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JOURNAL ARTICLE

A permanent, epithelializing stent for the treatment of benign prostatic hyperplasia. Preliminary results

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Currently, there is much enthusiasm in the urologic community for the development of alternative treatments to transurethral prostatectomy for management of benign prostatic hyperplasia (BPH). At the Mayo Clinic, the role of a permanently implanted intraurethral stent (UroLume Wallstent) is being examined. It is a biocompatible

prosthesis made from a "super" alloy that is woven into a tubular mesh. It is both flexible and

self-expanding with no elastic recoil; when fully expanded, it has a large internal diameter of 42 Fr (1.4 cm). Twelve patients (mean age = 67 years; range = 62 to 77 years) with obstructive BPH have been treated with this stent. After 3 months, the decrease in the total symptom score was 65% (mean preoperative score, 13.9 +/- 5.2; mean postoperative score, 4.8 +/- 3.7, P less than 0.001), whereas the increase in peak urinary flow rate was 99% (mean preoperative value, 10.1 +/- 3.3 ml/second; mean postoperative value, 20.1 +/- 6.2 ml/second; P less than 0.001). The postvoid residual urine volume decreased by 76% (mean preoperative value, 133 +/- 68 ml; mean postoperative value, 32 +/- 38 ml, P less than 0.001). There has been no difficulty with infection, encrustation, stent erosion, stent migration, incontinence, or potency. Eight patients (67%), however, did have irritative voiding symptoms after stent placement. These untoward effects subsided markedly during the follow-up period. No patient has required either pain or antispasmodic medications, and as of this time, it has not been necessary to remove any stent because of side effects. These results suggest that the intraurethral stent may be a viable treatment option for patients with BPH. (ABSTRACT TRUNCATED AT 250 WORDS)

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