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What's New in Bipolar TURP for Surgical Management of BPH?

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Abstract
Transurethral resection of the prostate (TURP) is still considered the gold standard for male lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH), but new methods like bipolar TURP became a real treatment alternative. Bipolar resection presents many option for the effective resection of the prostate: the most similar with m-TURP is represented by the loop resection, then transurethral vaporisation of the prostate (B-TUVP) which is derived from plasmakinetic B-TURP and the enucleation, which is among open prostatectomy or holmium laser, the first choice of surgical treatment in men with a substantially enlarged prostate and moderate-to-severe LUTS. There was no statistical difference observed between M-TURP and B-TURP in the parameters of surgery time, catheterization time, PSA drop, peak flow improvement (Qmax), occurrence of urinary retention, and IPSS and quality of life (QoL) scores. On the other hand, B-TURP proved to be superior to M-TURP in relation to hospitalization time, blood transfusion rate, post-TURP syndrome, serum sodium rate and lower occurrence of urethral stenosis. when is about the cost of the procedure, a meta-analysis on 24 from the most relevant publications in the last 20 years, revealed that the TURis system demonstrates equivalent efficacy versus MTURP, In conclusion, it could be observed nowadays that bipolar-TURP represents a viable alternative to M-TURP in patients with moderate to-severe LUTS secondary to BPO, with similar efficacy but lower peri-operative morbidity
Key words: bipolar resection of the prostate, benign prostatic hyperplasia, update