Cystostomy-free open suprapubic transvesical prostatectomy: Is it a safe method?

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Abstract

AIM:

To compare open suprapubic transvesical prostatectomy (OSP) without insertion of suprapubic cystostomy, OSP with insertion of cystostomy, and transurethral resection of the prostate (TURP).

PATIENTS AND METHODS:

A total of 104 patients with an indication for prostatectomy were retrospectively assigned to TURP (group 1), OSP with cystostomy (group 2), and OSP without cystostomy (group 3). They were evaluated for length of the operation, length of hospital stay, post-operative complications, hemoglobin drop, changes of blood pressure, and intraoperative blood loss.

RESULTS:

Mean age was 67.2 ± 8.7 in group 1, 73.3 ± 8.4 in group 2, and 74.0 ± 5.7 in group 3. Prostatic volume was 35.9 ± 13.8 , 74.1 ± 33.8 , and 74.3 ± 31.8 in groups 1, 2, and 3, respectively. There was no significant difference in prostatic volume between groups 2 and 3 (P = 0.99), but in group 1 it was lesser than groups 2 and 3 (P = 0.00). Length of the operation was 1.2 ± 0.2 in group 3 and 1.1 ± 0.2 in group 2, without a significant difference (P = 0.45). Length of hospital stay in group 3 (2.3 ± 0.4 days) was lesser than that in group 2 (2.6 ± 0.7) (P = 0.01). The amount of hemoglobin drop was 1.1 ± 0.9 in group 1, 1.1 ± 0.7 in group 2, and 1.4 ± 0.91 in group 3 without a significant difference between all groups. The amount of bleeding during operation was 173 ± 103 in group 2 and 161 ± 78 in group 3 (P = 0.98).

CONCLUSION:

OSP without insertion of cystostomy tube is a relatively safe method; however, larger studies are needed. It is also comparable to TURP in terms of postoperative efficacy and complications.

KEYWORDS:

Cystostomy; prostate; prostatectomy; transurethral resection of the prostate