elimination of the transurethral resection syndrome; reduced risk of capsular lesion (ie, less electrical stimulation of the pelvic floor); and better endoscopic orientation due to the reduced coagulation depth in the resected prostatic tissue.

Of course, we may be able to eliminate the risk of hyponatremia, but we cannot avoid any isotonic hyperhydration in case of an early opening of a venous sinus [4]. According to our own experiences with different bipolar devices, pelvic floor contraction may occur during TURP [3]. Finally, early results of a multicentric study comparing monopolar with bipolar TURP using the Storz device accordingly showed similar OR times and resection speed in both groups [5].

Conclusively, monopolar TURP still represents the reference standard, and bipolar TURP may have specific indications such as in patients with pacemakers. Bipolar TURP can be considered as a viable alternative to monopolar TURP, offering good hemostasis, similar resection speed, and similar complication rates and midterm results. The lower cost for the cheaper irrigation solution (sodium chloride vs glycine) must be balanced against the higher costs for the bipolar loops.

References


DOI: 10.1016/j.eururo.2009.01.035
DOI of original article: 10.1016/j.eururo.2009.01.028

Editorial Comment on: Four-Year Outcome of a Prospective Randomised Trial Comparing Bipolar Plasmakinetic and Monopolar Transurethral Resection of the Prostate

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Transurethral resection of the prostate (TURP) is still considered the reference standard for the surgical treatment of symptomatic benign prostatic hyperplasia (BPH), due to its long-lasting effects and low incidence of complications [1]. A number of minimally invasive procedures, however, are available as effective alternatives that entail even less morbidity and shorter hospital stays. Among these promising surgical techniques are visual laser ablation procedures and bipolar plasmakinetic TURP (PK-TURP).

The authors of the present study report, for the first time, a 4-yr follow-up of a prospective randomized trial comparing bipolar PK-TURP and monopolar TURP (m-TURP) [2]. In 50 patients, Autorino et al did not find significant differences in operative time, mean resection time, postoperative hemoglobin, and sodium levels between the two procedures. The functional outcome of m-TURP and PK-TURP was equal and showed significant improvements; most notably, complications in both patient groups were comparable.

Interestingly, in contrast to other reports [3], patients in the PK-TURP group did not reveal a significantly higher incidence of urethral strictures compared with the m-TURP group. Additionally, PK-TURP showed a reduced risk of transurethral resection syndrome.

The current study represents midterm results, with a 4-yr follow-up showing that the clinical efficacy of bipolar PK-TURP is durable and comparable with that of m-TURP. Despite certain drawbacks in the study design with regard to the limited sample size, bipolar PK-TURP (Gyrus PK system; a bipolar coaxial system with the active and return electrodes located in the same axis, separated by a ceramic insulator) may be advocated as an equivalent standard procedure of surgical care for symptomatic BPH.
References


DOI: 10.1016/j.eururo.2009.01.034
DOI of original article: 10.1016/j.eururo.2009.01.028