

Bölüm 5

CERRAHIYE GİRİŞ VE LAZER DIŐI TEDAVİLER

YAZAR: Ferhat ORTOĐLU

1. Giriş
2. Cerrahi Tedavi Endikasyonları
3. Monopolar TUR Prostatektomi
4. Bipolar TUR Prostatektomi
5. TUİP
6. Açık Prostatektomi
7. Bipolar Plazma enükleasyon Prostat ve Bipolar Plazma Vaporizasyon Prostat
8. EAU Klavuz önerileri
9. Kaynaklar

Anahtar Noktalar

- ▶ Cerrahi tedavi genelde medikal tedaviye yetersiz yanıt ya da başarısız cevap vermiş olan orta-şiddetli derecede işeme semptomları olan hastalar için uygundur.
- ▶ Uzamış operasyon süresi ve hipotonik sıvıların sistemik dolaşıma katılması TUR sendromu oluşumunda önemlidir.
- ▶ TUR sendromu görülme oranı günümüzde düşük oranlardadır.
- ▶ Qmax, Qol skoru ve perioperatif bulgular monopolar ve bipolar TURP gruplarında benzer düzeydedir.
- ▶ Küçük prostatı(<30 cc) olan, genç, sexüel aktif ve median lobu olmayan hastalarda TUIP cerrahi seçenektir.
- ▶ Açık prostatektomi etkili bir cerrahi yöntem olmasına rağmen son dönemde gelişen endoürolojik enükleasyon metodlarının perioperatif güvenlik profilleri sayesinde daha az ilgi görmeye başlamıştır.

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