

PKEP 及 TURP 在前列腺增生的治疗效果

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摘要: 目的: 探讨经尿道等离子前列腺剜除术(PKEP)及经尿道前列腺切除术(TURP)对前列腺增生患者治疗的影响。方法: 选取2020年12月至2021年12月收治的前列腺增生患者82例, 分为常规组(41例)和实验组(41例)。常规组患者行TURP术, 实验组患者行PKEP术。比较两组的手术疗效、手术信息、并发症、IPSS、QOL、Qmax及术后随访结果。结果: 实验组患者术后有效治疗率(95.12%)高于常规组(90.24%) ($P < 0.05$); 实验组患者术后出血量、尿道留置时间、住院天数及组织切除量均低于常规组 ($P < 0.05$); 实验组患者术后并发症发生率(2.44%)低于常规组(12.20%); 与术前相比, 实验组及常规组患者术后IPSS、QOL、Qmax均得到显著改善。结论: 经尿道等离子前列腺剜除术(PKEP)治疗前列腺增生患者, 可减少尿失禁、膀胱刺激及其他并发症, 且手术疗效更佳。

关键词: 经尿道等离子前列腺剜除术; 经尿道前列腺切除术; 前列腺增生

Therapeutic Effect of PKEP and TURP in Benign Prostatic Hyperplasia

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Abstract: Objective: To discuss the influence of transurethral plasma enucleation of prostate (PKEP) and transurethral resection of prostate (TURP) on the treatment of patients with benign prostatic hyperplasia. Methods: The subjects of this study were selected from the patients with benign prostatic hyperplasia treated in the author's hospital from December 2020 to December 2021. 82 patients who met the inclusion and exclusion requirements were divided into two groups according to the type of operation, the routine group and the experimental group, with 41 cases in each group. Patients in the routine group were treated with TURP, and patients in the experimental group were treated with PKEP. The surgical treatment efficacy, clinical operation information, complications, IPSS, QOL score and Qmax of the two groups were compared. Results: After effective treatment, the curative effect of surgery in the experimental group (95.12%) was higher than that in the conventional group (90.24%) ($P < 0.05$); after effective treatment, the blood loss, urethral indwelling time and days in hospital in the experimental group were lower than those in the conventional group, and the number of tissue resection was higher ($P < 0.05$); the complications of patients in the experimental group (2.44%) after effective treatment were lower than those in the conventional group (12.20%); compared with that before the operation, the symptoms of the patients in the experimental group and the control group were improved ideally after the operation. The IPSS and QOL scores of the experimental group were improved more thoroughly than those in the control group, and the Qmax was significantly improved. The comparison between the groups showed that ($P < 0.05$), which had statistical value. Conclusion: Transurethral plasma enucleation of the prostate in patients with benign prostatic hyperplasia can reduce the incidence of urinary incontinence, bladder irritation and other complications, and ensure that the curative effect of surgery reaches the ideal expected value.

Keywords: Transurethral plasma enucleation of prostate; Transurethral resection of prostate; Prostatic hyperplasia

前列腺增生患者, 经尿道等离子前列腺剜除术(PKEP)及经尿道前列腺切除术(TURP)治疗, 手术疗效更佳, 术后出血量、尿道留置时间、住院天数及组织切除量均低于常规组, 术后并发症发生率(2.44%)低于常规组(12.20%), 与术前相比, 实验组及常规组患者术后IPSS、QOL、Qmax均得到显著改善。结论: 经尿道等离子前列腺剜除术(PKEP)治疗前列腺增生患者, 可减少尿失禁、膀胱刺激及其他并发症, 且手术疗效更佳。

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