Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia

SURGICAL THERAPY

Assessment of Prostate Size

- Large Prostate
  - Simple Prostatectomy
  - HoLEP
  - ThuLEP

- Average Prostate
  - Aquablation 1
  - HoLEP
  - PVP
  - PUL
  - ThuLEP
  - TUMT

- Small Prostate
  - Aquablation 1
  - HoLEP
  - PVP
  - PUL
  - ThuLEP
  - TUIP

Size Independent Options

- HoLEP
- ThuLEP

Eligible patients who desire preservation of erectile and ejaculatory function may be offered PUL or water vapor thermal therapy as data indicate that both therapies provide a greater likelihood of preservation of sexual function.

MEDICALLY COMPLICATED PATIENTS

In patients who are at higher risk of bleeding, such as those on anticoagulation drugs, therapies with a lower need for blood transfusion, such as HoLEP, PVP and ThuLEP, should be considered. For additional information on the use of anticoagulation and antiplatelet therapy in surgical patients, refer to the ICUD/AUA review on Anticoagulation and Antiplatelet Therapy in Urologic Practice.

1 Eligibility for an aquablation procedure is dependent upon prostate volume >30g.<80g.
2 Eligibility for a PUL procedure is dependent upon absence of obstructing midline prostate tissue and prostate volume <80g.
3 Eligibility for a Water Vapor Thermal Therapy procedure is dependent upon prostate volume <80g.
4 Eligibility for a TUIP procedure is dependent upon prostate volume <30g.