Surgical management of benign prostatic obstruction: Current practice patterns and attitudes in Europe

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Sosnowski R.1, De Nunzio C.2, Thiruchelvam N.3, Ahyai S.4, Autorino R.5, Bachmann A.6, Briganti A.7, Novara G.8, Füllhase C.9, EAU Young Academic Urologists BPH Group, Arnhem, The Netherlands

INTRODUCTION & OBJECTIVES: The management of benign prostatic hyperplasia (BPH) related Lower Urinary Tract Symptoms (LUTS) is variable throughout Europe despite widespread availability of the EAU guidelines. The aim of the present survey was to evaluate the current practice patterns and attitudes of urologists across Europe in the management of benign prostatic obstruction (BPO).

MATERIAL & METHODS: A purpose-built questionnaire was developed by the Young Academic Urologist BPH group and distributed via a free online tool using the European Association of Urology (EAU) Newsletter which is monthly distributed via email to about 2000 EAU members. The questionnaire included 28 questions focused on the general urological practice, diagnosis as well medical and surgical management of patients with LUTS due to BPO.

RESULTS: 637 urologists replied. 489 (77%) were younger than 50 years. 279 (44%) worked in an Academic Hospital and 109 (17%) in a private clinic. 346 (55%) urologists reported that about 20-50% of their activities regards LUTS patients. On first presentation, 29% of patients with BPH/LUTS are treatment-naïve. 74% of all urologists considered history taking, IPSS, uroflowmetry, PVR measurement and PSA testing mandatory prior to any surgical intervention. In the majority of participants (79%), first line management of LUTS was an alpha-blocker and second line treatment was the addition of a 5-alpha reductase inhibitor (49%). No response (65%) to or progression (71%) on medical treatment and urinary retention (66%) were the most important indications for surgical treatment. The majority of urologists uses prophylactic antibiotics (93%) at the time of surgical treatment. Table 1 demonstrates the range of surgical procedures offered by the urologists asked.

Table 1

<table>
<thead>
<tr>
<th>Type of procedure used by the urologists</th>
<th>TURP or B-TURP</th>
<th>TUIP</th>
<th>TUMT</th>
<th>TUNA</th>
<th>HoLEP</th>
<th>HoLRP</th>
<th><em>Green Laser</em></th>
<th>Open prostatectomy</th>
<th>Prostatic stent</th>
<th>Intra-prostatic injection</th>
<th>Patient’s preferen.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of overall number (95% CI)</td>
<td>69.6% (65-74)</td>
<td>48.4% (42-54)</td>
<td>22% (15-29)</td>
<td>21.5% (14-29)</td>
<td>34.7% (28-41)</td>
<td>22.5% (15-30)</td>
<td>37.8% (31-44)</td>
<td>63.6% (59-69)</td>
<td>24% (17-32)</td>
<td>21% (17-28)</td>
<td>19% (12-27)</td>
</tr>
</tbody>
</table>

Safety for BPO surgery was deemed the major advantage of laser prostatectomy (39%) with cost as the major disadvantage (57%). 278/637 have experience in performing laser prostatectomy and 228 answered the question regarding the best option for the surgical laser
treatment of male LUTS: Holmium:YAG (44%), KPT/LBO:YAG (24%), Thulium:YAG (18%) and others (13%). Efficacy of surgical treatment was measured most frequently by IPSS (80%), uroflowmetry (80%) and PVR (68%). UTI (12%) and dysuria (26%) were the most common short-term complications, and UTI (9%) and retrograde ejaculation (67%) the most common long-term complications. 7% of all surgically treated patients required re-treatment with secondary TURP (86%), urethrotomy (79%) or bladder neck incision (77%).

CONCLUSIONS: This survey provides a comprehensive description of how European urologists diagnose and manage BPH/LUTS and BPO. Most urologist recommend medical alpha-blocker therapy as first-line treatment. The most popular surgical procedure remains TURP. Open prostatectomy still has an established role. Lasers procedures are chosen/used by a significant but still minority group of practising urologists. Importantly, the EAU members asked seem to investigate and treat male LUTS patients in concordance with current EAU guidelines.