preoperative evaluation before surgery of the prostate [5]. However, the clinical importance of the urodynamics, especially in patients with good subjective and objective functional results after transurethral prostatic surgery, remains a subject of debate. It is known that transurethral deobstruction of the prostatic fossa with TURP leads to immediate improvement of voiding after removing the catheter [6]. For 80W Greenlight PV, it has been shown that improvement of voiding parameters, including International Prostate Symptom Score (IPSS), postvoid residual volume, and Qmax, starts immediately after catheter removal [2]. In an increasing number of countries, Greenlight PV is performed in an outpatient setting: Patients leave the hospital on the day of surgery, but without a transurethral catheter!

Overall, the results of this study are self-explanatory. Photoselective laser vaporisation of the prostate utilizing the 532 nm green-light laser beam is an effective method to ablate prostatic tissue. It is important to note, however, that the results of this study cannot be transferred to other laser techniques for prostatic surgery, as lasers have different characteristics.

References


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Finally, after almost 10 yr and more than 300 000 KTP procedures, one prospective single-centre study with a follow-up period of 12 mo is available, attesting significant improvements of not only symptoms but also objective micturition parameters from the use of PVP.

In conclusion, the authors have to be congratulated for their effort for the first time in literature to confirm the existing clinical data on efficacy by presenting two postoperative urodynamic studies in 45 patients. However, long-term prospective randomized evaluations must be awaited for a final assessment of the green light laser procedure.

References


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