

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



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جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

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MONA MAGHRABY



Holmium Laser Enucleation Prostatectomy Versus Open Transvesical Prostatectomy in Prostate more than 80 Grams in Egyptian Men

Thesis

Submitted For Partial Fulfilment of Doctorate Degree in Urology

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List of Abbreviations

Abb.	Full term
AUA	American Urological Association
	American Urological Association Symptom Score
	Bladder neck contracture
BPE	Benign prostatic enlargement
	Benign prostatic hyperplasia
	Benign prostatic obstruction
	Combination Endoscopic Laser Ablation of the
	Prostate
DHT	Dihydrotestosterone
FDA	Food and Drug Administration
Ho:YAG	Holmium:yttrium aluminium garnet
HoLEP	Holmium laser enucleation of the prostate
HoLRP	Holmium Laser Resection of the Prostate
IPP	Intravesical prostatic protrusion
IPSS	International Prostate Symptoms Score
KTP	Potassium-titanyl-phosphate
LUTS	Lower urinary tract symptoms
OP	Open Prostatectomy
OSP	Open simple prostatectomy
PET	Polyethylene terephthalate
PSA	Prostate-specific antigen
PUL	Prostatic urethral lift
PVUR	Post void residual urine
Qmax	Maximum urinary flow rate
QoL	Quality of life
SUI	Stress urinary incontinence
TAUS	Transabdominal ultrasound
Tm:YAG	Thulium:yttrium aluminium garnet
TRUS	Transrectal ultrasound

List of Abbreviations Cont...

Abb.	Full term
TURP	Transurethral resection of the prostate
UTI	Urinary tract infection

Introduction

Benign Prostatic Hyperplasia (BPH) is considered one of the most common medical conditions in elderly men affecting their quality of life. BPH is also responsible for a high magnitude of lower urinary tract symptoms of those men. The prevalence of BPH increases from the age of 40 to the age of 90 at which the prevalence becomes 100% ⁽¹⁾.

After the failure of medical options for those men or developing complications of bladder outlet obstruction due to BPH, the surgical options arise such as transurethral resection of the prostate (TURP) in small gland and open prostatectomy (OP) in the large gland ⁽²⁾. TURP is a very good and effective option but with many complications that may occur such as TURP syndrome and the need for a blood transfusion ⁽³⁾.

New laser techniques, which were developed along the past years, have given us a lot of advantages compared to open or endoscopic modalities. These advantages are better control of bleeding, shorter hospital stay and minimum duration of both catheterization and postoperative irrigation ⁽³⁾. Because of these positive points, there was a trend towards the implementation and development of laser techniques along the past years ⁽⁴⁾.

For the prostate larger than 75 grams OP is the preferred technique in areas with restricted access to modern technology ⁽⁵⁾. But unfortunately OP has more risks such as the need for a blood

transfusion and postoperative hemorrhage ⁽⁶⁾. A lot of laser enucleation techniques were studied and Holmium Laser Enucleation Prostatectomy (HoLEP) proved its safety and efficacy in large prostate, but it was found that the literature did not provide sufficient effective randomized controlled trials comparing HoLEP to OP (7)(8).

Consequently, our goal was to compare and evaluate the safety and efficacy of HoLEP and OP in large prostate volume more than 80 grams due to BPH in Egyptian Men.