

البحث الخامس

Open prostatectomy with a rectal balloon: A new technique to control postoperative blood loss

Khaled Mohyelden, Osman Abdel-Kader

Abstract Objectives: To evaluate a new technique, the rectal balloon (RB), to control blood loss after transvesical prostatectomy (TVP).

Patients and methods: Over 2 years 100 patients were prospectively randomized into two equal groups. All patients underwent TVP for their benign prostatic hyperplasia but a RB (a balloon fixed to a three-way Foley catheter tip by a plaster strip, making it airtight) was used in group 2. The RB was placed in the rectum opposing the prostate and inflated (pressure controlled) for 15 min. Haemoglobin levels were assessed before and after TVP. Blood transfusion, the amount of saline used for irrigation, duration of catheterisation, hospital stay, and rectal complaints were recorded. Patients were followed up at 1 and 3 months after TVP.

Results: The enucleated adenoma weight was 102 g in group 1 and 106 g in group 2. There was a significant difference between groups 1 and 2 in haemoglobin loss within the first 24 h after TVP, and in total loss, of 0.9 g and 0.2 g ($P = 0.008$), and 1.9 g and 1 g ($P = 0.001$), respectively. There was also a significant difference between the groups in the saline volume used for irrigation (11.4 vs. 2.5 L), catheter duration (5.7 vs. 4.3 days), and hospital stay (6.2 vs. 5.1 days), favouring group 2. Blood transfusions were needed in four patients in group 1 and one in group 2. There were no rectal complaints.

Conclusion: The use of an inflated RB after TVP is a simple and safe procedure with no specific operative technique that reduces postoperative blood loss, the incidence of blood transfusion, the volume of saline for irrigation, and shortens the catheterization period and hospital stay, with no rectal complications.

