



CLINICAL STUDY OF PREOPERATIVE SYMPTOMS AND POSTOPERATIVE OUTCOMES ON THE BASIS OF INTERNATIONAL PROSTATE SYMPTOM SCALE IN PATIENTS UNDERGOING TURP

General Surgery

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ABSTRACT

Background: Benign prostatic hyperplasia (BPH) is a common cause of lower urinary tract symptoms (LUTS) in elderly men. The International Prostate Symptom Score (IPSS) is a validated tool for assessing severity and monitoring treatment outcomes. This study evaluates preoperative symptoms and postoperative outcomes in patients undergoing transurethral resection of prostate (TURP) using IPSS. **Methods:** A prospective observational study was conducted at a tertiary care center on 44 patients aged >50 years with BPH and LUTS. All patients were assessed preoperatively and postoperatively using IPSS, uroflowmetry, operative details, hospital stay, and complications. **Results:** Majority of patients were in the 70–79 years age group (48%). Mean preoperative IPSS was 27.8, which improved significantly to 9.7 at 12 weeks postoperatively ($p < 0.001$). Uroflowmetry showed marked improvement in maximum flow rate (Qmax). Hospital stay and catheterization were within acceptable limits. Postoperative complications were minimal, with clot retention in few cases and no mortality. **Conclusion:** TURP significantly improves LUTS and quality of life in patients with BPH as assessed by IPSS. IPSS is a reliable tool for preoperative assessment and postoperative follow-up in TURP patients.

KEYWORDS

INTRODUCTION

Benign prostatic hyperplasia (BPH) is one of the most prevalent conditions affecting elderly men, with histological prevalence as high as 80% by the age of 80 years. Lower urinary tract symptoms (LUTS) caused by BPH significantly impact quality of life. The International Prostate Symptom Score (IPSS) provides a standardized measure of symptom severity and is widely used in clinical practice and research. Transurethral resection of the prostate (TURP) remains the gold standard surgical treatment for BPH. This study aims to evaluate preoperative symptom severity and postoperative outcomes in patients undergoing TURP using IPSS.

MATERIALS AND METHODS

Study Design: Prospective hospital-based observational study.

Study Site: Department of General Surgery, MB Hospital, Udaipur, Rajasthan.

Sample Size: 44 patients with BPH and LUTS were included based on sample size calculation with 10% drop-out adjustment.

Inclusion Criteria: Male patients aged >50 years, IPSS >12, failed medical management, significant post-void residual urine.

Exclusion Criteria: Carcinoma prostate, neurological disorders, medications affecting bladder function, urethral stricture.

Evaluation: Patients underwent preoperative and postoperative assessment with IPSS, DRE, ultrasonography, uroflowmetry, and operative outcome measures (operative time, blood loss, catheterization duration, hospital stay).

Statistical Analysis: Quantitative data summarized as mean $\pm$ SD, qualitative as percentages; significance tested with paired t-test ($p < 0.05$ significant).

RESULTS

Age Distribution: Maximum patients were in 70–79 years (48%).

Prostatomegaly Grade: Most patients had Grade II (54%) on DRE.

IPSS: Preoperative mean score was 27.8, which improved to 9.7 postoperatively.

Uroflowmetry: Marked improvement in Qmax and reduction in post-void residual urine.

Operative Parameters: Mean operative time, catheterization period, and hospital stay were within expected range.

Complications: Minimal, including clot retention in a few cases. No mortality observed.

DISCUSSION

The study demonstrated significant improvement in LUTS following TURP, with IPSS showing substantial reduction. Findings are consistent with published literature where TURP improves symptom scores, flow rates, and quality of life. Complications were low, reaffirming TURP as the gold standard surgical treatment for BPH. The IPSS remains a reliable and validated tool for assessing both baseline severity and postoperative outcomes.

CONCLUSION

TURP significantly improves lower urinary tract symptoms and quality of life in BPH patients. IPSS is a simple, standardized, and effective tool for assessing preoperative severity and monitoring postoperative improvement.

Declarations

Ethical Approval: Approved by Institutional Ethics Committee, RNT Medical College, Udaipur.

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Conflict Of Interest: None declared.

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