MANAGEMENT OF LUTS AND RESIDUAL URINE WITH TAMSULOSIN: EXPERIENCE OF DEVELOPING COUNTRY

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INTRODUCTION & OBJECTIVES: Benign prostatic hyperplasia (BPH) is the most common benign tumour in males and a major cause of LUTS in most males over 50. Tamsulosin is widely employed in the therapy of benign prostatic hyperplasia. Increase of the volume of the residual urine (RU) is characteristic for unmanaged BPH and the number of patients is resulted with development of AUR over 50. Tamsulosin is widely employed in the therapy of benign prostatic hyperplasia, which is the most common benign tumour in males and a major cause of LUTS in most males.

MATERIAL & METHODS: 89 Males with RU and AUR were evaluated from April 2003 to September 2004. History, physical examination, DRE, PSA, uroflow, sonography was performed in all patients. Sonography and uroflow studies were performed before treatment and in 1, 3, 6, 12 month. 33 Patients with abnormal DRE and elevated PSA > 6.0 ng/ml were excluded from the study. 5 Patients out of 56 had AUR. All 56 patients underwent different treatment for RU and AUR. In 51 patients the suprapubic cystostomy and in 5 patients indwelling catheter for 14 days was placed. All patients were treated with Tamsulosin 0.4 mg for 8 weeks (with initial dose 0.8 mg for a week).

RESULTS: Existing dilatation of the upper urinary pathways disappeared in 44 out of 56. Mean prostatic volume from 53 ml reached 42 ml in 1 month time and did not alter after further study. In 51 patients cystostomy: tube was clamped and they were requested to urinate in the urodynamic lab in a month time after cystostomy placement. The mean Qm,x before treatment from 7 ml/s increased to 12 ml/s, 2 patients with indwelling catheters after removal necessitated placement of suprapubic tubes because of big amount (> 250 ml) of RU. Cystostomy was removed in 42 patients in 45 days. Uroflow pointed to increase of mean Qm,x to 14.2 ml/s in 3 months in 39 patients and disappearance of the RU. Long term follow up (in 12 month) of 35 patients out of 39, according to investigations and IPSS, did not reveal presence of the LUTS.

CONCLUSIONS: Tamsulosin in combination with suprapubic cystostomy could be considered as useful and cost effective treatment in men with obstructive symptoms.

PS0 PENILE DISORDERS

SATURDAY, 19 MARCH, 12.15-13.45, ROOMS 5.3/HALL 5

THE ROLE OF SURGERY FOR PENILE DYSMORPHOPHIA

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INTRODUCTION & OBJECTIVES: Amongst patients requesting penile lengthening surgery, penile dysmorphophobia is the commonest presenting complaint. Procedures include congenital micropenises and Peyronie’s disease. Whatever the underlying aetiology, penile shortening is the main focus of concern, which may be subjective or objective. Various penile lengthening procedures have been described for the treatment of this problem; most with unsatisfactory results. The aim of this study was to assess the role of surgical intervention in the treatment of penile dysmorphophobia.

MATERIAL & METHODS: Patients who presented to a single unit requesting a penile lengthening procedure during 1998 to 2003 were included. Patient assessment included objective measures using stretched flaccid penile length and subjectively with satisfaction rate. All were recommended for psychiatric assessment or counselling. Operations performed included division of suspensory ligament with or without suprapubic fat pad excision, VY plasty and insertion of a silicone buffer.

RESULTS: A total of 42 patients underwent penile lengthening surgery, with a mean age of 38 years at presentation (range of 16-67yrs). The mean increase in penile length was 1.1 ± 1.2 cm after surgical intervention, showing a significant increase compared to pre-operative stretched penile length (p < 0.01). Only 52% reported an increase in stretched penile length. The outcome was also measured using patient satisfaction. In this series, 62% of patients were dissatisfied with the results of surgery. Additionally, 55% of patients subsequently had more surgery in an attempt to further enhance their penile length. Of all those requesting further surgery, only 36% were eventually satisfied with their penile length.

CONCLUSIONS: Patients presenting with penile dysmorphophobia often have unrealistic expectations concerning the outcome of surgical interventions which inevitably results in patient dissatisfaction. Division of suspensory ligament and/or other augmentation techniques may appear to increase penile length, however not significantly and they are not a cure for penile dysmorphophobia. With such a high postoperative rate of dissatisfaction, surgical treatments should be discouraged. Patients should be encouraged to seek psychological help primarily, with surgery reserved only for those who have realistic expectations.