

Title: Holmium laser enucleation of the prostate: Tips and tricks of enucleation.

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INTRODUCTION & OBJECTIVES:

Holmium Laser Enucleation of the Prostate (HoLEP) is an endoscopic alternative to TURP for benign enlargement of prostate. Although, numerous studies have confirmed efficiency and durability of HoLEP, it is a difficult procedure to learn with a risk of post-operative stress urinary incontinence.

MATERIAL & METHODS:

Presented in this video are tips and tricks to simplify this procedure and to reduce the risk of stress incontinence. The success of HoLEP depends on proper identification of the surgical capsule. The capsule is thickest and best identified at the verumontanum and hence the first incision is taken just in front of the verumontanum. Once the capsule is identified, it is important to stay on the capsule and detach the adenoma off the capsule.

The bladder neck incisions should be well made and should be widened at the capsular level. This will reduce the width of attachment of the adenoma to the capsule and ease the removal of the adenoma.

The adequate length and depth of the roof incision is important.

Proper identification of the groove between the adenoma and the membranous urethra is vital to prevent damage to the sphincter. It is important to first cut the mucosa attaching the lateral lobe to the sphincter to prevent stretch on the sphincter. It is also important to avoid blunt dissection that could further stretch the sphincter.

In the end, meticulous hemostasis and proper morcellation are vital for the safety of the procedure.

RESULTS: The incidence of stress incontinence in 204 patients last three years has been less than 2.5%, that too is a temporary stress incontinence.

CONCLUSIONS: In the absence of a continuous tutoring the application of cited advice accelerates HoLEP's learning curve reducing the risk of complications.