



African Journal of Urology

Official journal of the Pan African Urological Surgeon's Association
web page of the journal

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BPH and Prostate Diseases

Original article

Six weeks finasteride monotherapy before TURP: Does it improve quality of life in early post operative period?



A.I. Ali^{a,*}, A.M. Fawzy^a, E. Ramadan^a, M.M. El-Hawy^b,
T.K. Fathelbab^a, A. Hussein^b, M. Abd Elmalek Hassan^b,
L. Alshara^c, E.R. Tawfik^b

^a School of Medicine, Minia University, Minia University Hospital, Urology Department, Minia, 61111, Egypt

^b School of Medicine, Minia University, Egypt

^c Jackson Memorial Hospital, 117 NW 42nd Ave, # 709, Miami, FL, 33126, USA

Received 19 February 2018; received in revised form 25 May 2018; accepted 28 May 2018; Available online 31 July 2018

KEYWORDS

Finasteride;
TURP;
Quality of life

Abstract

Introduction: Benign prostatic hyperplasia (BPH) is a common disease affecting men 50 years and older. Treatment options consist of observation, pharmacological treatment, minimally invasive surgery and traditional surgery. Alpha-blockers and 5-alpha-reductase inhibitors are the primary medications used to treat BPH. Transurethral resection of the prostate (TURP) is the gold standard of surgical management of BPH. **Objective:** To evaluate the effect of six weeks finasteride therapy before TURP on overall surgical outcomes and early postoperative quality of life (QoL).

Patients and methods: Between June 2014 and August 2016, patients with BPH at our department were randomly assigned to one of two groups: group (A) receiving 5 mg of finasteride daily for six weeks and group (B) did not receiving finasteride before TURP. All patients were assessed using a modified validated Arabic version of the International Prostate Symptom Score (IPSS). Intra operative serum hemoglobin concentration and hemoglobin concentration in irrigating fluid were recorded. One month post-surgery, IPSS, storage, voiding subscores and QoL scores were measured.

Results: Out of a total of 115 patients, 98 patients completed the study. Before surgery, there was no significant difference between the two groups in prostate size (Prostate size was 54.52 ± 7.3 g in group A and 50.19 ± 6.8 g in group B, p value = 0.72), IPSS (19.86 ± 4.68 in group A vs. 21.14 ± 4.33 in group B, p value = 0.17), maximum urinary flow rate and post-void residual urine test results. No significant difference between QoL score in both groups before surgery (p value = 0.96).

* Corresponding author.

E-mail address: ahmed_issam79@yahoo.com (A.I. Ali).

Peer review under responsibility of Pan African Urological Surgeons' Association.

<https://doi.org/10.1016/j.afju.2018.05.005>

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Group A patients had significantly less intraoperative blood loss than group B patients (308.29 ± 48.1 ml vs. 431.11 ± 96.4 ml, $p = 0.001$). One month postoperatively, group A patients showed greater improvement in QoL than group B patients ($p = 0.03$).

Conclusions: Finasteride therapy for 6 weeks before TURP reduced intraoperative blood loss and statistically improved quality of life in the early postoperative period. However, larger number of patients and longer duration of follow up is recommended to confirm its clinical significance.

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Introduction

Benign prostatic hyperplasia (BPH) is a common disease affecting men 50 years and older. BPH causes disturbances in the growth of the prostate gland and subsequently affects lower urinary tract function. Patients with BPH may experience urinary frequency and urgency as well as urinary tract obstruction up to urinary retention [1].

Treatment options consist of observation, pharmacological treatment, minimally invasive surgery and traditional surgery. Alpha-blockers and 5-alpha-reductase inhibitors (5-ARIs) are the primary medications used to treat BPH. Transurethral resection of the prostate (TURP) is the gold standard of surgical management of BPH [2].

5-ARIs slow disease progression and reduce complications related to BPH and thus decrease the need for invasive surgical therapy. Patients who do not improve with or do not tolerate medical treatment are candidates for surgical intervention. TURP is widely used to treat BPH [3].

A previous study has demonstrated that pretreatment with finasteride is associated with decreased angiogenesis and microvascular density, resulting in less bleeding during and after TURP [4]. However, pre-operative use of finasteride to decrease blood loss during TURP remains controversial. The impact of finasteride treatment before TURP on postoperative clinical parameters such as International Prostate Symptom Score (IPSS) and quality of life (QoL) and on perioperative complications has not been discussed in the literature since TURP-related bleeding has been the main concern of most studies [5].

Our study objective is to assess the effect of short-term finasteride therapy for 6 weeks before TURP on lower urinary tract symptoms and QoL in the early postoperative period.

Our hypothesis states that finasteride usage before TURP will reduce amount of intra operative and post operative bleeding. As a result, patient will experience less post operative haematuria and early return to normal activities with early improvement in post operative QoL.

Patients and methods

In the period between June 2014 and August 2016, patients presented at our department with BPH and candidate for TURP procedure were randomly assigned into one of two groups using

computer software program. Group A included patients who received 5 mg finasteride for 6 weeks before TURP procedure, group B included patient who underwent TURP without pre-operative finasteride treatment.

All patients in our study were candidates for TURP procedure, patients either have a catheter placed, repeated episodes of urinary retention and or sever difficulty with urination. We found that offering no medication for a group of patients (to work as a Placebo group) for 6 weeks will prolong patient's suffer till they have surgery and will add no benefits for them. At the same time a lot of patients refused to participate as a control (placebo) group and preferred to have surgery directly, therefore we did not include a placebo group to our study. In a trial to minimize the bias of not having a placebo group, the surgeon and the researcher who collected the data from the operating room and from the patients were blinded; a second researcher who did the statistics and wrote the manuscript was not blinded.

Patient who were on anticoagulant therapy or who had previously been on 5ARI were excluded from the study.

As regard the high cost of finasteride in our locality, a duration of six weeks before TURP was selected in group A.

Modified validated Arabic version of the IPSS, with the eighth question used to measure QoL was used to assess all patients in our study. All patients underwent a complete physical examination including a digital rectal exam and post-void residual urine (PVRU) test. Prostate size was estimated using trans-abdominal ultrasound. The preoperative laboratory work-up included a complete blood count, prostate-specific antigen levels, liver function test, renal function test and International Normalized Ratio. Office diagnostic flexible cystourethroscopy and uroflowmetry were performed preoperatively on all patients.

All of the patients underwent a TURP procedure under spinal anesthesia. Patients were placed in a modified lithotomy position. Diagnostic cystoscopy was performed, and then the TURP procedure was performed by the same surgeon on all of the study participants using a 26 Fr. Karl-Storz resectoscope with monopolar generator. Hemoglobin concentration in irrigating fluid and serum hemoglobin were recorded in every patient at the end of the procedure. The volume of the irrigation fluid was estimated by multiplying the number of Glycine bottles used during irrigation by the volume of each bottle. Resection duration was recorded. The weight of resected tissue

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