

LASER PROSTATE SURGERY FOR BPH

Many men will develop bothersome urinary symptoms related to prostatic obstruction of the urethra (or water channel) as it flows out of the bladder and through the prostate. If the symptoms are not significant, then no treatment is needed. However, if the symptoms are significant enough to create bother to the patient, then treatment is often initiated. Treatment can be successful with three different categories of medications.

1. Alpha blockers (Rapaflo, Flomax, Uroxatral, Cardura, Hytrin).
2. 5 alpha reductase inhibitors (Avodart, Proscar).
3. Herbal products (Saw Palmetto most common).

These medications all have relative advantages and disadvantages and certainly do not work in all patients.

Minimally invasive options are available that heat the prostate causing it to shrink and lessen its obstructive effects on the water channel.

The two most commonly used of these procedures are TUMT (transurethral microwave therapy) and TUNA (transurethral needle ablation of the prostate). Both of these procedures can be done without a full anesthetic and have relative risks and benefits similar to other therapies.

Surgical treatment of prostatic obstruction ranges from the surgical removal of the obstructing prostate tissue through a lower abdominal incision (retropubic or suprapubic prostatectomy) to the TURP (transurethral resection of the prostate) also known as the “Roto-Rooter procedure”, and laser TURP.

The “laser TURP” is similar to standard TURP but it is a procedure done with laser energy rather than electric current. This procedure is known by a number of different names and is most properly termed a V-LAP (visual laser ablation of the prostate) or HoLAP (Holmium laser ablation of the prostate). A V-LAP works as follows:

The prostate is a small organ that lies at the base of the bladder and the water channel exits the bladder running through the middle of the prostate. As men age, the prostate will invariably enlarge with differing degrees of obstruction in different individuals. If you visualize the prostate as an orange, it is the pulp that creates the obstruction, not the peeling. In the operation called a V-LAP, a lighted instrument is passed through the water channel (urethra) at the tip of the penis and inserted up through the middle of the prostate. The pulp of the orange is then vaporized or melted away with the laser energy leaving the peeling behind. With this procedure the entire prostate is not removed, only the obstructing tissue. This procedure does require either a general anesthetic or a spinal anesthetic and quite often an overnight stay in the hospital with a catheter to be left overnight. The catheter is generally removed the following morning and patients are usually able to go home following this. The advantages of using the laser to do this as opposed to the standard electrical current of a TURP are that there is generally less bleeding during the procedure, with less chance of significant blood loss and less chance of fluid absorption

