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Prospective Study of Open Prostatectomy

GABRIEL E. NJEZE, F.M.C.S., F.W.A.C.S., F.I.C.S.

Summary

A study was carried out over a period of one year to record the mortality and complications of open prostatectomy in patients treated at the University of Nigeria Teaching Hospital. The results showed that this operation, when carried out on patients who were well prepared, had a low mortality rate, even though most of the patients were advanced in age. This is encouraging as the patients who are about to undergo open prostatectomy are often worried that they are too old to bear the stress of such major surgical operation. Apart from urcthral stricture, the other complications are transient and, therefore, easily managed by both the patient and the surgeon.

KEY WORDS: Open prostatectomy - Mortality - Complications - Enugu.

Introduction

Benign hyperplasia of the prostate gland occurs, to some degree, in every male after the age of 40 years. This occurs as scattered nodular foci in the substance of the gland, but may enlarge and coalesce steadily over the next 30 years, only to cause trouble in 10% of men. 

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Madder outlet obstruction due to benign prostatic hyperplasia was based on:
(i) the presence of obstructive symptoms,
(ii) the palpation of a benign prostatic enlargement on digital rectal examinations,
(iii) intravenous urography.
The diagnosis was confirmed after operation by histological examination of the specimens removed at surgery. Those who showed carcinoma on microscopic examination were removed from the study.

Before operation, the patients had full blood count, urinalysis, microscopy, culture and sensitivity of the urine, serum urea, electrolytes and creatinine as well as serum acid phosphatase (total and prostatic) done by the laboratory staff of this hospital.

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The patient had open prostatectomy either by the suprapubic or retropubic route. They generally had continuous bladder irrigation with normal saline for 24-48 hours, and the suprapubic tubes were removed in those who had them. The skin stitches were removed on the seventh day after operation. Thereafter, they had bladder training before finally being discharged from the hospital.

Results

One hundred and five consecutive patients with presumed benign prostatic hyperplasia were admitted during the period of study. However, five were excluded from the analysis because they had focal carcinoma on microscopic examination.

The mortality for this operation was 2%.

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The post-operative complications were as follows in %: acute epididymo-orchitis, wound infection and temporary incontinence 12 each; secondary haemorrhage, 9; primary haemorrhage, 8; prolonged suprapubic leakage of urine, 5; urethral stricture, 4; and incisional hernia, 1.

Discussion

Prostatectomy is now the commonest surgical operation performed by the urology units of our hospital unlike what obtained in the middle and late seventies, when Anikwe found it was second to bouginage for urethral strictures. This is because of the increased awareness about the surgical treatment and the fact that many people are surviving long enough to suffer from this disease.1

The mortality rate in this series was 2%.

One of the patients died from septic shock while the other died from cardiac arrest. The observed mortality compared favourably with the figures of Leonos, 3%4 Graham, 1.8% for elective prostatectomy, and 5.2% for emergency prostatectomy;5 and Butler, 3.8%.6 It is known that the two common causes of death after prostatectomy are haemorrhage and infection. In this series, haemorrhage did not account for any death. However, 8% of our cases had severe primary haemorrhage with clot retention that required going back to the theatre for evacuation of clots and ligation of bleeding vessels. Secondary haemorrhage occurred in 9% and indicated post-operative urinary tract infection. It was never severe enough in terms of the amount of blood lost but was significant in terms of the potential hazard posed by sepsis. Fortunately, all the patients responded to gentamicin therapy.

Post-operative acute epididymo-orchitis occurred in 12% in contrast with Anikwe's 1% in the same centre in the middle seventies. The
observed increase is probably due to an increase in the number of patients requiring prostatectomy. This brings about a longer waiting list, necessitating the patients remaining catheterized for longer periods. Brooks had shown that 30% of patients with indwelling catheters for more than three days have growth of pathogenic organisms in their urine. This led to development of epididymo-orchitis after prostatectomy which was not prevented by pre-operative vasectomy.

Wound infection occurred in 12 patients, 6 of whom were caused by coliforms, 3 by pseudomonas while 3 were caused by staphylococci. Sootage of the wound by urine, when the suprapubic catheter used for irrigation was removed, contributed to this. Prolonged suprapubic leakage occurred in 5% of patients and this was caused by prolonged retention of suprapubic tubes used for post-operative irrigation of the bladder. Those who had irrigation done through a 3-way urethral catheter escaped this. Prolonged suprapubic leakage occurred in 5% of patients: and this was caused by prolonged retention of suprapubic tubes used for post-operative irrigation of the bladder. Those who had irrigation done through a 3-way urethral catheter escaped this. Whenever 3-way catheters became impossible to find in Enugu, there is recourse to the use of the suprapubic and urethral catheters, with all the above mentioned attendant problems.

Urethral stricture occurred in 4% of the patients. This agrees with Anikwe’s findings of 4.6 but differed from those of Anikwu, 1.3% and Lenz, 6.3.

Finally, there was a late case of incisional hernia as in Butler’s series. This was repaired with Nylene No.1.

Temporary incontinence noted in 12% of the patients resolved with time and pelvic exercises. Generally, the length of time a patient waited before seeking treatment was related directly to the severity of the temporary incontinence, and it is caused by reversible detrusor instability associated with prostatic obstruction.

In conclusion, this study showed that this major operation in middle aged and elderly patients has low mortality rate and acceptable temporary morbidity.

Acknowledgement
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References