

The Role of TURP/TUIP for Chronic Urinary Obstruction after I¹²⁵/Pd¹⁰³ Prostate Brachytherapy

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INTRODUCTION AND OBJECTIVES: To evaluate the incidence of urinary incontinence (UI) resulting from transurethral resection of prostate (TURP) or transurethral incision of prostate (TUIP) in patients with chronic urinary obstruction (CUO) after I125/Pd103 prostate brachytherapy (PB).

METHODS AND MATERIALS: 15 patients identified as having CUO requiring foley catheterization more than 6 months after PB were analyzed. Median patient age was 71 years old, median Implant Volume was 43cm³ and median number of radioactive seeds was 106. 9 patients had TURP at a median time of 15.4 months after PB. 6 patients had TUIP at a median time of 22.5 months after PB.

RESULTS: CUO was relieved in all 15 patients. Average follow-up since TURP was 8.7 months (range 2-24 months). Average follow-up since TUIP was 6.8 months (range 2-12 months). There was no significant difference between the TURP and TUIP groups regarding initial gland size, number of seeds implanted or radiation dose. Of the 9 TURP patients, 3/9 (33.3%) remained continent, 5/9 (55.6%) developed stress UI and 1/9 (11.1%) was fully incontinent. All of the TUIP patients remained fully continent.

CONCLUSION: Before considering invasive procedures to relieve CUO after PB, conservative measures should be used for at least 6 months and preferably longer. CUO can spontaneously improve even up to one year as prostate edema resolves. If CUO persists, we recommend TUIP. In our experience, TUIP was successful resolving CUO while not increasing the risk of UI. If TURP is contemplated, caution should be exercised to avoid extensive resection and maintain residual apical parenchyma thereby minimizing risk of UI.