A New Solution for BPH

When it comes to treatment of the prostate, most patients typically want to avoid invasive procedures. But when Daniel Kellner, MD, Assistant Professor of Clinical Urology at Yale School of Medicine told Max Sabrin that he would undergo HoLEP (Holmium laser enucleation of the prostate), a promising newer technique for treating benign prostatic hyperplasia (BPH), Sabrin, 66, was more than game.

“For a decade, I’d been getting up to urinate two, three times a night; three times a night, then, as the years passed, five times a night. I was becoming a zombie,” Mr. Sabrin, who lives with his wife in Old Saybrook, Connecticut, said. Though he tried alpha blockers, which are the standard medication for BPH, he didn’t like the side effects; they gave him headaches and made him feel congested and tired. “I even tried herbal supplements. Maybe they help some people, but for me, it was just wishful thinking.”

The fact that medication had not worked well for Mr. Sabrin doesn’t surprise Dr. Kellner. “Medical treatment for BPH fails a large proportion of patients,” he explained. Yet getting treatment for BPH can be crucial, despite the fact that the condition is considered benign. Besides causing frequent urination, irregular or weak flow, and other disruptive symptoms over time, causing frequent urination, irregular or weak flow, and other disruptive symptoms over time, the prostate can get as big as a grapefruit of a walnut, weighing about 20 grams. But with no return.”

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The fact that medication had not worked well for Mr. Sabrin doesn’t surprise Dr. Kellner. “Medical treatment for BPH fails a large proportion of patients,” he explained. Yet getting treatment for BPH can be crucial, despite the fact that the condition is considered benign. Besides causing frequent urination, irregular or weak flow, and other disruptive symptoms over time, BPH can also result in bladder damage. That was the case for Mr. Sabrin. After looking at MRI scans of his prostate, Dr. Kellner told him that his bladder was being damaged—perhaps irreversibly—because it was not emptying fully. Mr. Sabrin said, “For me, that was the point of no return.”

Typically, a normal prostate is about the size of a walnut, weighing about 20 grams. But with BPH, the prostate can get so big as a grapefruit and weigh as much as 300 to 500 grams, choking off the urethra, “like a bagel stuffed with dough in the middle,” so the urine cannot flow normally, said Dr. Kellner. Despite its prevalence—BPH affects 50 percent of men between the ages of 51 and 60 and up to 90 percent of men older than 80—many of the current minimally invasive procedures available to treat the condition don’t work well for men with very large prostates, including the most common, so-called gold standard surgical treatment for the condition, known as TURP (transurethral resection of the prostate). “With TURP and other procedures, you are limited as to how big a prostate you can operate on,” said Dr. Kellner. “For one thing, there can be a lot of bleeding during the TURP scraping procedure. Second, as the body absorbs all that fluid, the patient’s salt level can drop,” he explained. The bottom line: “It’s very difficult to cut away adequate tissue when you’re dealing with a very large prostate.”

There are other ways to surgically treat BPH, including open surgery, a prostatectomy. “But that’s also a very complicated procedure, and it often means spending five days or so in the hospital,” said Dr. Kellner. Instead, Dr. Kellner recommended that Mr. Sabrin choose a newer minimally invasive procedure known as HoLEP. How it works: A surgical laser is inserted through the urethra and used to remove the excess prostate tissue in a process Dr. Kellner likens to “peeling an orange from the inside,” then working the tissue up and into the bladder. “This creates a generous opening, and during the process it’s easy for the surgeon to see the blood vessels and to coagulate the largest ones with the laser. That makes for a lot less bleeding—it’s a different level of control,” he explained. Next, a second instrument, known as a morcellator, cuts the tissue into smaller fragments and removes them from the bladder.

“The advantage with HoLEP is that you can treat any size prostate, with no incisions, less bleeding, a shorter hospital stay, and better results,” said Dr. Kellner. “The excess tissue is also removed more completely than with TURP, which means there is less need for follow up treatment.” Indeed, while the retreatment rate for TURP is over 7 percent, “with HoLEP, it approaches zero,” said Dr. Kellner.

Yet, despite these advantages, surgeons in the U.S. have been slow to adopt HoLEP. “It has a steep learning curve,” explained Dr. Kellner. “Besides needing special equipment, it is a different technique than most surgeons are accustomed to, and it can be disorienting.” With TURP, surgeons can see certain landmarks with a camera which helps them check their position. In contrast, HoLEP requires the surgeon to adjust to a new orientation. “You need to be able to read the texture of the tissue—like being able to tell the orange peel from the pulp,” Dr. Kellner explained. “It takes time and dedication to get used to it.”

It didn’t faze Mr. Sabrin that this was a newer procedure to Yale. “Dr. Kellner was very matter of fact and reassuring,” said Mr. Sabrin. Indeed, Dr. Kellner trained with experts across the country, then brought the procedure to Yale. “Dr. Kellner was very matter of fact and reassuring,” said Mr. Sabrin. Indeed, Dr. Kellner trained with experts across the country, then brought the procedure to Yale New Haven Hospital, the only medical center in the state of Connecticut to offer it. “Now we are able to treat large prostates in a minimally-invasive way.

Dr. Kellner performed HoLEP on Mr. Sabrin, who was released from the hospital the next day. Within two weeks or so, he was mostly back to normal, with few side effects. Best of all, six months after his surgery, Mr. Sabrin says he now gets up only once a night to urinate. “I have a clean bill of health and I’m sleeping well now,” he said. “It’s a whole new world for me.”