INTRODUCTION

BPH has been known for several centuries to be a cause of urinary dysfunction. It has mentioned in the Egyptian papyri as early as 1500 BC and was discussed by Hippocrates 1000 years later. A recent study of aging among normal volunteers found a 51% clinical incidence of BPH in men 60 to 69 years. Symptoms of BPH may be thought of as obstructive in nature. Boyasky and coworker in 1972 devised a questionnaire to quantities the severity of BPH symptoms in patients. In 1992, the American Urological Association (AUA) developed a new symptom score and quality of life questionnaire that help to judge the symptom severity before and after prostatectomy. The AUA symptom score is the single most important criterion for therapy consists of 7 questions. Each of which have a score of 0 to 5. For score below 7, watchful waiting is recommended in the absence of complications. Men who present with moderate (8-20) to severe (21-35) scores usually needs therapy. Much of the published work has concentrated to measure symptom severity and quality of life pre and post prostatectomy for judging the effectiveness of prostatectomy.

PATIENTS AND METHODS

A prospective study was performed in Urology Department Civil Hospital Dadu which comprised 100 men under going prostatectomy during 2005 to 2007. Prostate grade less than 60 grams, prostate associated with vesical calculi, diverticula’s and bilateral hydronephrosis and hydroureter are included in study. Patients having Diabetes Mellitus and suspicious of Ca Prostate are excluded from study. Patients were assessed using the American urological Association (AUA) symptom index score and quality of life (Fig 1,2). The experience of the patients following surgery pre and post were recorded. The occurrence of adverse events like urinary incontinence, erectile dysfunction and retrograde ejaculation also detected (Fig3). The outcome was assessed after 3 month of prostatectomy.

RESULTS

Prostatectomy was effective in reducing symptoms.
Initial mean IPSS was 25 and reduced to 7 with p value 0.001 (Fig 1).

Quality of life also assessed which showed majority of cases were mostly satisfied (Fig 2). Adverse events like transient incontinence 10%, retrograde ejaculation in 65% and erectile dysfunction in 25% respectively (Fig 3).

DISCUSSION
Symptomatic benign prostatic hyperplasia (BPH) is one of the commonest causes today of men presenting with lower urinary tract symptoms. We can find this in 50% of men over the age of fifty. If BPH is not treated, then one can expect that the disease will progress in a significant number of individuals. What we need to do is try to predict based on certain baseline parameters such as

CONCLUSION
Prostatectomy is effective in reducing symptom severity and improve quality of life which was detected by IPSS and quality of life questionnaire.
REFERENCES


