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Waiting Time and Postoperative Outcomes Following Transurethral Resection of the Prostate

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Objective:

A retrospective study evaluated whether waiting time before transurethral resection of the prostate (TURP), in patients presenting with obstructive uropathy and catheter dependence, influences clinical outcomes. Outcomes assessed included improvement in International Prostate Symptom Score (IPSS), IPSS-related quality of life (QoL), time to catheter removal, and postoperative complications.

Patients & Methods:

A total of 135 patients were stratified into two groups based on waiting time to surgery: ≤56 days (Group 1; mean 32.8 days) and >56 days (Group 2; mean 146.4 days). Baseline and postoperative IPSS and QoL scores, incidence of bacteriuria, and complication rates were compared.

Results:

No significant differences were observed between two groups in IPSS improvement (Group 1: 9.0 vs Group 2: 6.1, p=0.18), QoL improvement (1.5 vs 1.1, p=0.26), or time to catheter removal (median: 1 day in both groups, p=0.12). Postoperative complication rates were comparable (4.3% vs 4.6%, p=1.00). Preoperative bacteriuria was more common in group 2 (58% vs 54%), though not statistically significant (p=0.75).

	Group 1 (n=70)	Group 2 (n=65)	p-value
Age (mean)	73.8	76.7	0.079
Preop-sizing (mean)	63.4	63.0	0.91
Anesthesia: SA	63/70	64/65	0.086
DM/IFG	29/70	25/65	0.89
Preop-bacteruria	38/70	38/65	0.75
Stroke	7/70	11/65	0.35
IHD/CAD	5/70	5/65	1.00
Complication	3/70	3/65	1.00

Conclusion:

Waiting time before TURP did not significantly affect symptom relief, QoL, perioperative complications, or catheter removal time. Although bacteriuria was more frequent with longer delays, this was not clinically significant. These findings suggest that moderate surgical delays may not compromise short-term outcomes. Larger studies with extended follow-up are needed to validate these results.