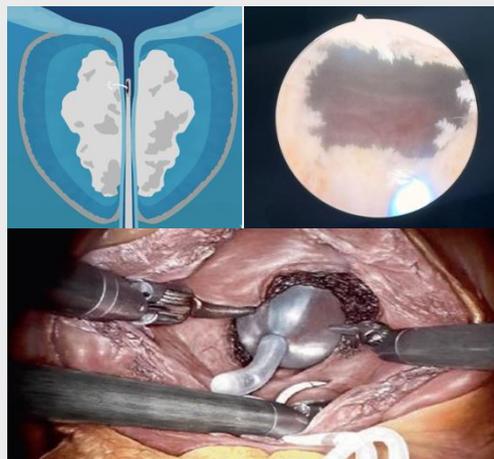


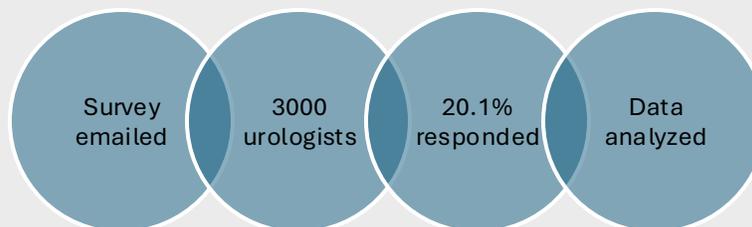
Adoption of New Technologies in LUTS-BPH Treatment: Survey Reveals Need for Updated Training Programs

Background

- Rapid evolution in LUTS-BPH management
- Unequal access to new technologies
- Assess practice patterns and training needs in LUTS-BPH management



Methods



- Practice patterns included patient volume, surgical procedures, confidence in performing surgeries without supervision, use of indwelling catheters, and length of hospital stay.

Results

- **Response rate: 20.1%**
- **Primary treatment:** Pharmacological therapy (**48.7 ± 16.7%**)
- **Most common surgeries:** TURP (93.0%) and OSP (37.0%)
- **Adoption of new technologies:** associated with shorter time since residency, practice in larger cities, and affiliation with academic settings (**p < 0.001**)
- **Proficiency:** < 20% could perform EEP and MISTs without a proctor
- **Training interest:** EEP (75.6%) and MISTs (46.7%)

Table: Comparison of different surgical procedures for BPH

	Able to do independently	Catheter length (days)*	Hospital Discharge (days)	Training Interest (%)
TURP	100%	2.1 ± 1.0	1.8 ± 0.6	0%
Open SP	100%	4.7 ± 0.6	3.0 ± 1.0	0%
EEP	18.5%	1.5 ± 1.0	1.3 ± 0.6	75.6
Minimally invasive SP	26.7% LAP 30.3% ROB	4.4 ± 1.0	1.9 ± 0.8	11.1% LAP 23.7% ROB
PVP	38%	1.5 ± 0.9	1.3 ± 0.5	21.5%
MISTs	16.3%	4.0 ± 1.5**	0.3 ± 0.7**	46.7%

EEP: Endoscopic enucleation of prostate; SP: Simple prostatectomy; LAP: Laparoscopic; ROB: robotic; PVP: Photo selective vaporization of prostate

* Mean time for catheter removal following surgery

** Data specific for REZUM therapy

Conclusion

- High interest in MISTs and EEP
- Traditional methods still dominate
- Urgent need for updated training programs

1John, H., Wagner, C., Padevit, C. *et al.* From open simple to robotic-assisted simple prostatectomy (RASP) for large benign prostate hyperplasia: the time has come. *World J Urol* 39, 2329–2336 (2021). <https://doi.org/10.1007/s00345-020-03508-1>

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