prostate (M-TURP) still remains the gold standard in the surgical management of BPH.

OBJECTIVES: To present our experience and the clinical outcome of M-TURP in north-central Nigeria.

METHODS: Data on demographics, indications, comorbidities, duration of surgery, weight of resected tissue, outcome of surgery, and complications were collected. International Prostate Symptom Score (IPSS) and Quality of Life (QoL) scores were assessed pre- and post-operatively. Results were analyzed using descriptive statistics. Student t-test was used for the comparison of continuous data while categorical data were compared by using Chi-square. P-value was considered significant if < 0.05 .

RESULTS: In this retrospective study, out of 227 men who met the inclusion criteria, two patients' procedures were converted to open surgery (conversion rate of 0.9%). The mean age of our patients was 65.2 ± 7.5 years (44-90). The commonest indication for surgery was LUTS unresponsive to medical therapy (54.7%, n=123), followed by acute urinary retention (36.4%, n=82). The average weight of resected tissue was 36.5 ± 12.1 g (range 10-89) The weight of resected tissue correlated positively to prostate size measured by ultrasonography and it was also statistically significant ($r = 0.568$ and p -value < 0.001). The early complications encountered were urinary tract infection (3.6%, n=8), clot retention (1.8%, n=4), and significant hematuria requiring blood transfusion (1.8%, n=4)

CONCLUSION: In our setting, M-TURP demonstrates safety and efficacy in treating BPH. Skill and experience contribute to better outcomes, facilitating the management of larger prostates through refined techniques. *WAJM 2024; 41 (4): 421 - 428.*

KEYWORDS: Electrocautery; Standard; Men; Training; Weight; Resected.

RÉSUMÉ

CONTEXTE: Il y a eu une augmentation de l'utilisation de l'électrocautérisation dans le traitement de l'hyperplasie bénigne de la prostate (HBP) dans notre environnement. La résection transurétrale monopolaire de la prostate (RTUP-M) reste néanmoins la référence en matière de gestion chirurgicale de l'HBP.

OBJECTIFS: Présenter notre expérience et les résultats cliniques de la RTUP-M dans le centre-nord du Nigéria.

MÉTHODES: Des données sur la démographie, les indications, les comorbidités, la durée de la chirurgie, le poids du tissu réséqué, les résultats de la chirurgie et les complications ont été collectées. Les scores de l'Indice International des Symptômes Prostatiques (IPSS) et de la Qualité de Vie (QoL) ont été évalués avant et après l'opération. Les résultats ont été analysés à l'aide de statistiques descriptives. Le test t de Student a été utilisé pour comparer les données continues tandis que les données catégorielles ont été comparées à l'aide du test du Chi-carré. La valeur p était considérée comme significative si elle était inférieure à 0,05.

RÉSULTATS: Dans cette étude rétrospective, sur 227 hommes répondant aux critères d'inclusion, deux interventions ont été converties en chirurgie ouverte (taux de conversion de 0,9 %). L'âge moyen de nos patients était de $65,2 \pm 7,5$ ans (44-90). L'indication la plus courante pour la chirurgie était les LUTS non réactifs au traitement médical (54,7 %, n =123), suivis de la rétention urinaire aiguë (36,4 %, n=82). Le poids moyen du tissu réséqué était de $36,5 \pm 12,1$ g (plage 10-89). Le poids du tissu réséqué était positivement corrélé à la taille de la prostate mesurée par échographie et était également statistiquement significatif ($r=0,568$ et p -valeur $<0,001$). Les complications précoces rencontrées étaient les infections des voies urinaires (3,6 %, n = 8), la rétention de caillot (1,8 %, n = 4) et une hématurie significative nécessitant une transfusion sanguine (1,8 %, n = 4).

CONCLUSION: Dans notre cadre, la RTUP-M démontre sa sécurité et son efficacité dans le traitement de l'HBP. La compétence et l'expérience contribuent à de meilleurs résultats, facilitant la gestion de prostatites plus grandes grâce à des techniques affinées. *WAJM 2024; 41 (4): 421 - 428.*

MOTS-CLÉS: Électrocautérisation; Référence; Hommes; Formation; Poids; Réséqué.

¹Department of Surgery, College of Health Sciences, University of Abuja, Nigeria. ²Visiting Urologist, Garki Hospital, Abuja, Nigeria

³Consultant Urologist, Federal Medical Center, Abuja, Nigeria

Corresponding Author: Dr. Terkaa Atim, P.O. Box 10978, Garki 900001, FCT – Abuja, Email: terkaa@yahoo.com

ABBREVIATIONS: BPH: benign prostatic hyperplasia/hypertrophy; IPSS: International Prostate Symptom Score; QoL: Quality of life; LUTS: lower urinary tract symptoms; M-TURP: monopolar transurethral resection of prostate; TURP: transurethral resection of prostate; CDS: Clavien-Dindo post-operative complication grading system; HIV: Human immunodeficiency virus; UTI: Urinary tract infection; CKD: Chronic kidney disease; TUR Syndrome: Transurethral resection syndrome; VIU: Visual internal urethrotomy; PVR: Post-void residual urine; BNI: Bladder neck incision