#318 Transurethral resection of the prostate (TURP) in patients over 90 years: is a surgical approach safe and efficacious in the very elderly?

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Introduction

As the number and proportion of older patients grow across the world, more elderly men are requiring surgical treatment of their bladder outlet obstruction. Lower urinary tract symptoms and the need for catheterisation have significant impact upon quality of life. We sought to establish whether acceptable surgical and functional outcomes post TURP may be achieved despite advanced age.

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Materials and Methods

All patients 90 years and older who underwent transurethral resection of the prostate using bipolar resectoscope/saline irrigation at a single centre between 2005-2016 were reviewed. Age, Charlson comorbidity index, perioperative outcomes, complications and catheter status were assessed. A dedicated uro-geriatrics liason service was available from 2012 onwards to optimise peri-operative care (Table 1).

	Referral criteria for Uro-geriatrics Liason Service
	TURP > age 80
	Urosepsis > age 70
	Cystectomy > age 70

Table 1 Referral criteria for Uro-geriatrics liason service

Results

31 patients underwent TURP over an 11 year period, with median age 91 (IQR 90, 93.5) and Charlson score of 6 (IQR 6, 7.5). Median resection time was 54 mins (36, 67), tissue resected 19 g (9-30). The median post-operative stay was 4 days (2.2, 6.6) compared to median 2 days for all TURP patients in our institution (Table 2), this length of stay was unchanged post introduction of the uro-geriatrics liason service.

55% of patients were catheter-dependent pre-operatively, 16% on discharge and 17% at 3 months. 5 patients had undergone pre-operative urodynamics which demonstrated bladder outlet obstruction. There were no ICU admissions nor deaths within 30 days.

2 patients (6%) required a return to theatre (permament pace maker, gastroscopy) and 3 patients (10%) required post-operative blood transfusions, 2 of whom were treated in the context of advanced prostate-cancer, persistent haematuria and anaemia.

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	>90	All TURP
Age (median)	91	74
Resection time (mins)	54	45
Weight of tissue (gms)	19	20
Length of stay (days)	4	2

Table 2. Comparison of ACHS (Australian Council of Healthcare Standards) TURP Clinical Indicators: > 90 yrs vs all TURP at Concord Hospital

Discussion

TURP is a safe and efficacious treatment for lower urinary tract symptoms and urinary retention due to outlet obstruction even in the very elderly. Patients have a slightly longer length of hospital admission despite the availability of uro-geriatric medicine liason service. Pre-operative assessments such as Urodynamics may better identify patients with detrusor failure, who are unlikely to improve despite surgical intervention.

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Conclusion

Elderly patients have acceptable surgical and functional outcomes after TURP for treatment of lower urinary tract symptoms and urinary retention although the length of hospital admission is slightly prolonged.

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