

Case presentation LUTS after Surgery

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Baseline Characteristics, Initial Consultation February 2016

- 56 y/o caucasian male, suffering from voiding and storage LUTS for several years
- Tamsulosin not tolerated (vertigo, retrograde ejaculation), no effect of Dutasterid after 9 months of treatment
- Meds: Warfarin for DVT
- IPSS/QoL: 18/3
- Urinalysis: no evidence of infection, PSA: WNR
- DRU: not suspicious for cancer
- Ultrasound: PVR: 80 cc; Prostate volume (TRUS): 40 cc
- Cystoscopy: Bulbar Urethral stricture: **Indication for internal urethrotomy (Feb 2016)**

Follow-up consultation April 2016

- Persisting LUTS
 - Weak stream
 - Nocturia (up to 4 times)
 - Urgency/Frequency
 - No improvement with Solifenacin 10 mg
- Uroflow: Qmax 6.9 ml/sec, 112 ml, 35 sec
- Retrograde urethrogram: No evidence of stricture
- Cystoscopy: No recurrence stricture, bilobar enlarged prostate, bladder unsuspecting
- Cytology: Negative for high-grade urothelial carcinoma

Follow-up consultation April 2016

- Discussion of the situation with the patient
- Medical treatment (various drugs) not tolerated or without effect
- Indication for surgical treatment
- Patient agreed on laser vaporization of the prostate (greenlight laser)
- Uneventful surgery on May 13th 2016

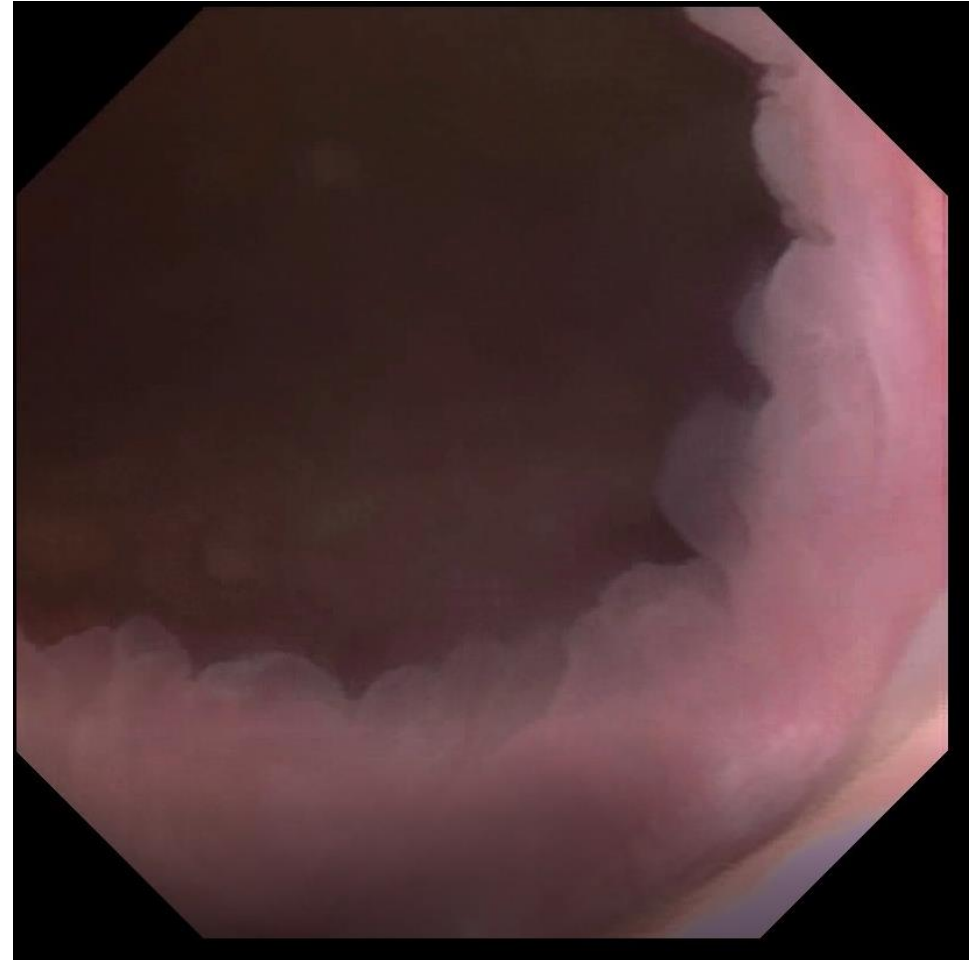
Follow-up consultation June 2016

- Persisting LUTS
 - Initially very satisfactory results
 - Following sexual intercourse severe perineal pain, since then intermittend perineal pain
 - Persisting Nocturia
 - Persisting Urgency/Frequency, new: urgency incontinence (3 pads/d)
- Uroflow: Qmax 14.0 ml/sec, 230 ml, 59 sec
- No PVR
- DRE: Exam not painful
- Urine culture: no growth of bacteria
- Diagnosis: Postoperative prostatitis, Ciprofloxacin, NSAIDs

Follow-up consultation July 2016

- Persisting LUTS
 - Persisting Nocturia (3-5 times)
 - Persisting Urgency/Frequency, urgency incontinence (3 pads/d)
- IPSS/QoL: 13/5
- Uroflow: Qmax 31.0 ml/sec, 254 ml, 18 sec
- No PVR
- Urine culture: no growth of bacteria
- Cystoscopy

Follow-up consultation July 2016



Follow-up consultation July 2016

- Persisting LUTS
 - Persisting Nocturia (3-5 times)
 - Persisting Urgency/Frequency, urgency incontinence (3 pads/d)
- IPSS/QoL: 13/5
- Uroflow: Qmax 31.0 ml/sec, 254 ml, 18 sec
- No PVR
- Urine culture: no growth of bacteria
- Cystoscopy: Prostatic fossa wide open, no stricture
- Diagnosis: OAB, Start Mirabegron 25 mg, increase to 50 mg

Follow-up consultation September 2016

- Improvement with Mirabegron 50 mg for 6 weeks
- Since 2 weeks deterioration of symptoms:
 - Nocturia (8 times)
 - Urgency/Frequency, urgency incontinence (3 pads)
 - Pain in the lower abdomen, radiating to the tip of the penis
- IPSS/QoL: 14/5
- Uroflow: Qmax 30.0 ml/sec, 244 ml, 16 sec
- No PVR
- Urine culture: no growth of bacteria
- Diagnosis: Chronic pelvic pain syndrome, Mirabegron 50 mg, NSAID, Quercetin