

## CLINICAL EFFICACY OF SAIREI-TO FOR PREVENTION OF URETHRAL STENOSIS AFTER TRANSURETHRAL RESECTION OF THE PROSTATE

### Hypothesis / aims of study

I examined postoperative prevention effect of Sairei-to for urethral stenosis (US) after transurethral resection of the prostate (TUR-P).

### Study design, materials and methods

I intended for 142 benign prostatic hyperplasia (BPH) patients without overactive bladder. They were randomly divided into treated group (70 cases, Sairei-to; 3.0gr, three times per day before meal, three months administration) and non-administration group (72 cases) after TUR-P. It is not significant difference in background factors between two groups. All cases are the same surgeon, operation time was 25 to 50 min. (mean; 41.5 min.), and resection volume was 15.5-48.5 gr. (mean 22.0 gr.). I was confirmed that there is no US by cystoscopy prior to surgery for all patients. Occurrence of US after TUR-P was diagnosed by complaints of exacerbation of urine stream from the patient himself at least one month later after operation or objective poor urine flow by uroflowmetry, for these cases I performed direct vision urethrocystoscopy to confirm existence of US. I determined final assessment of US at the time of nine months after TUR-P retrospectively.

### Results

Occurrence rate of US was significantly lower in Sairei-to administration group than that of non-administration group ( $p=0.043$ , Chi-square test, Odds ratio; 0.12 [95%CI; 0.01-0.95]).

US found in one case of Sairei-to administration group was very mild pendulum US. Eight cases of US observed in non-administration group were moderate to severe pendulum or membranous US.

In addition, improvement of the US was observed in five cases for newly occurred US in non-administration group.

### Interpretation of results

Sairei-to has been reported to inhibit inflammation, granulation and fibroblast proliferation.

It was revealed that postoperative administration of Sairei-to prevent US after TUR-P.

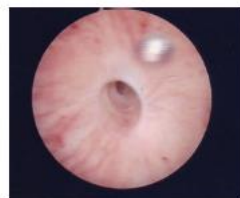
In addition, Sairei-to is also effective for the clinically stable US.

### Concluding message

These results suggest Sairei-to has the possibility to improve treatment outcome of other US operation modalities, such as urethrotomy or balloon dilation.

## Efficacy of Sairei-to for clinically stable US

Case 1  
(membranous US)



2M after TUR-P

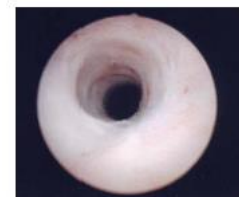


3M after Sairei-to treatment

Case 2  
(proximal pendulum urethra)



2M after TUR-P



3M after Sairei-to treatment

### References

1. Tozawa K, Akita H, Yamamoto H, et al; Clinical efficacy of sairei-to in prevention of recurrence of urethral stenosis: report of two cases. Hinyokika Kyo. 1998 Jan;44(1):49-51.

Disclosures

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