

MEN'S HEALTH MATTERS

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UROLOGICAL SURGEON
DR MARTIN ELMES

Offering your patients
quality Urological care

*Minimally Invasive Prostate BPH Treatments
Robotic Prostate and Kidney Surgery
Tailored ED Medications and Surgery*

THIS ISSUE NEWS AND UPDATES

En bloc HoLEP technique:

Improved surgical outcomes

Fascial sparing Robotic Prostatectomy

UPDATES IN HOLEP THE EN BLOC TECHNIQUE

Holmium Laser Enucleation of the Prostate (HoLEP) is increasingly being considered as the new gold standard for surgical treatment of BPH. Modifications to this treatment modality have been developed to ensure improved outcomes for patients.

One of the latest techniques known as En Bloc HoLEP is the enucleation of the prostatic tissue as a single piece rather than the traditional three-lobe technique.

The original HoLEP technique required three longitudinal incisions from the bladder neck to the distal part of the prostatic adenoma, followed by enucleation of median lobe and subsequent lateral lobes.

Concerns about stress urinary incontinence from the three-lobe technique were reported so the en-bloc method was developed to maintain the prostatic capsule plane and the urethral sphincter while removing the prostate without leaving residual prostate tissue.

The **benefits of En Bloc** in comparison to traditional techniques include:

- Reduced operating time
- Faster identification of the surgical capsule and correct layer
- Minimises adenoma resection and this further reduces bleeding
- Single piece resection so morcellation times reduced

EN BLOCK HOLMIUM LASER RESULTS

137 BPH patients

Mean age 66

Mean prostate volume 75cc

Mean prostate tissue removed 65cc

	HoLEP En-Bloc mean
Surgical time	47 min
Enucleation	31 min
Catheter Duration	1 day
Length of Hospital stay	1 day
Morecellating time	7 min

Findings: 'En Bloc' HoLEP with early apical release is a safe technique that allows for easier recognition of the surgical plane and preserves the external sphincter's mucosa to provide low rates of post-operative stress incontinence and significant functional results.

Saitta et al 2019 study

LATERAL FASCIA-SPARING ROBOTIC-ASSISTED LAPAROSCOPIC PROSTATECTOMY

- Robotic radical prostatectomy (RARP) is the standardised treatment for localised prostate cancer
- The main outcomes of the procedure; avoid positive surgical margin (PSM), functional continence and potency
- Partial nerve preservation is possible while avoiding PSM in patients with extra capsular extension
- A new minimal apical dissection/lateral prostatic fascia preservation technique - maximised preservations of periurethral tissue around urethral stump avoiding classic incision of the endopelvic fascia; outcomes:
 - 1-week continence rate of 37%
 - 6-week rate was 77.6%
 - Potency rates were 69%, 82%, and 92% at 3 months, 6 months, and 1 year, respectively
- Post operative continence recovery is reported to be influenced by the amount on fascia preservation of the lateral aspect of the prostate



CONTINENCE PRESERVATION TECHNIQUES

MINIMAL APICAL DISSECTION

- Posterior dissection and retrograde nerve-sparing are done prior to opening the endopelvic fascia instead of opening it closer to the pelvic sidewall (traditional technique) leaving all other tissues behind and all ligaments in place
- Continence outcomes of minimal apical dissection (MAD/LPFT) vs. conventional-RARP (c-RALP):
 - mean time to achieve continence - MAD/LPFT 32 days vs. c-RALP 87 days
 - mean time to potency MAD/LPFT 37 days vs. c-RALP 156 days
 - Continence (no pads) 6w 77.6% vs. 44.7%, 3m 87.9% vs.66.7% (MAD/LPFP vs. control group)

As a result of COVID-19 we have postponed our GP education event this year. We will confirm the new 2021 date soon. In the meantime be sure to register your interest at marketing@goldcoasturologist.com.au.

REGISTER YOUR INTEREST FOR OUR GP EDUCATION EVENT

**UROLOGICAL
ADVANCEMENTS
CPD EVENT**

Miss Money Penny's

MEDILAZE
SURGICAL

DATE: **COMING SOON 2021**

RSVP: MARKETING@GOLDCOASTUROLOGIST.COM.AU



Journal references:

Saitta G, Becerra JEA, Del Álamo JF, González LL, Elbers JR, Suardi N, Gómez-Sancha F (2019), 'En Bloc' HoLEP with early apical release in men with benign prostatic hyperplasia, World J Urology, Vol 31.
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