PD61: Early postoperative ejaculatory and erectile function following photovaporization of the prostate (PVP) and bipolar plasma vaporization of the prostate (BPVP)

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Disclosures

I have no disclosures

Dr. Bilal Chughtai is a consultant for Boston Scientific, Olympus and MedeonBio
Benign Prostatic Hyperplasia (BPH)

Lower Urinary Tract Symptoms (LUTS)

Transurethral Resection of Prostate (TURP)

Reduced sexual function: ejaculatory and erectile

Innovative transurethral techniques

Ejaculatory Hood-sparing Photovaporization of the Prostate (PVP) and Bipolar Plasma Vaporization of the Prostate (BPVP)
Ejaculatory hood-sparing (EjS) PVP and BPVP

Ejaculatory hood: Apical paracollicular and supracollicular tissue proximal to the veru

Preservation conserves anterograde ejaculation 87-96%

How does early sexual function behave in EjS-PVP and EjS-BPVP?

Methods

Patients with Lower Urinary Tract Symptoms (LUTS) secondary to Benign Prostatic Hyperplasia (BPH) eligible for TURP

- Prostate Volume <100mL
- Qmax <15ml/min

EjS-Photovaporization of the Prostate (EjS-PVP)
EjS-Bipolar Plasma Vaporization of the Prostate (EjS-BPVP)

Male Sexual Health Questionnaire (MSHQ), IPSS and Qmax pre-operatively, at 1, 3 and 6 months
## Results

### Baseline Characteristics

<table>
<thead>
<tr>
<th></th>
<th>EjS-PVP (n=13)</th>
<th>EjS-BPVP (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>64 (56-80)</td>
<td>64 (46-82)</td>
</tr>
<tr>
<td>Prostate Volume (ml)</td>
<td>47 (33-60)</td>
<td>62.5 (40-84)</td>
</tr>
<tr>
<td>Post-void residual (PVR) (ml)</td>
<td>13 (0-499)</td>
<td>31.5 (0-349)</td>
</tr>
<tr>
<td>Qmax (ml/s)</td>
<td>8.5 (2.9-43.2)</td>
<td>9.4 (3.5-13.8)</td>
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<tr>
<td>IPSS</td>
<td>18 (5-34)</td>
<td>18 (10-34)</td>
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</tbody>
</table>

*Median and IQR shown*
Results

**Total MSHQ Score**
- PVP
- BPVP

**Total Erectile Function Score**
- PVP
- BPVP

**Total Ejaculatory Function Score**
- PVP
- BPVP
Results

**Total Erectile Bother**
- PVP
- BPVP

**Total Ejaculatory Bother**
- PVP
- BPVP

Months after surgery

Total ED Bother Item

Total Ejaculatory Bother Item
## Results

MSHQ scores post-operatively compared to baseline

<table>
<thead>
<tr>
<th></th>
<th>Pre-op</th>
<th>1m</th>
<th>3m</th>
<th>6m</th>
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<tbody>
<tr>
<td></td>
<td>Score</td>
<td>Score</td>
<td>p-value</td>
<td>Score</td>
</tr>
<tr>
<td><strong>Total MSHQ</strong></td>
<td>73 (52-87)</td>
<td>59.5 (45-86)</td>
<td>0.309</td>
<td>87.5 (63-101)</td>
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<tr>
<td></td>
<td>89 (63-102)</td>
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<tr>
<td><strong>Erection Scale</strong></td>
<td>9 (5-11)</td>
<td>8.5 (3-12)</td>
<td>0.439</td>
<td>12 (6-14)</td>
</tr>
<tr>
<td></td>
<td>9 (5-13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ejaculation Scale</strong></td>
<td>23 (8-27)</td>
<td>20 (5-25.5)</td>
<td>0.407</td>
<td>26 (22-30)</td>
</tr>
<tr>
<td></td>
<td>27 (14-30)</td>
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Conclusions

• There is no difference in sexual function after EjS-PVP and EjS-BPVP
• There is a slight drop at 1 month with recovered sexual function at 3 and 6 months
• Select patients can have improved overall sexual function after undergoing EjS-PVP and EjS-BPVP
• Independent of the type of energy, sexual function can be conserved with Ejaculatory Hood sparing technique
• Patients should be counseled on sexual function expectations after surgery