

## AB016. Effect of interventional urethral stent on dysuria of prostatic hyperplasia

Zhaoyu Meng

Department of Urology, The First People's Hospital of Shenyang, Shenyang 110041, China

**Background:** Clear diagnosis of bladder outlet obstruction with prostatic hyperplasia between January 2004 and December 2014, a total of 990 urethral stents were placed in 762 patients without surgery for various reasons. We made a return visit. The average age of the patients was 83 years old. There were 531 cases of heart and brain diseases, 97 cases of pulmonary diseases, 99 cases of diabetes complications and 35 cases of advanced malignant tumors. Among them, 92 cases with cystostomy.

**Methods:** The patient lay flat on the DSA examination table and was routinely disinfected. A mixture of 75% meglumine diatrizoate and 2% lidocaine was injected through the urethral orifice. The images were collected by retrograde urography and the urethral mucosal anaesthesia was performed at the same time. After measuring the length of the prostate urethra, we choose the suitable urethral stents. Generally, we use the straight tube type braided reticular memory alloy stent. With obvious asymmetry of the internal urethral orifice patients, the backrest or two urethral stents should be used. Put the stent into prostate through X-ray monitoring. The best upper end of the stent is about  $\pm 0.5$  centimeter in the internal urethra orifice

and the lower end of the stent is 5 millimeter above the membranous urethra. With weak bladder contraction, the sent should be lengthened properly and the membrane urethral dilatation should be 5 millimeters.

**Results:** Autonomous urination in 752 patients after operations was good. General recent discomfort after operation was the symptoms of urethral irritation. For example, hematuria, frequent micturition, urination urgency, urination pain, tenesmus etc., which usually disappear gradually in 7–10 days. Stents were recently displaced in 25 cases and 1 case fell into the bladder. Stone formation in 37 recent cases need surgery, 239 cases of restenosis. Among them, 210 cases were treated with secondary stenting. 25 cases were treated with electroresection. Four cases underwent cystostomy. The excellent and good rate was 91% in 1 year after surgery, 85% in 2 years, and 78% in more than 4 years.

**Conclusions:** It is suggested that interventional stenting is suitable for patients with prostatic hyperplasia complicated with dysuria who need surgical treatment but who are unwilling or unqualified to undergo open surgery and TURP therapy. Interventional urethral stent implantation can be used as a simple and safe treatment for high risk patients with prostatic hyperplasia and dysuria.

**Keywords:** Dysuria; prostatic hyperplasia; interventional urethral stent; cystostomy; trans urethral resection prostate (TURP)

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