



## ▼ POST GRADUATES ABSTRACTS

### **PG - 55 : A PROSPECTIVE RANDOMISED COMPARATIVE STUDY ASSESSING THE OUTCOMES OF MONOPOLAR VS BIPOLAR TRANSURETHRAL RESECTION OF PROSTATE IN BENIGN PROSTATIC HYPERPLASIA OF VOLUME MORE THAN 50CC**

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**Introduction:** Transurethral Resection of Prostate (TURP) is gold standard for management of Benign Prostatic Hyperplasia. Technological advances and refinements in this procedure have contributed to improving safety and reducing morbidity and faster recovery. Here we compare the safety, efficacy and complications of Monopolar vs Bipolar Transurethral Resection of Prostate (TURP) in patients with prostate gland larger than 50CC.

**Methodology:** Patients with enlarged symptomatic Prostate more than 50CC were randomized into Monopolar or Bipolar group. The patients were evaluated with pre-operative and post-operative Haemoglobin (Hb) and Sodium. Duration of resection, volume of Irrigation fluid used, weight of gland resected and post-op Visual Analog Scale(VAS) score were noted. International Prostate Symptom Score (IPSS), maximal flow rate(Vmax) and residual urine volume(PVR) were

observed pre-operatively and at 1 month following surgery. Complications if any, were noted.

**Results:** Of 52 patients included in the study, 26 (50%) underwent Monopolar TURP (M-TURP) and 26 (50%) underwent Bipolar TURP (B-TURP). There was no significant difference in age, prostate volume, International Prostate Symptom Score(IPSS) and post-op VAS score between the 2 groups. The mean duration of resection and volume of irrigation fluid used were

similar. In the Monopolar group 1 patient required blood transfusion and another had TUR Syndrome. The duration of catheterisation and hospital stay, post-op improvement in PVR and Vmax were similar between the 2 groups.

**Conclusion:** M-TURP and B-TURP groups showed similar outcomes. Bipolar TURP is slightly safer than Monopolar as Bipolar TURP minimizes the risk of TUR syndrome compared with Monopolar TURP.