



## Study of Morbidity and Mortality of Suprapubic Prostatectomy in 60 Patients

Authors

**Dr Banamali Nath M.S. MNAMS FAIS (Surgery)<sup>1</sup>, Dr Alok Dixit<sup>2</sup>**

<sup>1</sup>Asst. Prof, (Surgery), R D Gardi Medical College and CR Gardi Hospital, Ujjain, Mp

<sup>2</sup><sup>nd</sup> Year Resident, Dept of Surgery, R D Gardi Medical College and CR Gardi Hospital, Ujjain, Mp

### ABSTRACT

*The aim of this study was to ensure the success rate of operation by the old procedure. 60 patients were diagnosed with benign prostatic hypertrophy.*

- The patients were studied from September 2014 to September 2015. All 60 patients had undergone suprapubic prostatectomy in 1 stage procedure. 2 patients in this series were having type 2 Diabetes mellitus.*
- All 60 patients were having mild to moderate hypertension. 10 patients were having ischaemic heart disease and 10 patients suffered from vesical calculus.*
- 50 patients suffered from UTI.*
- The youngest patient in this series was 45 years old.*
- Post operatively all patients were administered injection ampicillin and gentamycin till culture and sensitivity report of urine was received.*
- Operation time of suprapubic prostatectomy was 45 to 60 min.*
- In our series, there were no reactionary hemorrhage or secondary hemorrhage.*
- One patient suffered from clot retention.*
- 10 patients suffered from wound infection.*
- In 5 patients urinary incontinence was found. Within 15 days the incontinence was relieved after perineal exercises.*
- The duration of hospital stay was 12 to 15 days.*
- Urinary fistula was found in 10 patients in our series and later relieved after 15 days.*
- Packing of prostatic fossa with povidone iodine soaked ribbon gauze was the routine procedure in suprapubic prostatectomy for haemostasis.*
- The packing was removed after 48 hours.*

**KEY WORDS:** *Supra pubic prostatectomy ,morbidity & mortality .*

## INTRODUCTION

A variety of prostate operations are performed in the urological centres. The main advantage of suprapubic prostatectomy is direct visualization of urinary bladder for any pathology.

In this procedure, the large vesical calculus can be dealt with the same setting of suprapubic prostatectomy and there is better visualization of the bladder neck at ureteral orifices and enlarged medial lobe.

Symptomatic urinary bladder diverticulum can be dealt with this procedure. Obesity is another advantage for suprapubic prostatectomy

The study is undertaken to show the success rate of suprapubic prostatectomy than other procedures.

Now a days suprapubic prostatectomy is done with bipolar cautery and no ribbon gauze packing is applied to control hemorrhage.

## MATERIALS AND METHODS

- THE STUDY was conducted at R D GARDI medical college and C R GARDI hospital , Ujjain MP, a tertiary care center.
- A total of 60 patients were studied from September 2014 to September 2015. informed consent of every patient was taken in this study.
- The patients were given pre operative broad spectrum antibiotics just before surgery.
- Diagnosis of BPH includes clinical symptoms and signs like frequency, urgency, hesitancy, chronic urinary retention, hematuria, per rectal examination reveals enlargement of prostate.

The following investigations were done in the study for BPH.

- Complete blood count
- Urine routine examination & culture sensitivity.
- Serum creatinin.
- Blood sugar.

- USG abdomen, prostate and post void residual urine
- Urinary flow study
- PSA to exclude CA prostate
- True cut biopsy to exclude CA prostate.

**In our series CA prostate/fibrous prostate were excluded.**

**Indication of suprapubic prostatectomy are**

- Severe symptoms of prostatism
- Weight of the prostate is above 75gms
- PVRU in bladder is more than 150ml
- Hematuria
- Urinary bladder stone
- Chronic or acute retention of urine

**Operative Procedure Includes (Fig. A,B,C)**

- Cleaning of the operative area with antiseptic lotion
- Foley's catheter introduction is for the urinary bladder
- Lower midline incision to expose the urinary bladder
- Vertical cystostomy is performed to examine the interior of urinary bladder.
- Blunt dissection of prostate is carried out
- Prostatic fossa bleeding is observed
- Povidone iodine soaked ribbon gauze is applied in true prostatic fossa

## Vertical cystostomy



**fig. A**

## Blunt dissection of pro



**Fig. B**



**Fig. C**

- Malecot's catheter is introduced in the urinary bladder for irrigation of bladder.
- Urinary bladder is closed
- Abdominal wall is closed in layers.
- Urinary bladder is irrigated with povidone iodine solution (1:20)
- The post operative period in all 60 patients were uneventful.

### No. of patients operated (60) & % of complications

Complications	No of patients in %
Urinary Fistula	16.6 %
Urinary Incontinence	1.6%
Wound Infection	16.6%
Clot Retention	1.6%

### DISCUSSION

- Most of the patients were discharged in between 12-15 post operative day.
- And almost all patients' normal activity were observed in 4-8 days.

- In our procedure of suprapubic prostatectomy (SPP) hospital stay was 12-15 days{3}
- There was no recurrence of symptoms in SPP, no post operative haemorrhage but there was wound infection in 16.6% of the patients.
- The hospital stay of transurethral resection of prostate (TURP) is 1-3 days
- In the procedure of laser prostatectomy the hospital stay is one day{1}
- Recurrence of symptoms appear in TURP, reoperation is required.
- In laser prostatectomy, the probable side effect is urethral stricture{2}

### SUMMARY & CONCLUSION

- In this series, the youngest patient was 45 years of age.
- The associated diseases were diabetes mellitus, hypertension, vesical calculus and ischaemic heart disease.
- In our series, there was no blood transfusion required post operatively.
- Experienced general surgeons can perform this procedure.
- After operation the normal activity was started after 4 hours and sexual activity after 8 hours.

### REFERENCES

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