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THE OFFICIAL MAGAZINE OF THE
GOLD COAST MEDICAL ASSOCIATION INC

JULY / AUGUST 2017 [ISSUE 112]



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UroLift and HoLEP - Advanced BPH treatment



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WHAT IS BENIGN PROSTATIC HYPERPLASIA (BPH)?

Benign Prostatic Hyperplasia (BPH) is a leading natural disorder commonly found in the elderly male population characterised by a progressive non-cancerous enlargement of prostatic tissue that leads to obstruction of the urethra causing urinary flow disruption.

In Australia, the overall prevalence of BPH increases with age and is the most common non-cancerous prostate disease in Australia affecting approximately 50% of men between the ages of 51 and 60 and up to 90% of men over the age of 80.

WHAT ARE THE SIGNS AND SYMPTOMS OF BPH?

As the prostate surrounds the proximal urethra, enlargement of the prostate makes the urethra narrower and obstructs the passage of urine. Initially, but not always, patients may complain about weak stream, hesitancy, intermittency, or terminal dribbling.

Eventually, the bladder either may weaken and lose the ability to empty completely (hypocontractility) or thicken/hypertrophy resulting in a poorly compliant or overactive bladder.

These altered and abnormal disturbances to the urinary system bring upon symptoms that should be acknowledged as the "red flag" signs of BPH and addressed to ensure chronic bladder damage is avoided.

RED FLAGS OF BPH

- Hypocontractility
- Incomplete emptying • Post void residual > 100ml
- Over activity
- Frequency • Urgency • Nocturia > 1x
- Other
- UTI • Macrohaematuria

INVESTIGATIONS

- Urine analysis or MSU – blood or infection
- UEC or renal function
- Renal ultrasound– gives information on prostate size, sometimes shape and importantly chronic bladder damage (trabeculation and diverticulae), incomplete emptying and also kidney damage
- PSA

TREATMENT

There are a range of treatments available each of which has benefits and possible side effects.

Severity of symptoms affects the treatment decision and determines whether surgical intervention is necessary.

In most cases if the aforementioned symptoms are within a high range score of the International Prostate Symptom Score (IPSS, an 8 question screening tool used to screen symptoms and the level of waterworks severity), surgical intervention is required.

UROLIFT is a relatively new, minimally invasive technique designed to improve urinary symptoms caused by an enlarged prostate or BPH.

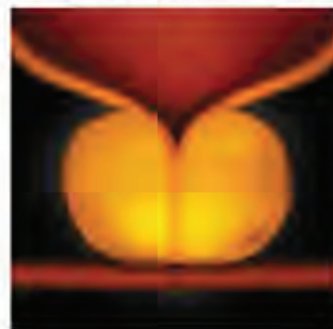
The procedure is carried out by inserting several small internal stitches into the prostate, compressing the tissue outwards and thus widening the internal diameter of the urethra.

It is twice as effective as medications and allows patients to get back to work sooner as it avoids any side effects we may have seen with older style treatments.

It does not involve cutting or lasering of any of the prostate tissue and as such results in a far better side effect profile:

- No Erectile Dysfunction
- No stress urinary incontinence
- No retrograde (backwards) ejaculation
- Shorter catheterisation time
- Shorter hospital stay

ENLARGED PROSTATE



STEP 1



STEP 2



STEP 3



Figure 1: UroLift procedure

THE IMMEDIATE UROLIFT EFFECT BEFORE AND AFTER

- Mechanically opens prostatic urethra
- Result is visible under cystoscopy
- Implants are anterolateral, away from NV bundles or dorsal venous complex

With the use of the IPSS score system, we have monitored patient progress from pre-treatment to post 3 and 6/12 months stages of their UroLift procedure.



Figure 2: Pre-treatment prostatic urethra

Figure 3: Post-UroLift treatment performed by Dr Elmes

- Average age of patients – 67 yrs
- Pre-treatment: a total of 17 patients recorded with an average IPSS score of 19
- 3 months post treatment: 13 patients (total to date) with a reduced average of 7
- 6/12 months post treatment: 5 patients (total to date) with a reduced average score of 5

HOLEP (HOLMIUM LASER ENUCLEATION OF THE PROSTATE)

Some patient's prostates are too large, have an obstructing middle lobe, or severe symptoms and require more involved surgery. The other option I give patients is laser enucleation also known as HoLEP. It is the latest form

of techniques in lasers and is designed to remove all the obstructive prostate tissue and again minimises sexual side effects some patients may have suffered from older style procedures.

It is minimally invasive and follows the exact anatomical planes within a prostate with ultimate precision allowing complete resection of all adenoma (obstructing tissue) whilst preserving the outer capsule, erectile nerves and urethral sphincter. Its short and long-term outcomes are superior to those associated with TURP or greenlight laser;

- Less bleeding
- Lower chance of erectile dysfunction or incontinence
- Same maximal flow rate and urinary symptom improvement
- Importantly allows sampling of tissue to look for cancer
- Minimal reoperation rate



Figure 4: Removal of the enlarged prostate tissue with a laser resectoscope inserted through the urethra.

SUMMARY

UroLift and HoLEP are advanced procedures for BPH, maximising symptom improvements and minimising morbidity. Providing rapid relief for patients, mild/moderate resolved, the procedures are leading the way in minimally invasive advanced techniques for patients with an enlarged prostate and BPH.

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Dr Stroebel specialises in adult heart and lung surgery. Having trained on three continents, he has been exposed to all aspects of cardiothoracic surgery and a diverse variety of pathology. He believes in holistic patient care and working within a multidisciplinary team for improved patient outcomes, and strives to deliver state-of-the-art, evidence based care to his patients.

NO GAPS ARE CHARGED FOR INPATIENT PROCEDURES

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