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Long-term Clinical Efficacy and Safety Profile of Transurethral Resection of Prostate vs Plasmakinetic Resection of the Prostate for Benign Prostatic Hyperplasia

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Abstract

Objective: To investigate differences on clinical efficacy, complications and safety profile between transurethral resection of prostate (TURP) and bipolar plasmakinetic resection of the prostate (PKRP) for benign prostatic hyperplasia (BPH).

Methods: 690 patients of BPH were recruited from May 2008 to May 2011 and divided into TURP group and PKRP group, IPSS, QoL, PVR, Q_{max} , complications, IIEF-5 and retrograde ejaculation were used for evaluation of clinical effective, safety and sexual function between two groups.

Results: The intraoperative irrigation volume, postoperative irrigation volume, postoperative irrigation time, decrease in sodium, intraoperative blood loss, duration of catheterization of PKRP group were significantly lower than those of TURP group (P<0.05). For comparsion of complications, the incidence rate of massive haemorrhage, blood transfusion, capsular perforation, prolonged Hematuria, micturition frequency, micturition urgency, micturition pain of PKRP group were significantly less than those of TURP group (P<0.05). During the five years follow-up, PKRP group showed better effect on IPSS, QoL, PVR and Q_{max} compared with TURP group (P<0.05), but there were no significant differences on IIEF-5 and retrograde ejaculation (P>0.05).

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