

TURP

Method

Electrical current passes through the patient from the active electrode (connected to the resectoscope loop) to a grounding pad attached to the patient.

Limitaion

Inadvertent nerve stimulation (e.g. obturator reflex) and cardiac pacemaker malfunction,

Irrigation

Conventional TURP requires nonhemolytic, hypo-osmolar irrigation fluids (e.g. glycine), which, if absorbed in high volumes, may lead to TUR syndrome

Advantages

Faster, Less Haemostatic
Rapid Coagulation
Lesser Instrumentation
Lesser Stricture Rate
Lesser Incontinence

Comparison

More Bleeding intraoperative, Effectively controlled by same modality

Video



TURP

Selection of Modality TURP in a Patient


All cases of Enlarged Prostate are suitable

Extra care :

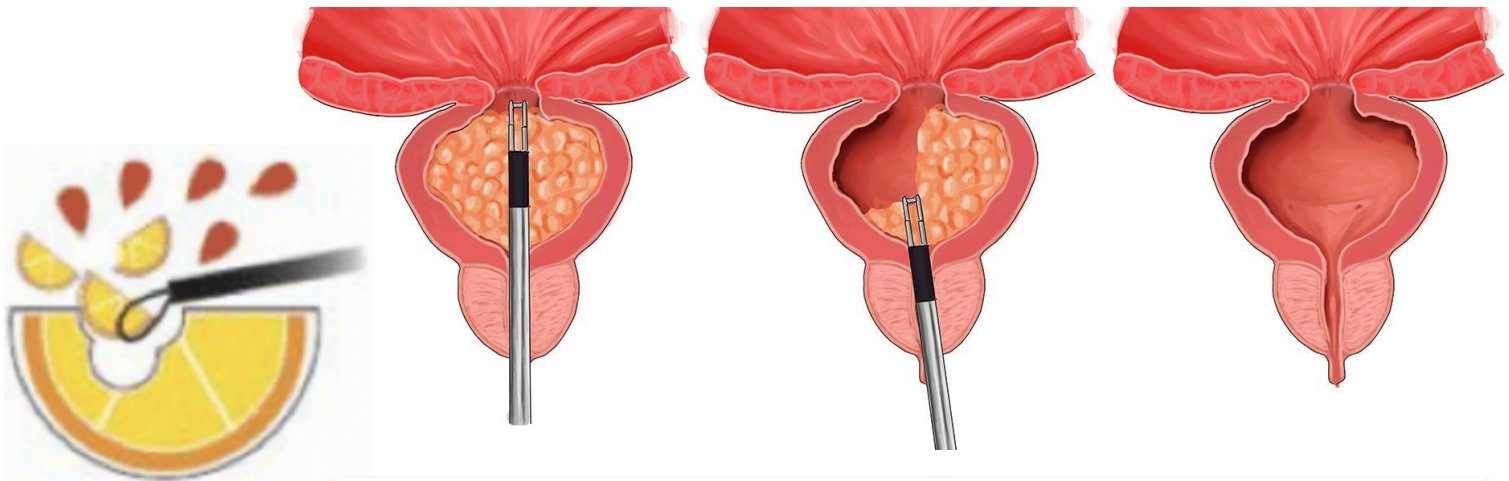
Huge size of prostate

Marginal Medical Fitness

Patient on Blood thinner. Switch to minimum dose

- TURP, Bipolar TURP, HoLEP, and PVP provide equivalent outcomes for large resected prostate adenoma (<60 g)
- Surgical management of large prostate should be individualised based upon patient's comorbidity
- HoLEP, ThuLEP, Green PVP should be considered in patients who are at higher risk of  Bleeding .

Procedure



TURP : Gold Standard Procedure

- Time tested, Well Crafted Procedure.
- It is a piecemeal resection of prostate.
- Better control on resection to limit within capsule.
- TUR syndrome Possibility
- Least of instrumentation - limits Iatrogenic complication like Stricture