

# A COMPARATIVE STUDY OF BPH-PATIENTS UNDERGOING TURP AS ELECTIVE SURGERY VERSUS THOSE IN ACUTE URINARY RETENTION

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## ABSTRACT

**Objective:** To compare the results of BPH-patients undergoing TURP as earlier elective surgery with those presenting with acute urinary retention (AUR). The factors evaluated included the length of hospitalization, the patients occupation, their duration of symptoms and reasons for not seeking treatment.

**Material and Methods:** A consecutive case, randomized study was carried out form January 2000 to May 2001, including all men admitted with bladder out flow obstruction (BOO) caused by BPH that required TURP.

**Results:** There was no significant difference in the mean age and occupational status of the two groups, but those in AUR had more complications and longer hospital stay after surgery. 60% of these men had their urinary symptoms for more than one year. When asked why they did not seek treatment earlier, 35% reported fear of surgery, while 41% thought that their symptoms were normal part of aging.

**Conclusion:** There is a need to raise the level of public awareness of benign prostatic hyperplasia because those who present with AUR incur excess morbidity and longer hospitalization that could otherwise be avoided through earlier treatment and elective surgery.

**Key words:** TURP, Acute Urinary retention, Elective TURP.

## INTRODUCTION

BPH is a common condition that affects men from the age of 40 years; 50-60% of men

aged 40-60 years will develop an enlarged prostate.<sup>1,2</sup> The condition causes obstruction of the urinary tract leading to a spectrum of LUTS. One of the complications is acute

urinary retention (AUR); In a country like Pakistan the incidence of patients with BPH presenting in AUR is higher than in the west.<sup>3,5</sup> Previous reports show that patients in AUR and under going TURP have a higher complication rate.<sup>6,8</sup> The total hospital stay is also longer because concurrent conditions like diabetes, hypertension and heart disease need to be controlled before surgery, and any associated UTI also needs to be treated. Our policy is to withdraw any blood thinning drug for a week before TURP; all these conditions contribute to a longer preoperative stay. There have been no studies to evaluate why many patients with BPH present at this late stage. Factors that might account for the high local incidence are poor public awareness and perception of the condition and treatment modalities available. Thus the aim of the present study was to evaluate the demographic profile and underlying reasons of those who presented in AUR.

## MATERIAL AND METHODS

Patients with carcinoma of the prostate, transient urinary retention caused by medication was excluded. The patients were divided into two groups, comprising men who presented with AUR from BPH and those who were elective admissions. The period of hospitalization was taken from time of admission to discharge after surgery. This included those who preferred to go home with a catheter in place and return for elective surgery, those who opted for a trial without catheter but were subsequently readmitted for AUR. The patients in AUR were also interviewed to determine their reasons for not seeking earlier treatment. Other demographic data included age, and social status, were also analysed.

## RESULTS

Of the 65 patients in the study, 31(48%) had presented in AUR and 34(52%) were

elective; their mean ages were 70.6(54-87) and 70.7(52-95) years respectively. As expected most patients were retired or not engaged in active regular work.

The hospitalization stay for AUR group (mean 11.5 days) was longer than that of elective patients (mean 6.6 days). The perioperative morbidity and mortality like intraoperative bleeding requiring blood transfusion, secondary haemorrhage, UTI was higher in AUR group (30%) than that of elective patients (6%).

The main reasons given by men in the AUR group for not seeking early treatment included fear of surgery (35%) and accepting symptoms as normal 'part of aging' (41%), the other reasons being no symptoms (9%), unfit for surgery (6%), financial and inaccessibility (10%). Interestingly, nine (28%) of the AUR group had a short history (< 1 week) of LUTS before admission.

## DISCUSSION

The incidence of patients presented in AUR, undergoing TURP is higher in third world countries like Pakistan than that reported in the West.<sup>3,5</sup> The mean duration of hospitalization for the patients in AUR was longer than that of elective cases (mean 5 days more) in present study. A contributing reason for this was that many had concomitant medical conditions (especially diabetes, ischaemic heart disease and hypertension) that needed optimization and control before surgery, and associated UTI was treated first. These conditions could have been controlled on an out patient basis if early consultation was sought. Another reason for the longer preoperative stay was logistical, as the surgeon had to wait for the next available operation list. Social reasons also contributed to the longer stay and included:

1. Patients who unwilling to be discharged with an indwelling catheter.

2. Patients wanted to be fully recovered before discharge.

More patients in the AUR group had significant blood loss; this was attributed to catheter cystitis and prostatitis. Patients with BPH admitted with AUR are more likely to require a second procedure for bleeding,<sup>6</sup> and greater overall morbidity has also been reported in other studies.<sup>6,7</sup>

When the men in AUR were asked why they did not seek earlier treatment a disturbing proportion (35%) admitted a morbid fear of surgery. The perception of LUTS as a trivial condition and an unwillingness to pay for long term medication are reasonable contributing factors, even though  $\pm$ - blockers are available in general practice. Interestingly, 9% claimed to have no preceding LUTS to induce them to seek earlier treatment. A further 28% developed symptoms only in the week before AUR. The present results highlight the misconception held by many men (41%) that their urinary symptoms are a normal part of aging. There is still a need to raise public awareness about prostate disease and its treatment in Pakistan, as more than half of TURPs during the present study period were in those men who presented in AUR. The concern over erectile and sexual dysfunction after TURP was not voiced in the present study. This study was carried out in the general ward of the hospital where most of the patients are from rural areas and are of low economic group and so the socio-economic factors may also underline the reasons for not seeking earlier treatment. Another problem faced by the urologist is the psychological barrier in the patient in AUR; because mostly they are not

prepared for admission and many are reluctant or unconvinced of the need for TURP.

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