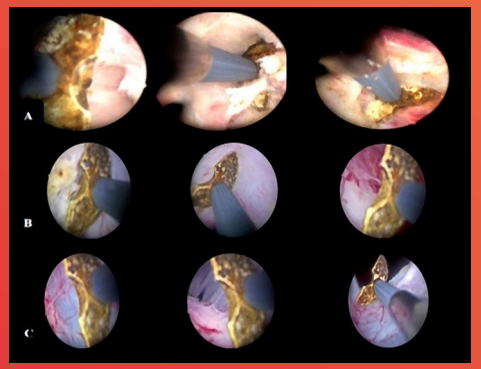
SAFETY & EFFICIENCY OF

Monopolar Transurethral Enucleation and Resection of the Prostate

With Versus Without Suprapubic Cystostomy for Large Prostates

Long-Term Outcomes of a Prospective Randomized Study



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Prospective RCT • n = 160 (80 vs 80)

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OBJECTIVE

To evaluate the impact of suprapubic cystostomy (SPC) on operative efficiency, functional outcomes, postoperative pain, and perioperative safety during monopolar transurethral enucleation and resection of the prostate (M-TUERP) for large (≥80 mL) BPH.

METHODS

Single-center, prospective RCT (May 2022–May 2023; follow-up to May 2025), IRB-approved (Beni-Suef University).

160 men ≥50y, symptomatic BPH, prostate ≥80 mL, IPSS ≥8; randomized 1:1 (sealed opaque envelopes) to Group A — M-TUEP without SPC (n=80) or Group B — M-TUEP with SPC (n=80).

26-Fr monopolar resectoscope (Karl Storz/Erbe VIO® 300S); two-/three-lobe enucleation, mushroom resection, Ellik evacuation.

Endpoints: operative time, resection efficiency (primary); IPSS, Qmax, Hb/Na, VAS, CACS, complications (secondary).

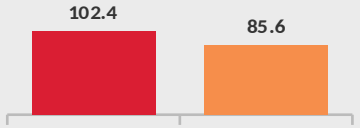
Table 2. Functional & recovery outcomes

Outcome	Group A (n=80)	Group B (n=80)	p
Qmax preop, mL/s	7.6 ± 0.9*	7.8 ± 0.7*	0.167
Qmax 12 mo, mL/s‡	20.9 ± 2.3	21.4 ± 2.1	0.578
Qmax 36 mo, mL/s	21.2 ± 2.5	21.6 ± 2.2	0.312
IPSS preop	25.9 ± 3.5	25.7 ± 4.6	0.697
IPSS 12 mo	5.9 ± 1.5	5.5 ± 1.2	0.064
IPSS 36 mo	5.9 ± 1.7	5.6 ± 1.3	0.212
PVR preop, mL	156.7 ± 176.3	153.0 ± 168.5	0.699
PVR postop, mL	35.1 ± 48.9	26.9 ± 50.6	0.754
Hospital stay, d	3.3 ± 3.4	3.3 ± 3.6	0.998
Catheter time, d†	2 (1–3)	2 (1–2)	0.091

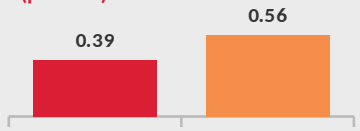
*Qmax assessed only in patients able to void preoperatively (Group A n=52, Group B n=56). †Median (IQR). ‡Qmax at 12 months. SD = standard deviation; PVR = post-void residual.

KEY RESULTS

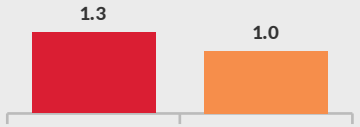
Operative time, min (p<0.001)



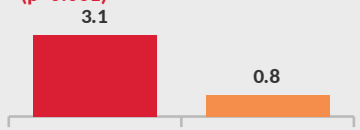
Resection efficiency, g/min (p<0.001)



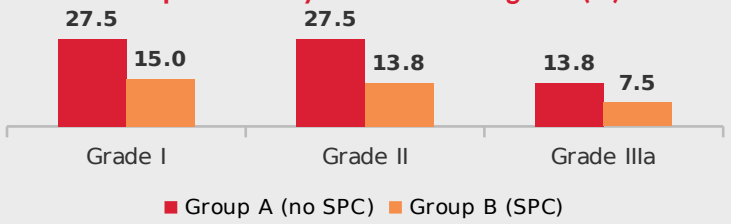
Hemoglobin drop, g/dL (p=0.001)



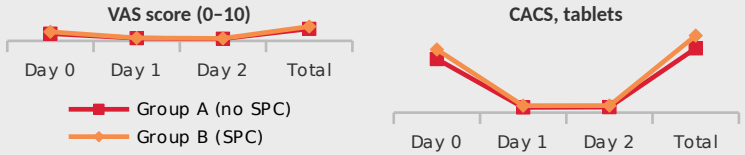
Serum sodium drop, mmol/L (p=0.001)



Complications by Clavien–Dindo grade (%)



VAS pain & analgesic consumption (CACS) over time



VAS similar throughout (p>0.05); CACS higher in Group B on day 0 (p=0.033) and overall (p=0.018).

CONCLUSION

M-TUERP with SPC shortens operative time and improves resection efficiency while reducing perioperative Hb/Na changes — without compromising functional outcomes or complication rates, despite higher early analgesic use.

KEY REFERENCES

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2. Hiraoka Y, Akimoto M. J Urol. 1989;142(5):1247–50.
3. Rassweiler J, Teber D, Kuntz R, Hofmann R. Eur Urol. 2006;50(5):969–79.

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