

عنوان مقاله:

Transurethral Resection of the Prostate and Inguinal Mesh Herniorrhaphy: Does Single Session Surgery Work Better?
A Randomized Clinical Trial

محل انتشار:

فصلنامه تحقیقات بین رشته ای در اورولوژی، دوره 4، شماره 1 (سال: 1401)

تعداد صفحات اصل مقاله: 5

نویسندگان:

Babak Javanmard - *Department of Urology, School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran*

Milad Nazari Sabet - *Department of General Surgery, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran*

Fatemeh Esfahanian - *School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran*

Sina Neshat - *School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran*

Fatemeh Dehghan Niri - *School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran*

.Ali Mortezaei - *Student Research Committee, Gonabad University of Medical Science, Gonabad, Iran*

Seyed Hamidreza Hasani - *School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran*

خلاصه مقاله:

Introduction: The present study aimed to evaluate the results of doing Transurethral Resection of the Prostate (TURP) and inguinal mesh herniorrhaphy in a single session versus doing them in two separate sessions. **Methods:** In a randomized clinical trial from ۲۰۱۷ to ۲۰۲۰، ۸۴ patients with inguinal hernia and BPH (benign prostatic hyperplasia) were selected and categorized randomly into two separated groups. TURP and mesh herniorrhaphy were done in a single operation in group I. In group II, into TURP was done at first, and then, three months later, in another admission, inguinal hernia repair was done. **Results:** Mean duration of operation was 63.04 ± 6.8 minutes in group I and 77.2 ± 8.5 minutes in group II ($p\text{-value} < 0.01$). The mean duration of hospitalization was 3.8 ± 0.7 days in group I and 5.88 ± 1.01 days in group II ($p\text{-value} < 0.001$). The average time of Foley catheterization was 4.7 ± 0.73 days in group I and 4.3 ± 0.64 days in group II ($p\text{-value} < 0.01$). The mean rate of international prostate symptom score (IPSS) before and after the operation was 25.6 ± 3.8 and 12.3 ± 2.9 ($p\text{-value} < 0.01$) in group I, and 26.6 ± 2.6 and 12.7 ± 2.1 in group II ($p\text{-value} < 0.01$). There was no correlation between symptoms before the treatment and general satisfaction after the treatment, and there were no differences in other minor complications. **Conclusion:** Forasmuch as there are no significant differences in outcomes, TURP and mesh Herniorrhaphy in a single session versus doing them in two separated operations can be recommended. Although, because of the longer duration of catheterization in the patients who have done TURP and mesh Herniorrhaphy in a single session, it is needed to do some more investigations about post-operation catheterizing.

