

Medical & Surgical Urology

Abstract

The Coagulation Depth of Bipolar Plasma Vaporization of the Prostate vs Bipolar Resection of the Prostate vs Transurethral Resection of the Prostate

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ABSTRACT

In aim of comparing the coagulation depth in tissue specimen following Bipolar plasma vaporization of the prostate (BPVP), Bipolar resection of the prostate and Transurethral resection of the prostate (TURP) procedures. Because of the conventional transurethral resection of the prostate (TURP) is regarded as the gold standard in surgical treatment of benign prostatic hyperplasia (BPH) because of its immediate and enduring efficacy. However, problems that have not yet been overcome for TURP include absorption of irrigation fluid and bleeding. For this reason, alternative surgical options, such as bipolar transurethral resection of the prostate (BTURP) and bipolar transurethral vaporization of the prostate (BPVP) have been developed. In our study which done on 10 patient's prostate,

taking a different 3 chips after the different 3 techniques; bipolar plasma vaporization of the prostate, bipolar trans urethral resection of the prostate and the classic trans urethral resection of the prostate, were applied for a different 3 areas of the prostate, comparing the coagulation depth of it pathologicaly. In our study the coagulation depth induced by BPVP was greater than that induced by BTURP and TURP, with no significant difference between BPVP and BTURP (p > 0.05), while with a significant difference between BPVP and TURP (p < 0.05). And the coagulation depth induced by BTURP was greater than that induced by TURP but with no significant difference (p > 0.05). What prove that there is slight significant difference in the coagulation depth of novo BPVP and the coagulation depth of the classic TURP.

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