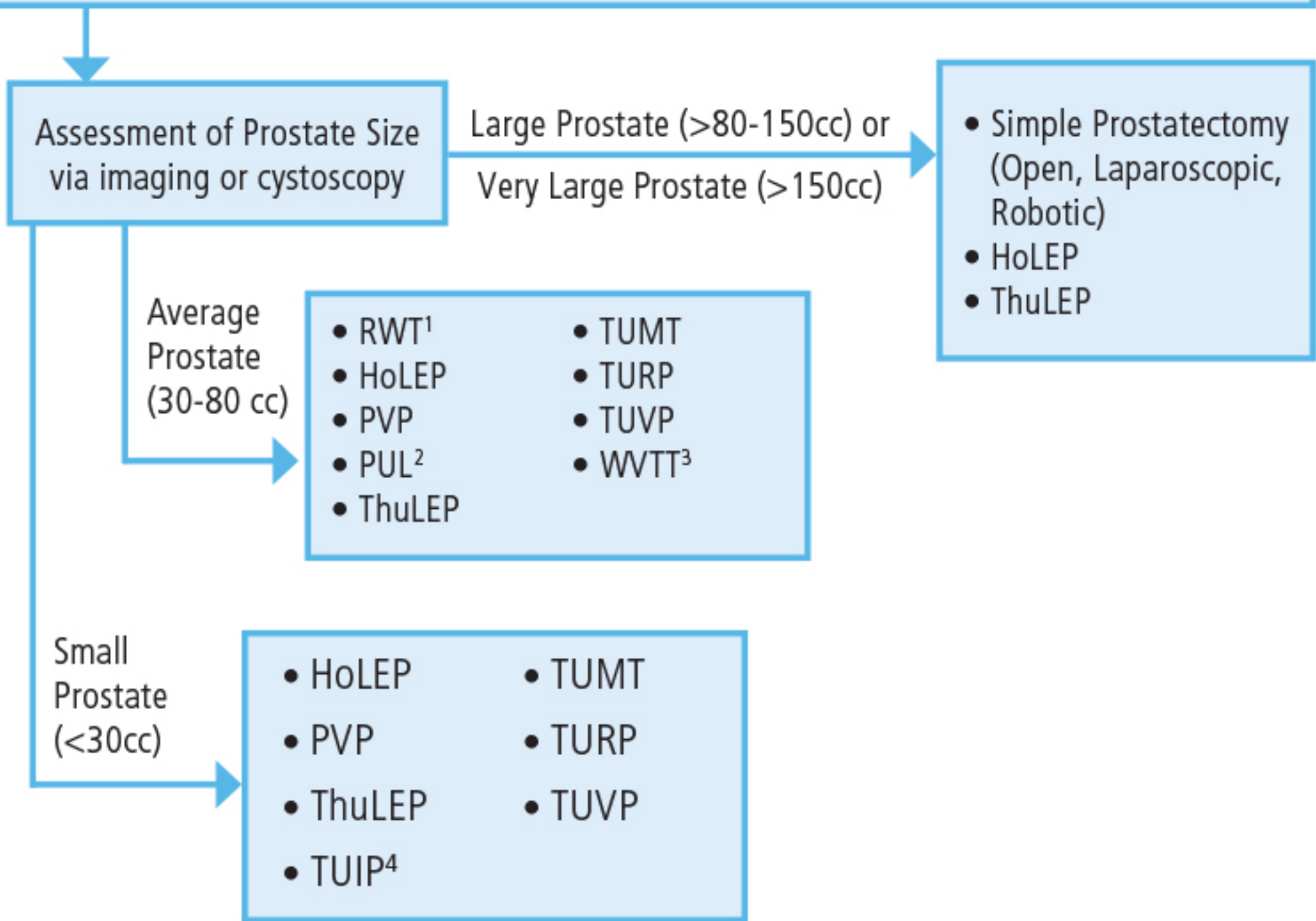


# Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia

## SURGICAL THERAPY



Patients concerned with preservation of erectile and ejaculatory function may be offered PUL or WVTT 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.

Based on the evidence reports of the current guidelines, the following criteria are recommended when utilizing these approaches:

<sup>1</sup> RWT: prostate volume 30-80cc.

<sup>2</sup> PUL: absence of obstructing midline prostate tissue and prostate volume 30-80cc.

<sup>3</sup> WVTT: prostate volume 30-80cc.

<sup>4</sup> TUIP: prostate volume  $\leq$ 30cc.