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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

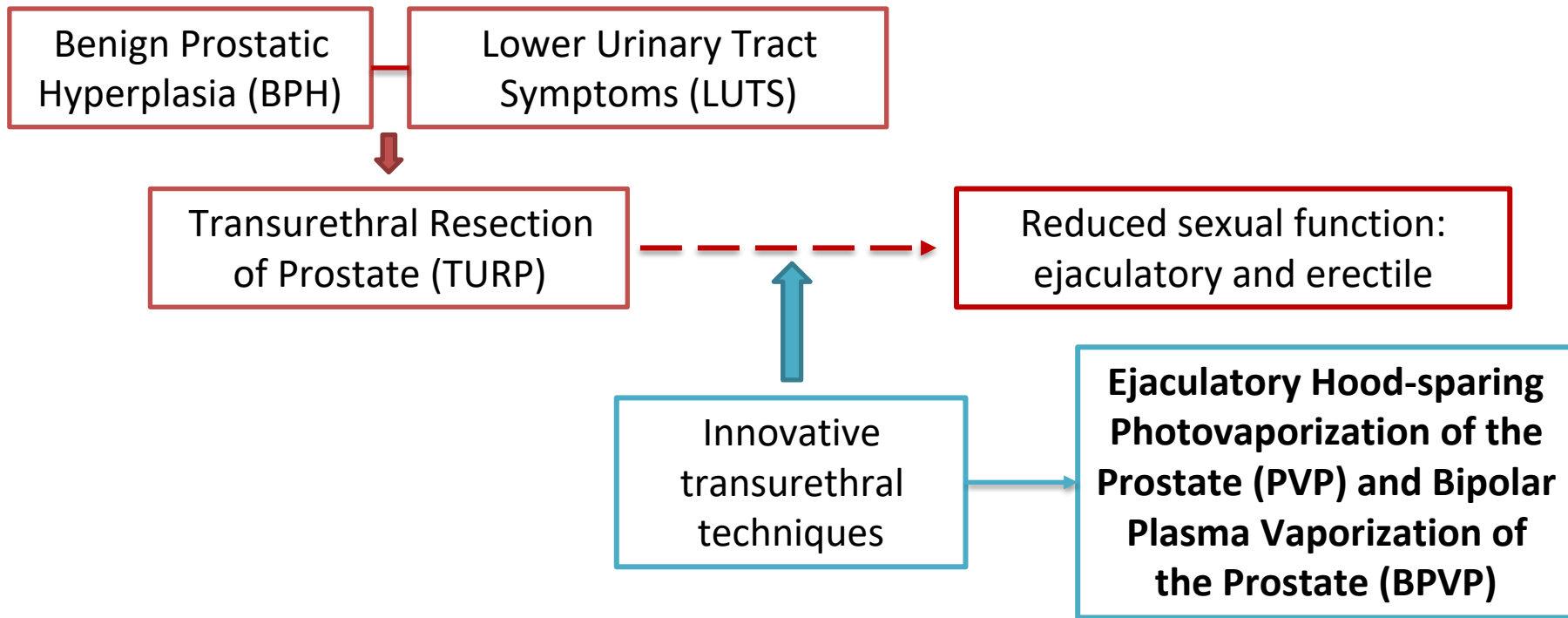
I have no disclosures

Dr. Bilal Chughtai is a consultant for Boston Scientific,
Olympus and MedeonBio



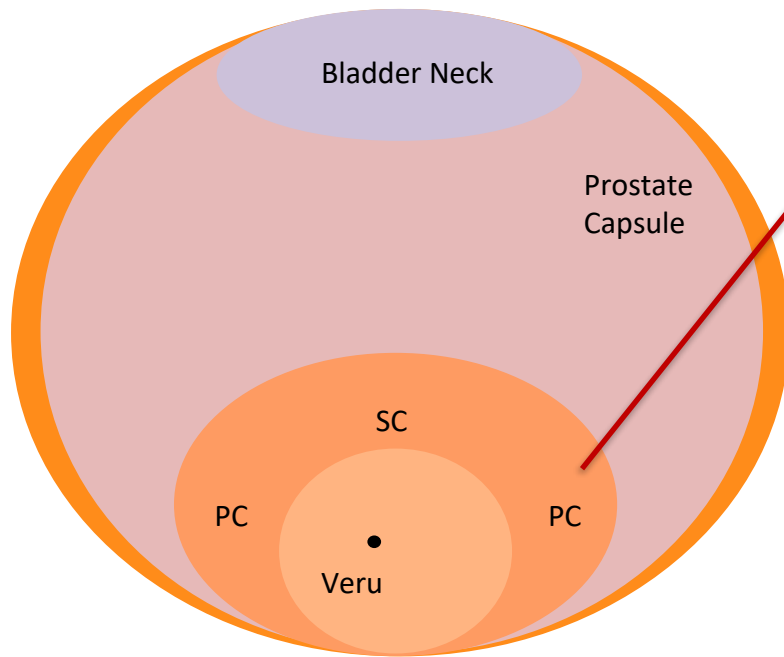


Background





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?

Lebdai S et al. (2018). Do Patients Have to Choose between Ejaculation and Miction? A Systematic Review about Ejaculation Preservation Technics for Benign Prostatic Obstruction Surgical Treatment. *World Journal of Urology*





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

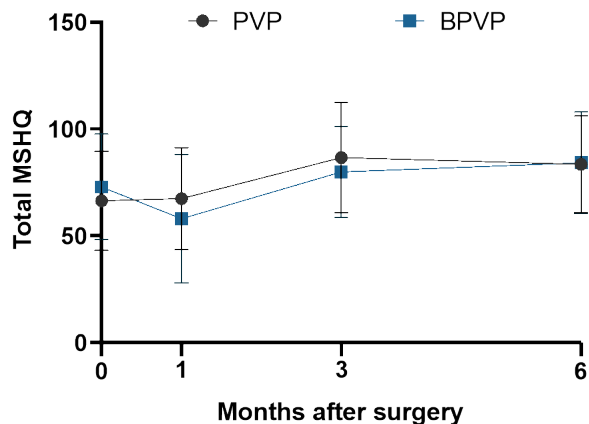
	EjS-PVP (n=13)	EjS-BPVP (n=14)
Age (years)	64 (56-80)	64 (46-82)
Prostate Volume (ml)	47 (33-60)	62.5 (40-84)
Post-void residual (PVR) (ml)	13 (0-499)	31.5 (0-349)
Qmax (ml/s)	8.5 (2.9-43.2)	9.4 (3.5-13.8)
IPSS	18 (5-34)	18 (10-34)
*Median and IQR shown		



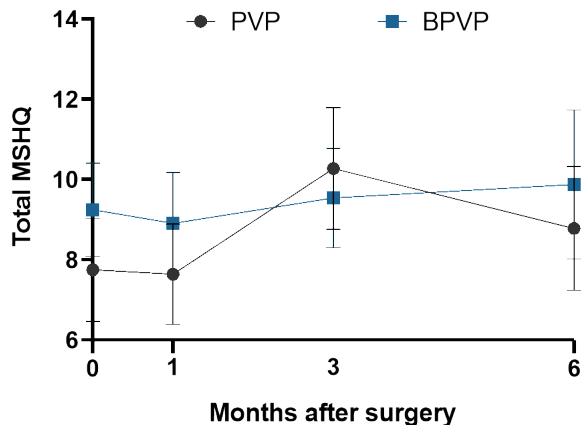


Results

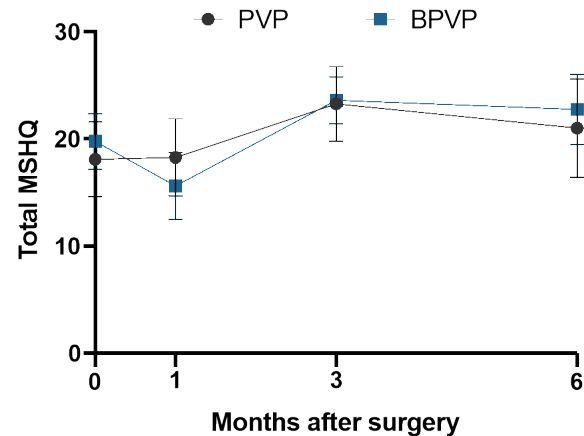
Total MSHQ Score



Total Erectile Function Score

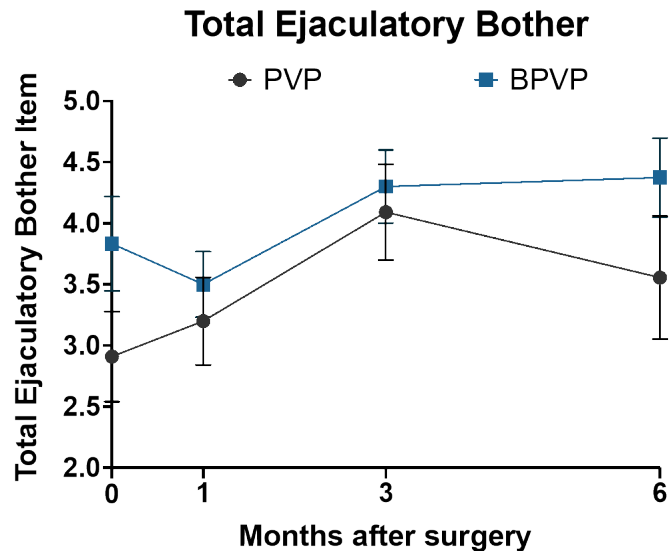
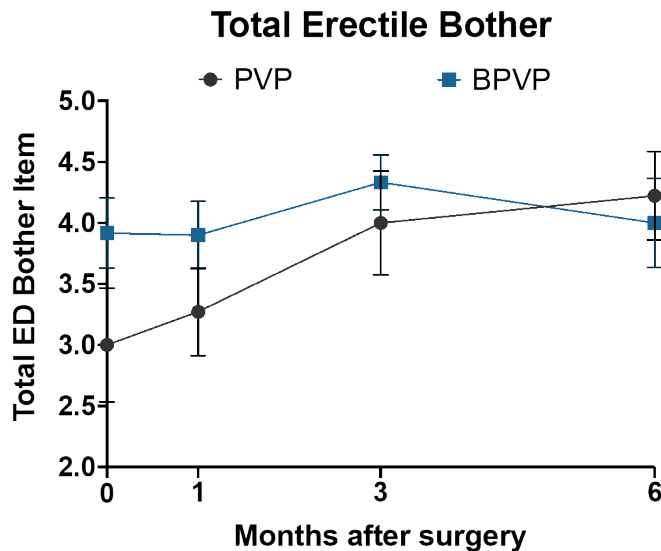


Total Ejaculatory Function Score





Results





Results

MSHQ scores post-operatively compared to baseline

	Pre-op	1m		3m		6m	
	Score	Score	p-value	Score	p-value	Score	p-value
Total MSHQ	73 (52-87)	59.5 (45-86)	0.309	87.5 (63-101)	0.014	89 (63-102)	0.008
Erection Scale	9 (5-11)	8.5 (3-12)	0.439	12 (6-14)	0.036	9 (5-13)	0.038
Ejaculation Scale	23 (8-27)	20 (5-25.5)	0.407	26 (22-30)	0.031	27 (14-30)	0.107





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

