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Transurethral Laser Bladder Neck Incision under Local Anesthesia: A Case Series

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Background

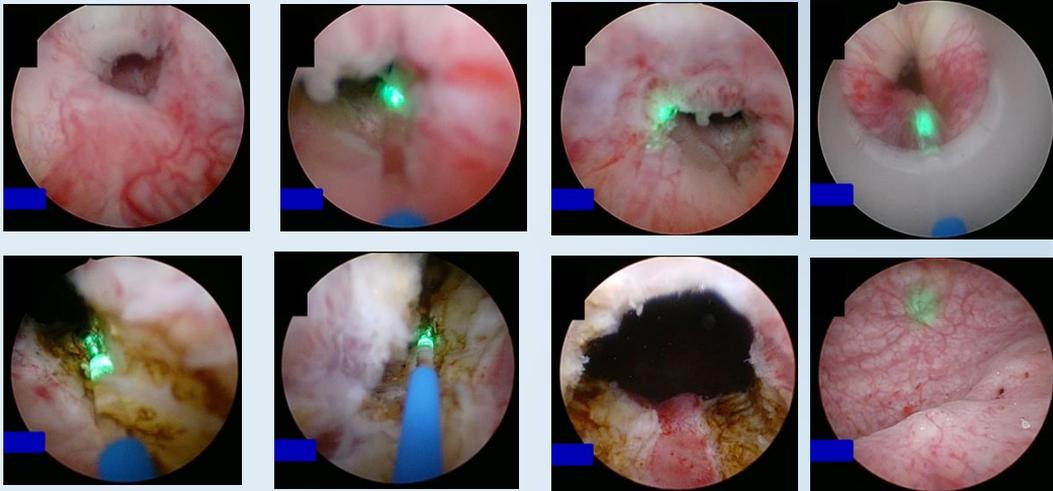
- Bladder Neck Stenosis (BNS) is common (2-10%) following prostate surgery or radiation therapy.
- Relatively high anesthetic risk for the patients' population.
- To study the feasibility of Laser transurethral bladder neck incision (TUBNI) under LA.

Method

- Retrospective study of 4 patients with LATUBNI performed between Dec 2023 to Sep 2025
- Perioperative outcomes including OT Time, Blood loss, Length of stay (LOS) were assessed
- Initial flow rate and IPSS data at around 3-6 months post-op reported

Operative Detail

- IV Sedation (Fentanyl 25-75mcg; Midazolam 1-3mg)
- Laser Machine: SOLTIVE™; Laser: TFL; Fiber Size: 550 micron; Setting: 1J x20Hz
- Post-op Foley indwelling time: 1-2 weeks



Result

Peri-op Result	
Mean age	76.7
Mean OT Time (min)	18.7
Mean Blood Loss (ml)	1
VAS Pain score	2
LOS (day)	0
Major Complication (CD \geq 3)	0
Post-op Improvement	
Mean Qmax (ml/s) increase	6.8
Mean IPSS reduction	17
Mean QoL improvement	1.7

Conclusion

- Laser TUBNI under LA is a feasible, safe and well-tolerated procedure
- Larger cohort with longer follow-up are needed to confirm durability and refine patient selection