

Thullium Laser Enucleation of the Prostate in Patients on Anticoagulant or Antiaggregant Therapy

Introduction and Objectives: Oral anticoagulation or antiaggregation are considered a strict contraindication to transurethral resection of the prostate (TURP). In recent years, however, safe and effective surgical alternatives such as Thullium laser enucleation of the prostate (ThuLEP) have emerged. We evaluated the safety and efficacy of ThuLEP in patients on anticoagulation or antiaggregation with significant obstructive symptoms secondary to prostatic hypertrophy (BPH) refractory to medical therapy.

Materials and Methods: From September 2011 to February 2012 we reviewed 8 patients with a mean age of 66.8 years who had symptomatic BPH and were on chronic oral anticoagulant or antiaggregant therapy. Mean preoperative prostate size estimated by transrectal ultrasound was 56.4 cc. A total of 2 patients underwent ThuLEP with high dose of low molecular weight heparin and the remaining 6 with antiplatelet therapy. All patients were assessed preoperatively, and 7 and 30 days after surgery.

Results: ThuLEP was performed successfully in all patients. The mean enucleation time was 50.5 min. The patients' preoperative mean hemoglobin concentration was 12.4 g/dl, and on the first postoperative day it was 12.1 g/dl. There were no cardiac complications in either the perioperative or the postoperative period. No patient required reintervention for hemostatic purposes. No episodes of clot-related acute urinary retention occurred after removal of the bladder catheter.

Conclusions: Despite the high number of complications related to cardiac problems that suspension of these drugs causes, ThuLEP, carried out during anticoagulant or antiaggregant therapy, was feasible and without complications.