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良性攝護腺阻塞之微創手術及治療趨勢

Minimally Invasive Surgical Therapies and Alternative Treatment for Benign Prostatic Obstruction

時 間：114 年 6 月 28 日(星期六) 13:30~17:30
地 點：臺北榮民總醫院 致德樓四會議室

13:30-13:40	Opening Remarks	黃逸修部長 Eric Y.H. Huang
	座長：黃逸修 部長 (Eric Y.H. Huang)	
13:40-13:55	以攝護腺拉開手術治療良性攝護腺阻塞 Update in the Treatment of Benign prostatic Obstruction with Urolift	侯鎮邦醫師 Chen-Pang Hou
13:55-14:10	以攝護腺消融手術治療良性攝護腺阻塞 Update in the Treatment of Benign Prostatic Obstruction with Rezum	林志杰醫師 Chih-Chieh Lin
14:10-14:25	以攝護腺水刀切除術治療良性攝護腺阻塞 Update in the Treatment of Benign Prostatic Obstruction with Aquablation	許兆奮醫師 Chao-Yu Hsu
14:25-14:40	以攝護腺動脈現行良性攝護腺阻塞治療 Update in the Treatment of Benign Prostatic Obstruction with Prostate Artery Embolization (PAE)	劉顯慈醫師 Hsien-Tzu Liu
14:40-15:00	Coffee Break	
	座長：黃志賢 教授 (William J.S. Huang)	
15:00-15:30	現行良性攝護腺阻塞微創手術之韓國經驗 Update in the Treatment of Benign Prostatic Obstruction with MIST: Korean Experience	John J.H Kim (韓國)
15:30-16:00	現行良性攝護腺阻塞微創手術之日本經驗 Update in the Treatment of Benign Prostatic Obstruction with MIST: Japanese Experience	芳賀一德 教授 Kazunori Haga (日本)
16:00-16:30	現行良性攝護腺阻塞微創手術之香港經驗 Update in the Treatment of Benign Prostatic Obstruction with MIST: Hong-Kong Experience	羅家麟 教授 Ka-Lun Lo (香港)
16:30-17:00	現行良性攝護腺阻塞微創手術之台灣經驗 Update in the Treatment of Benign Prostatic Obstruction with MIST: Taiwan Experience	關士傑教授 Jeff S.C. Chueh
17:00-17:15	Panel Discussion	
17:15-17:25	Closing Remarks	黃志賢 教授 William J.S. Huang

Update in the treatment of benign prostatic obstruction with MIST: Korean experience

現行良性攝護腺阻塞微創手術之韓國經驗

John J.H Kim

Department of Urology, Yonsei University College of Medicine, Seoul, Korean

In South Korea, the main procedures for de-obstructing the prostate were transurethral resection of the prostate (TURP) and, since 2008, holmium laser enucleation of the prostate (HoLEP). In recent years, minimally invasive surgical therapies (MISTs) and other procedures have gained prominence as viable alternatives to TURP and HoLEP, particularly for patients seeking symptom relief with reduced perioperative morbidity. Procedures such as prostatic urethral lift (UroLift), convective water vapor ablation (Rezūm), prostatic artery embolization (PAE) and temporary implanted nitinol device (iTIND) have demonstrated durable efficacy, low retreatment rates, and favorable safety profiles in select patient populations. Aquablation of the prostate has also gained popularity as a sexual function preserving surgery while resection of the prostate is performed such as TURP and HoLEP.

The rapid aging of the male population and high health literacy has driven increased utilization of various procedures for BPO despite many being out-of-pocket (except TURP and HoLEP). Korean urologists are adopting international guidelines while developing local protocols that support personalized, risk-stratified treatment strategies. It has become evident that choosing the right patient for each procedure is essential for success along with meticulous surgical technique. Variables such as patient needs, patient condition and history, prostate size and shape, bladder function are all important factors to consider and have made the procedure selection a doctor-patient joint decision-making process. Since many procedures have been introduced after residency to most urologists, comprehensive education programs on not only the technique but patient selection process seem warranted.

Update in the treatment of benign prostatic obstruction with MIST: Hong Kong Experience

現行良性攝護腺阻塞微創手術之香港經驗

Ka-Lun Lo

羅家麟

Division of Urology, Department of Surgery, the Chinese University of Hong Kong

Objective: To share the Hong Kong peri-operative and early post-operative outcomes of Urolift for benign prostatic enlargement in an office-based setting under pure local anesthesia.

Methods: We performed a prospective review of Urolift for benign prostatic enlargement, focusing on 30 patients who exhibited clinical indications including lower urinary tract symptoms (LUTS) or urinary retention due to benign prostatic enlargement in 2024. Exclusion criteria included active urinary tract problems and urological malignancies. Follow-up was conducted at 3 months post-operatively.

Result: The mean pre-operative prostatic volume was 52.4cc (ranging from 30.3cc to 77.9cc). The mean operation time was 20minutes (ranged from 15 minutes to 30 minutes). All procedures were performed in the Endoscopy Room under pure local anaesthesia. The mean pain scores for rigid cystoscopy insertion and Urolift procedure were 1 and 3 respectively. All LUTS patients (17/17) and 85% (11/13) of urinary retention patients were discharged on the same day without a urethral catheter. There was no post-operative 30-day hospital readmission. At post-operative 3-month follow-up, mean prostatic volume was reduced from 52.4cc to 44.6cc (14.9%), International Prostate Symptom Score was improved from 16 to 5 (69%), Quality of life score was improved from 4 to 2 (50%) and maximum uroflow rate was improved from 11.2ml/s to 13.5ml/s (21%).

Conclusion: Urolift for benign prostatic enlargement under pure local anesthesia is a safe procedure that relieves lower urinary tract symptoms with minimal hospital stay. It can be performed in an office-based setting and maximise utilization of the surgical theatre.