

## LASER PROSTATE SURGERY FOR BPH

Many men will develop bothersome urinary symptoms related to prostatic obstruction of the urethra (or water channel) as it flows out of the bladder and through the prostate. If the symptoms are not significant, then no treatment is needed. However, if the symptoms are significant enough to create bother to the patient, then treatment is often initiated. Treatment can be successful with three different categories of medications.

1. Alpha blockers (Rapaflo, Flomax, Uroxatral, Cardura, Hytrin).
2. 5 alpha reductase inhibitors (Avodart, Proscar).
3. Herbal products (Saw Palmetto most common).

These medications all have relative advantages and disadvantages and certainly do not work in all patients.

Minimally invasive options are available that heat the prostate causing it to shrink and lessen its obstructive effects on the water channel.

The two most commonly used of these procedures are TUMT (transurethral microwave therapy) and TUNA (transurethral needle ablation of the prostate). Both of these procedures can be done without a full anesthetic and have relative risks and benefits similar to other therapies.

Surgical treatment of prostatic obstruction ranges from the surgical removal of the obstructing prostate tissue through a lower abdominal incision (retropubic or suprapubic prostatectomy) to the TURP (transurethral resection of the prostate) also known as the “Roto-Rooter procedure”, and laser TURP.

The “laser TURP” is similar to standard TURP but it is a procedure done with laser energy rather than electric current. This procedure is known by a number of different names and is most properly termed a V-LAP (visual laser ablation of the prostate) or HoLAP (Holmium laser ablation of the prostate). A V-LAP works as follows:

The prostate is a small organ that lies at the base of the bladder and the water channel exits the bladder running through the middle of the prostate. As men age, the prostate will invariably enlarge with differing degrees of obstruction in different individuals. If you visualize the prostate as an orange, it is the pulp that creates the obstruction, not the peeling. In the operation called a V-LAP, a lighted instrument is passed through the water channel (urethra) at the tip of the penis and inserted up through the middle of the prostate. The pulp of the orange is then vaporized or melted away with the laser energy leaving the peeling behind. With this procedure the entire prostate is not removed, only the obstructing tissue. This procedure does require either a general anesthetic or a spinal anesthetic and quite often an overnight stay in the hospital with a catheter to be left overnight. The catheter is generally removed the following morning and patients are usually able to go home following this. The advantages of using the laser to do this as opposed to the standard electrical current of a TURP are that there is generally less bleeding during the procedure, with less chance of significant blood loss and less chance of fluid absorption

absorption which can stress the heart and kidneys. There is also the advantage of quicker healing and generally less post-operative symptoms than with other techniques.

Although V-LAP is 85-90% effective at significantly improving or relieving bothersome urinary symptoms caused by an obstructing prostate, it is not guaranteed to relieve these symptoms. Side effects that can be expected post-operatively are: some intermittent blood in the urine as well as burning when urinating for several weeks following the procedure.

Usually these symptoms are mild and very well tolerated. The possibility also exists for significant frequency and urgency of urination and sometimes urge incontinence following the procedure. (Urge incontinence is the involuntary loss of urine when one feels the strong urgent need to urinate). The urgency and frequency may worsen from pre-operative symptoms for several weeks prior to improvement and this is due to irritability of the prostate and bladder following the procedure. If these symptoms do not resolve rapidly, then medications can often be helpful at relieving or lessening the severity of the symptoms. In general, the worse the frequency and urgency and urge incontinence are pre-operatively, the worse they will be postoperatively. These pre-operative symptoms are caused by bladder thickening and irritability due to the obstructing prostate and it will sometimes take several weeks to even months before these symptoms will significantly improve and occasionally, the severity of the symptoms will not change at all after this surgery.

Men who are sexually active also need to understand that there is approximately a 75% chance of retrograde ejaculation occurring after this procedure. Retrograde ejaculation means that when a man has a climax, there is still the sensation of climax, but there is no ejaculate or fluid forced out of the penis. In cases where this occurs, the ejaculate actually goes backwards into the bladder, dissolves in the urine and is then urinated out at the next void. This is not harmful in any way, but it does create a slightly different sensation at the time of climax. If this is of concern, please be sure to discuss this with your physician prior to the surgery.

Most men have an immediate improvement in their force of stream and a very rapid improvement in their frequency of going to the bathroom at night and during the day after this procedure. Most commonly after the procedure men will be taken off all of their prostate medications unless the medications are serving a dual purpose such as those men on Cardura for the treatment of both an enlarged prostate and high blood pressure.

All aspirin and other blood thinners should be stopped at an appropriate period prior to the surgery as instructed by your physician.