

Técnica de HoLEP en-bloque con liberación apical precoz y protección de la mucosa esfinteriana

Fernando Gómez Sancha

Técnica de enucleación en bloque

- Se basa en una **comprensión profunda de la anatomía endoscópica del adenoma y su relación con el esfínter**
- La **movilización cuidadosa y progresiva del ápex es fundamental para preservar la continencia**

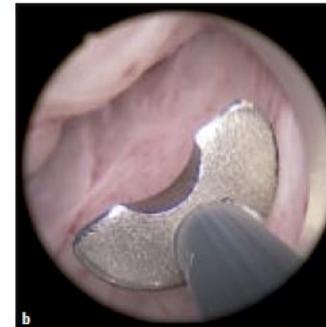
A new method of prostatectomy, transurethral detachment and resection of benign prostatic hyperplasia

Yasunori Hiraoka

Department of Urology (Director : Prof. Masao Akimoto), Nippon Medical School



a The tip of the sheath is inserted into the detaching plane.

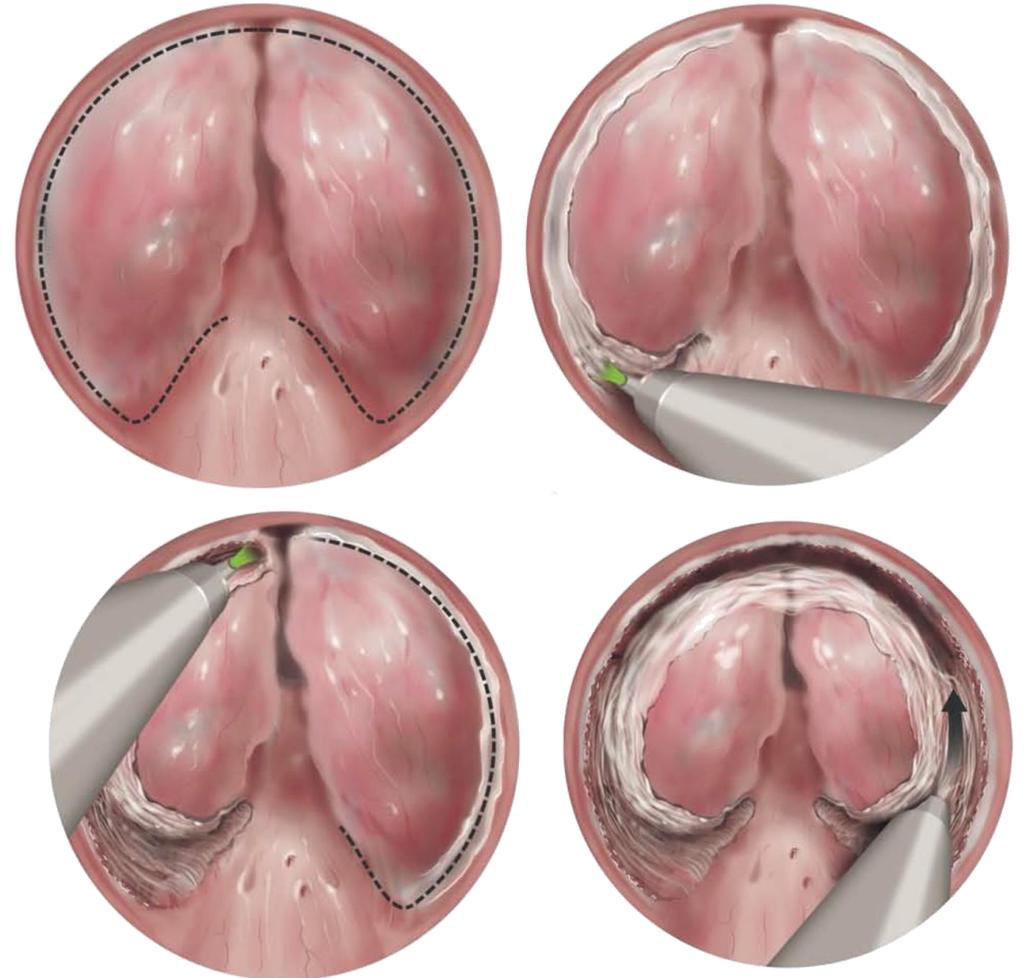
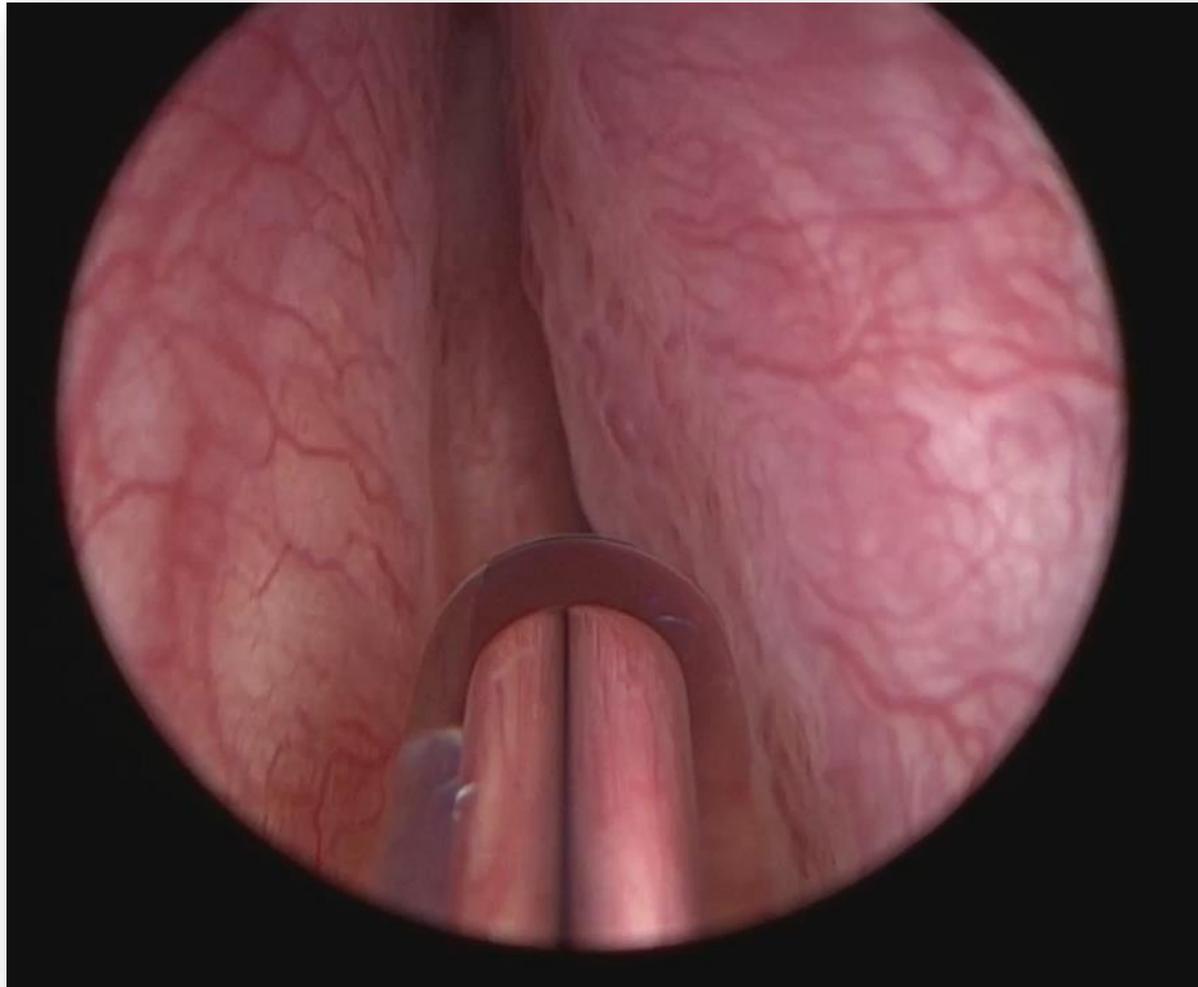


b Extensively detached false capsule using the tip of the sheath and enucleation electrode.

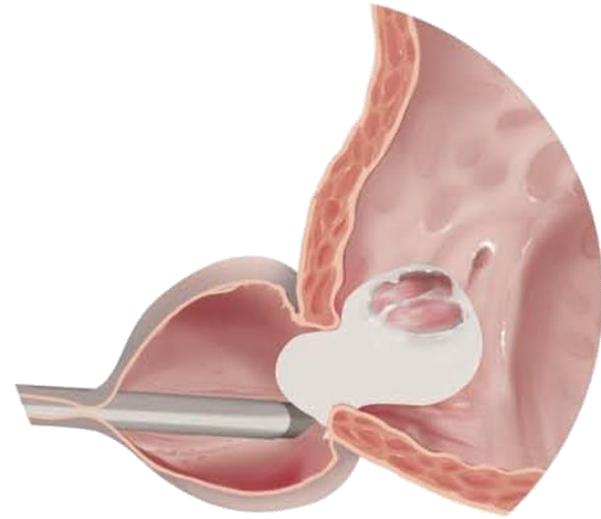
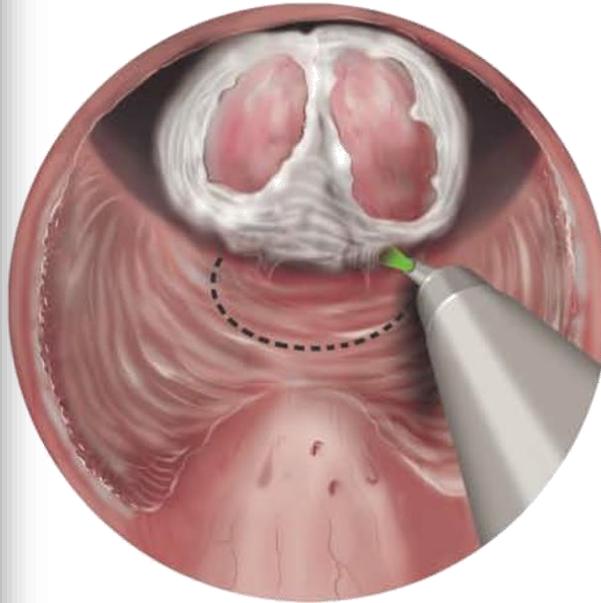
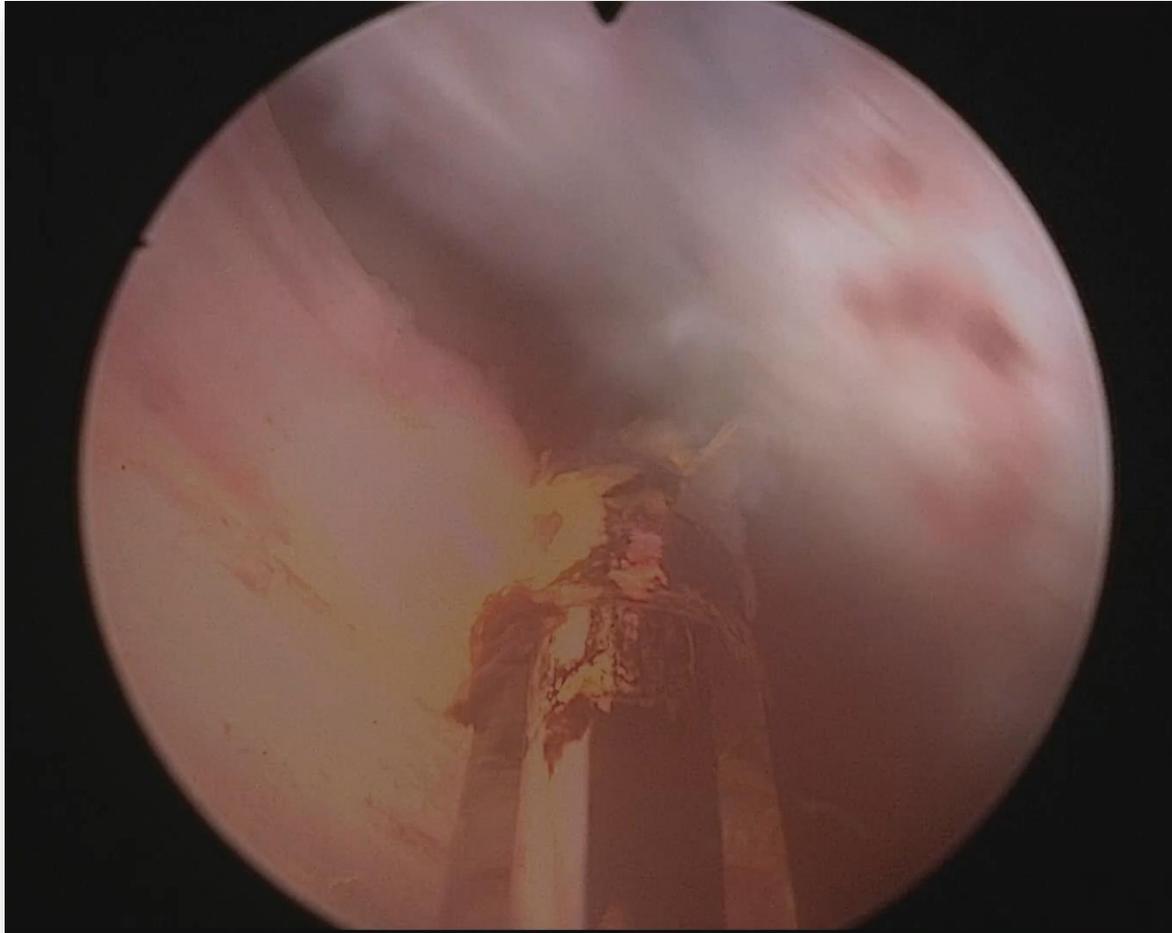


c Circumferential partial detaching.

GreenLEP en bloque, la "línea blanca"

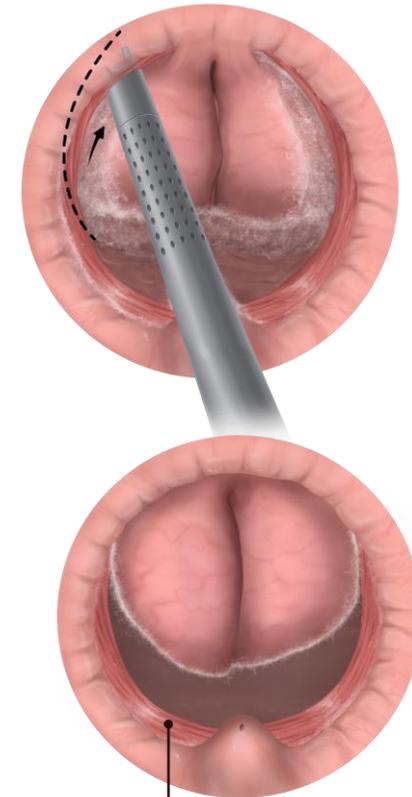
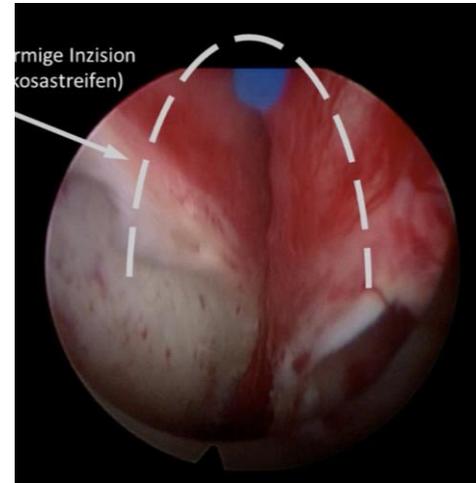
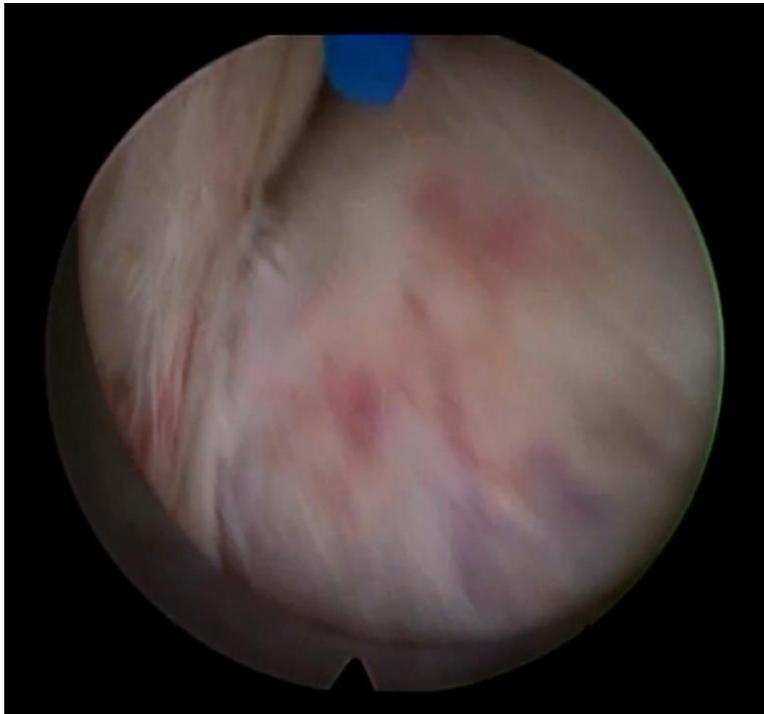


GreenLEP en bloque



La causa de la incontinencia con la técnica clásica

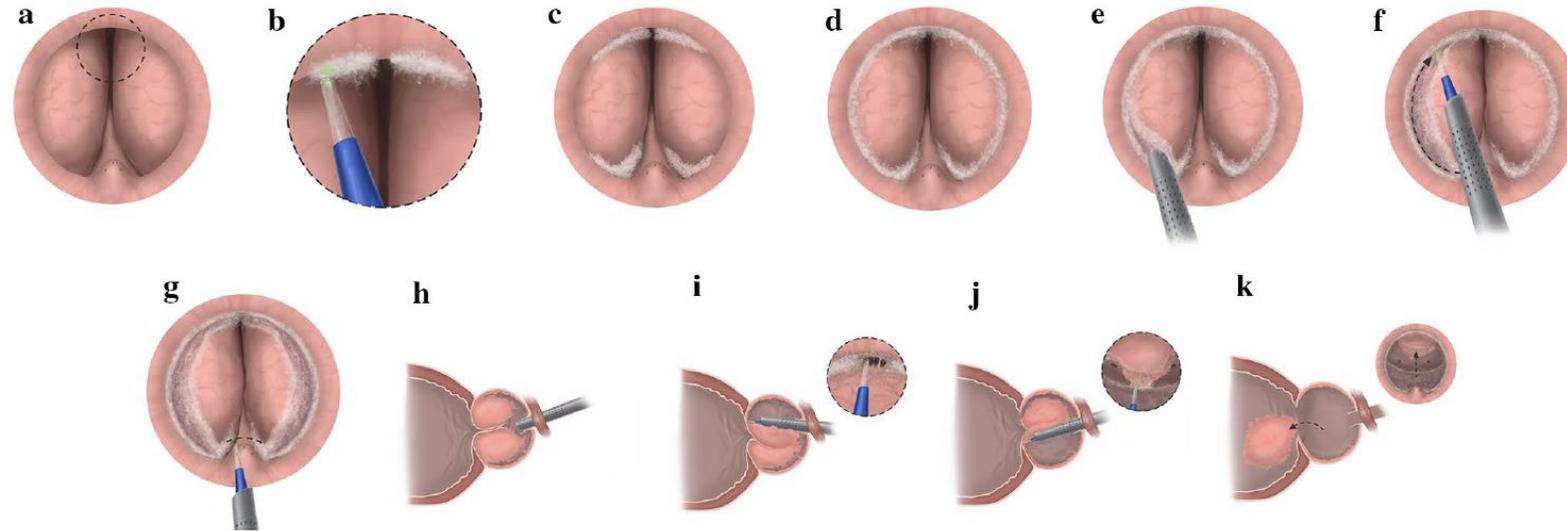
Es multifactorial, pero pelar la mucosa (lisoesfínter) y dejar el esfínter sin ella, favorece la incontinencia precoz postoperatoria



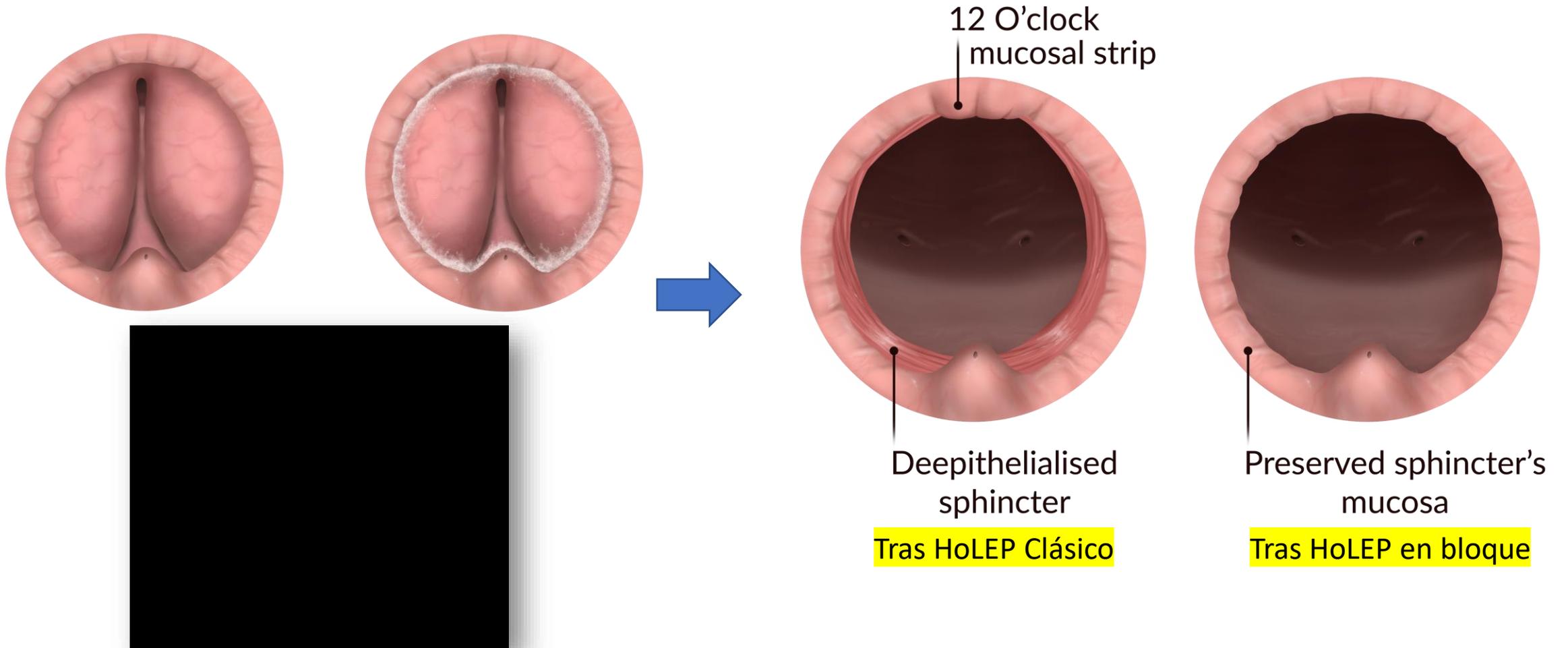
→ La infame "cortina mucosa"

'En Bloc' HoLEP with early apical release in men with benign prostatic hyperplasia

Giuseppe Saitta^{1,2}  · José Ernesto Aguayo Becerra¹ · Julio Fernández del Álamo¹ · Luis Llanes González¹ · Javier Reinoso Elbers¹ · Nazareno Suardi² · Fernando Gómez-Sancha¹

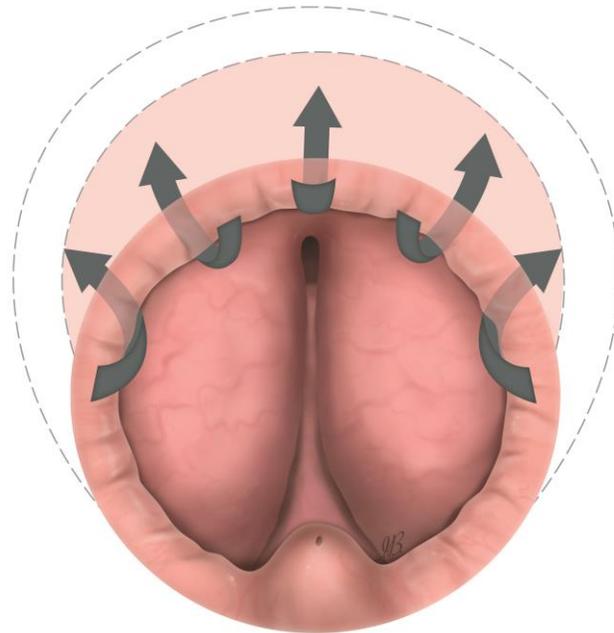


La “línea blanca”: Cortar la mucosa primero protege el esfínter

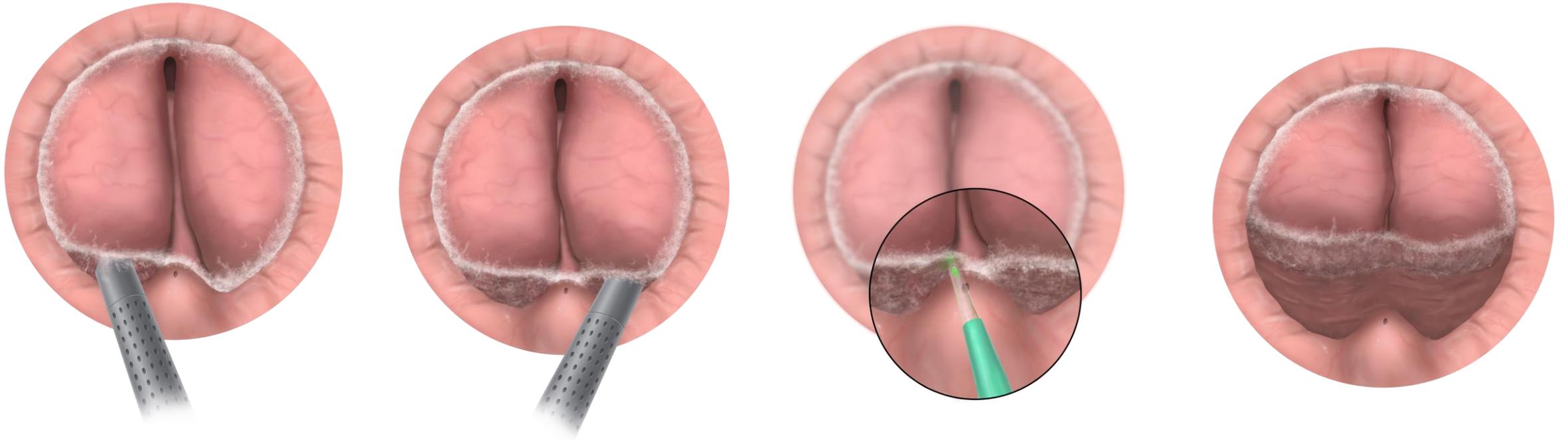


Enucleación en bloque

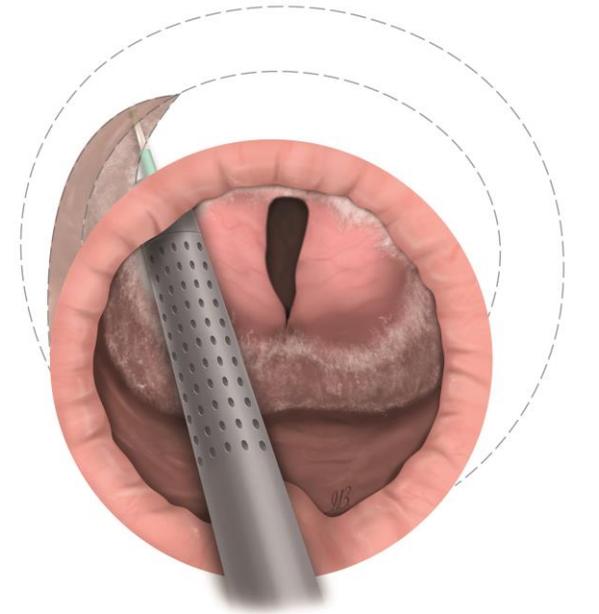
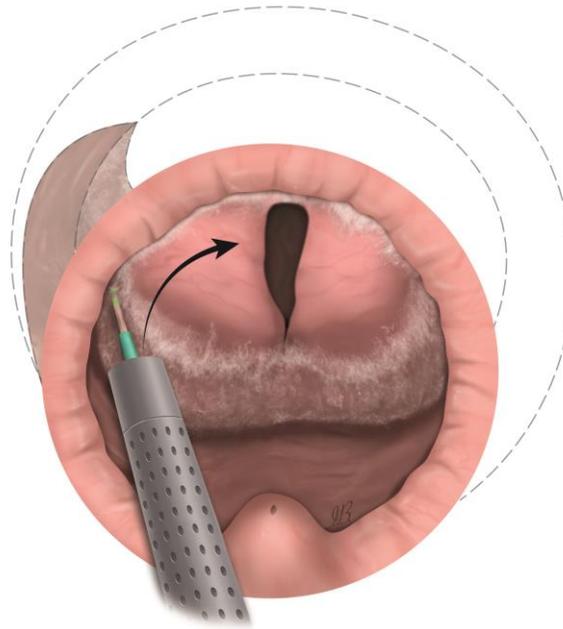
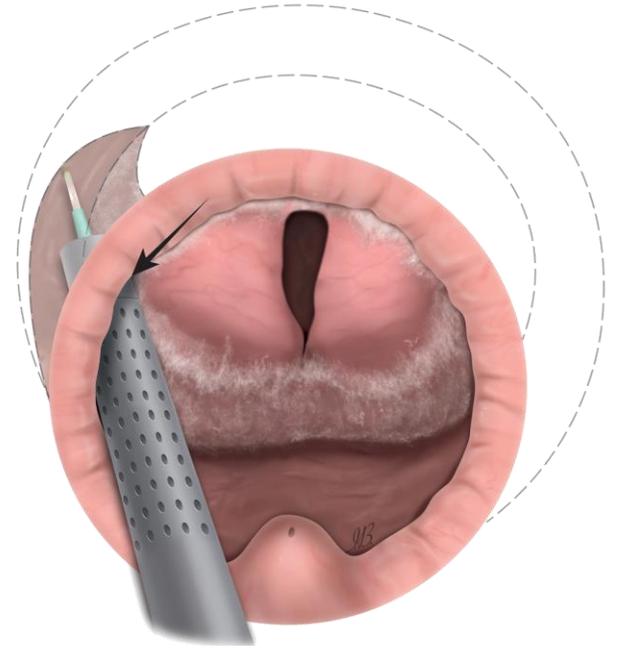
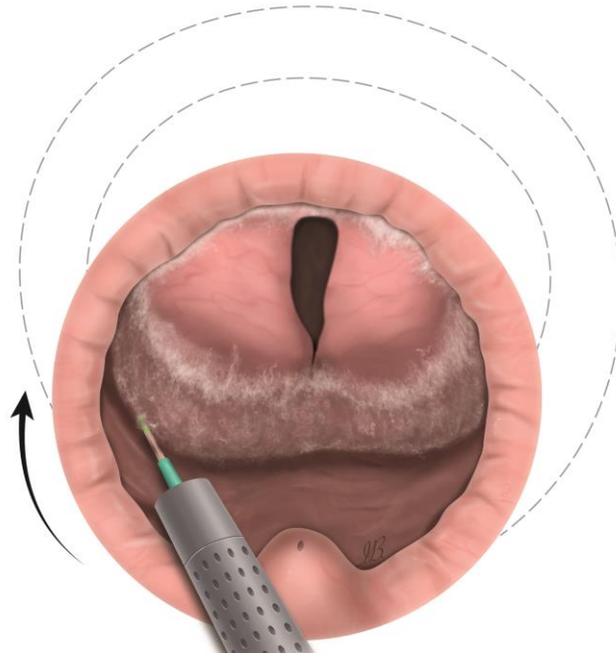
- Liberación progresiva y cuidadosa del ápex para proteger el esfínter



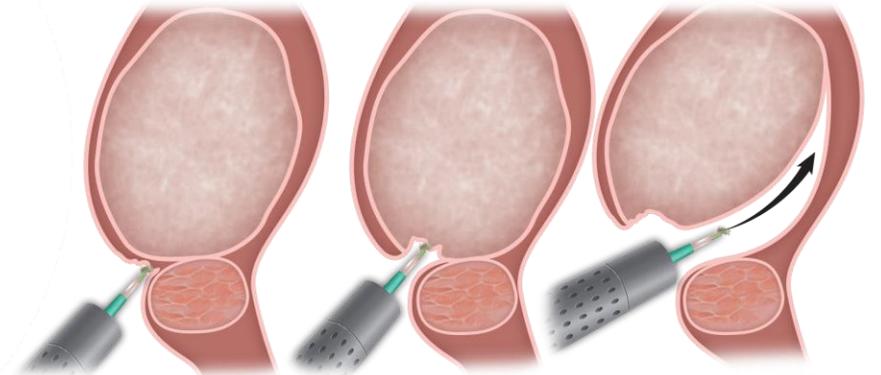
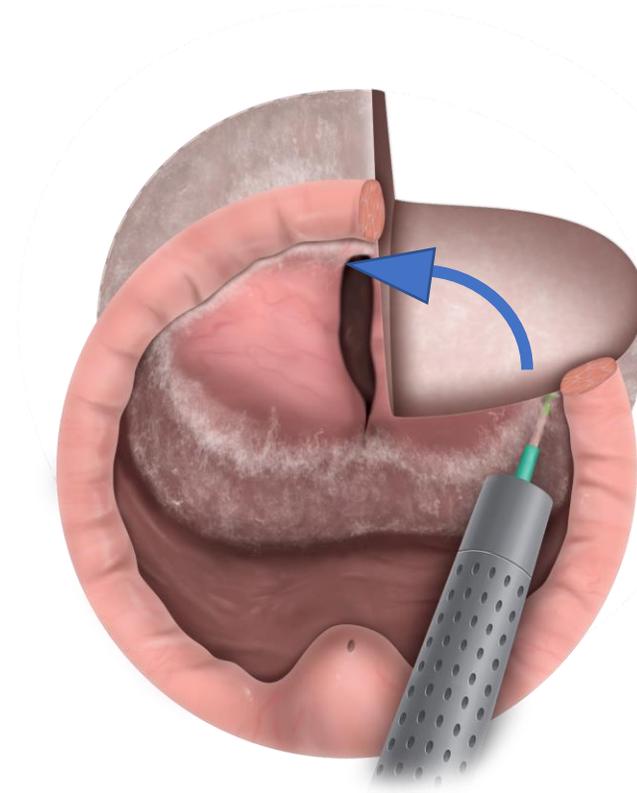
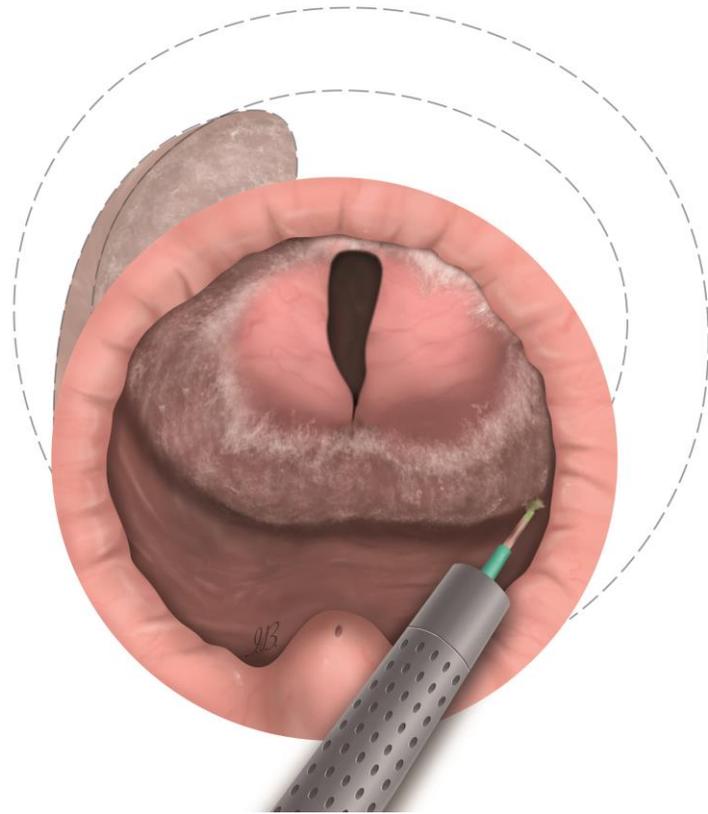
Localización y desarrollo del plano capsular posterior



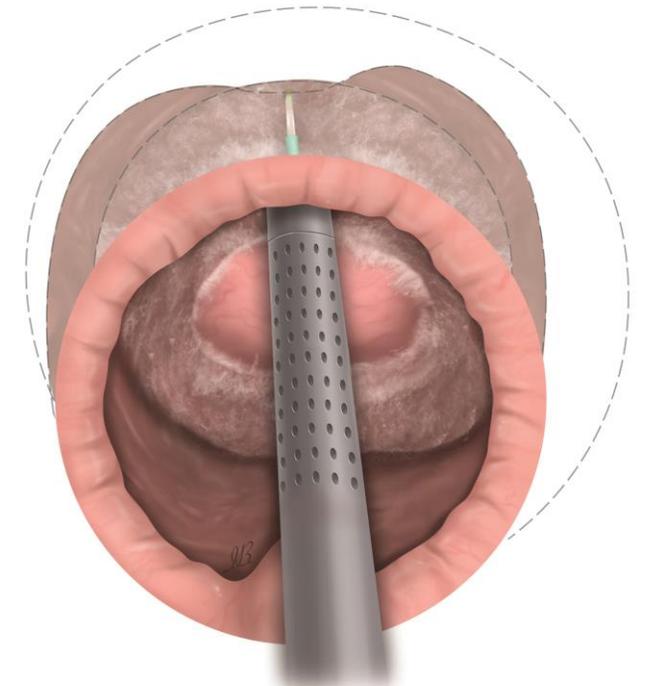
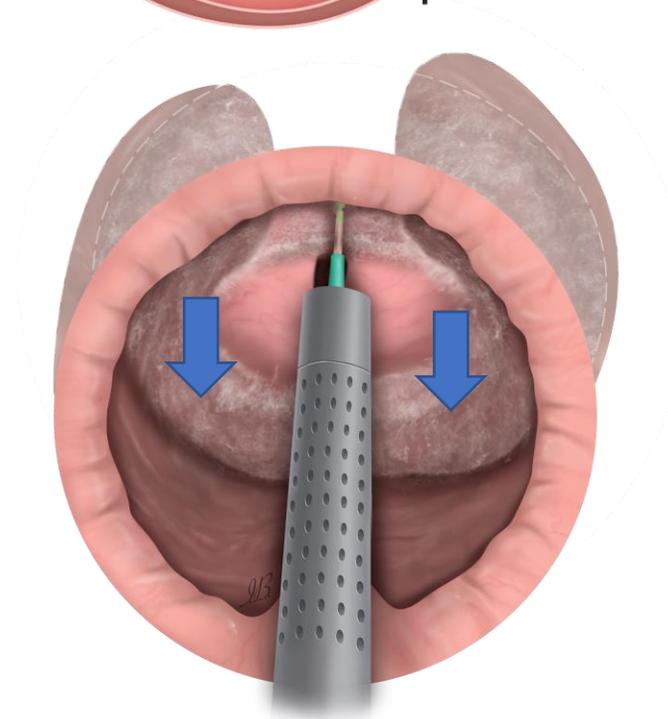
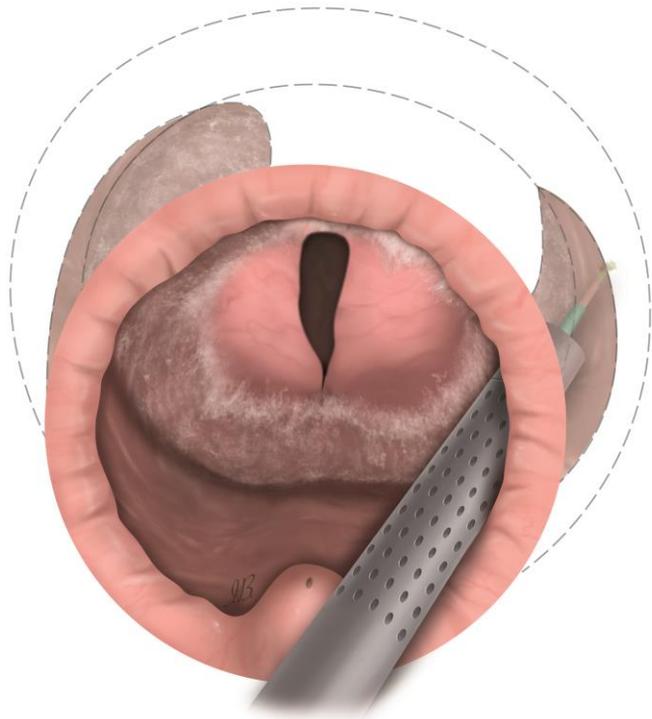
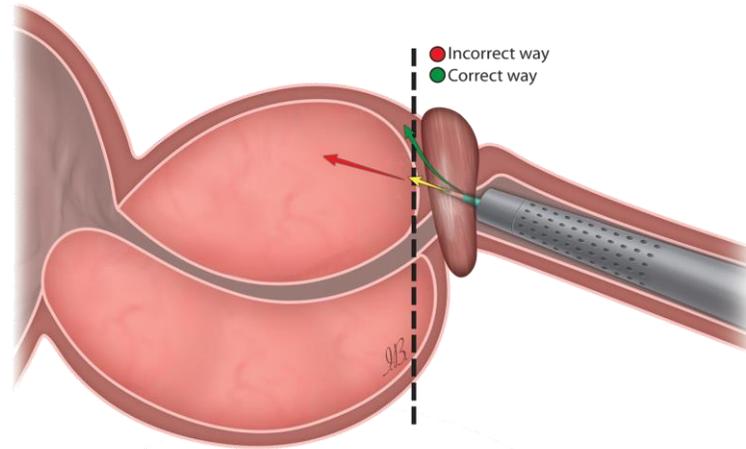
Movilizar el ápex
disecando hacia el
cuello vesical 2 cm
unir la línea lateral
con la posterior



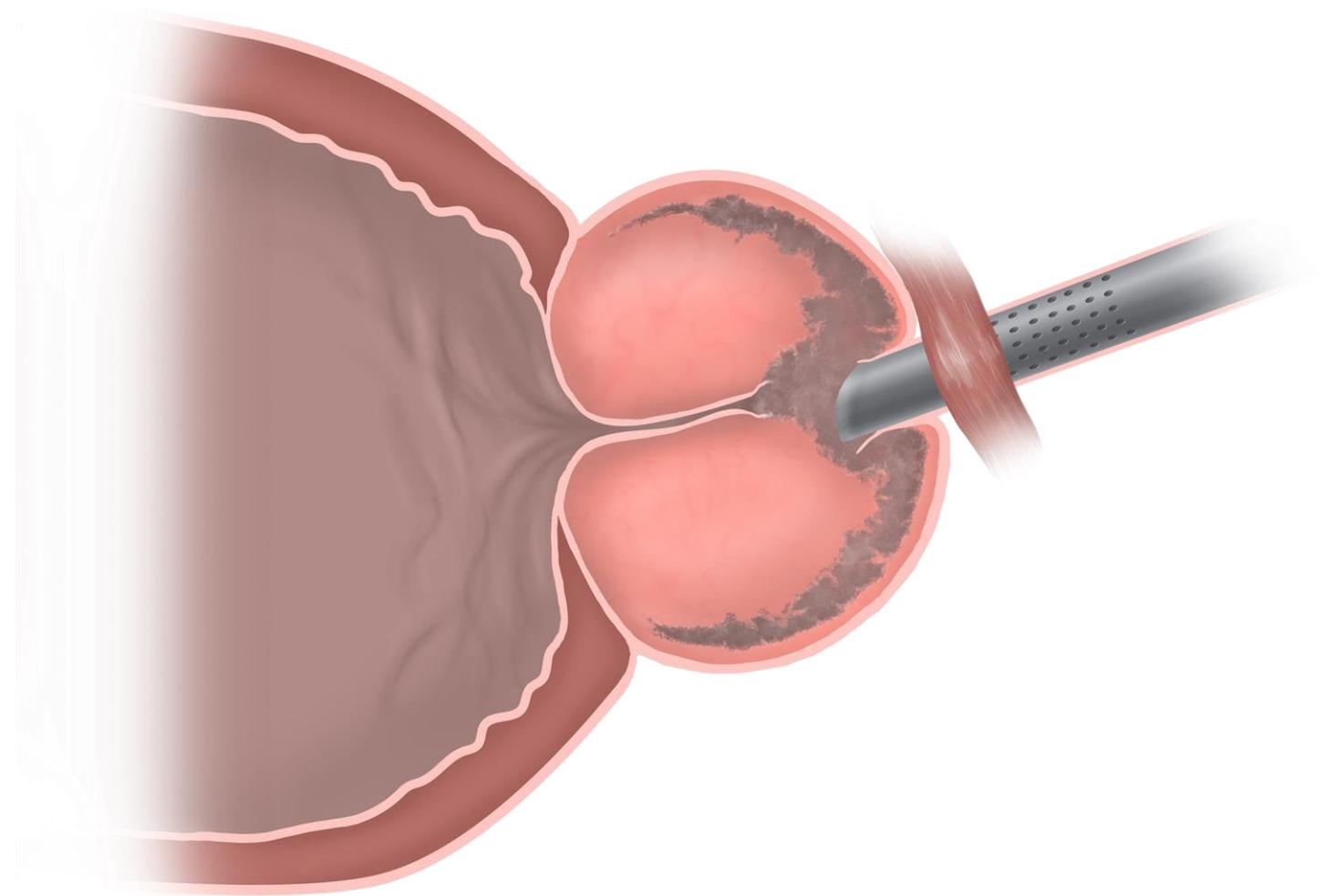
Incisiones de acceso

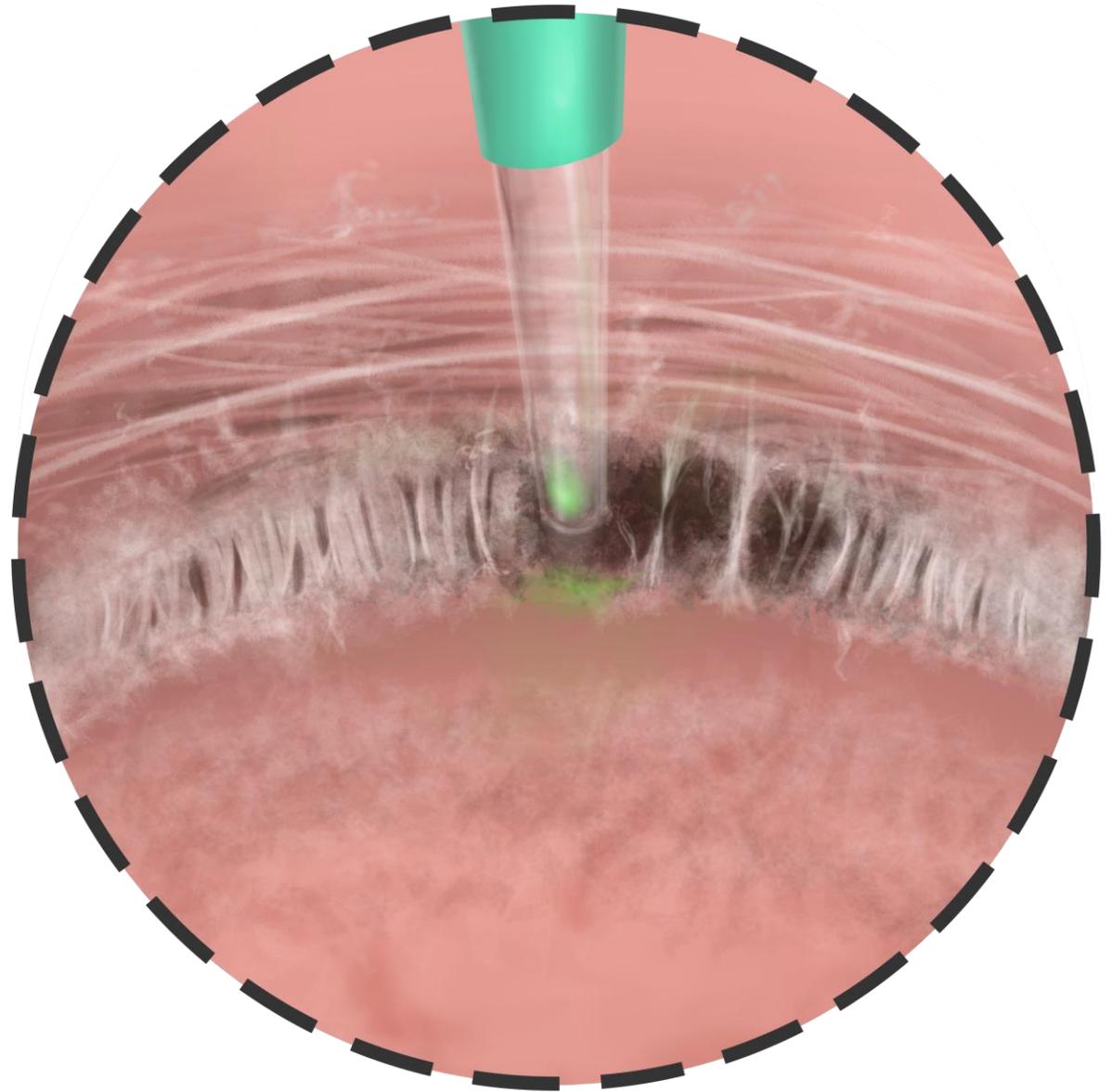
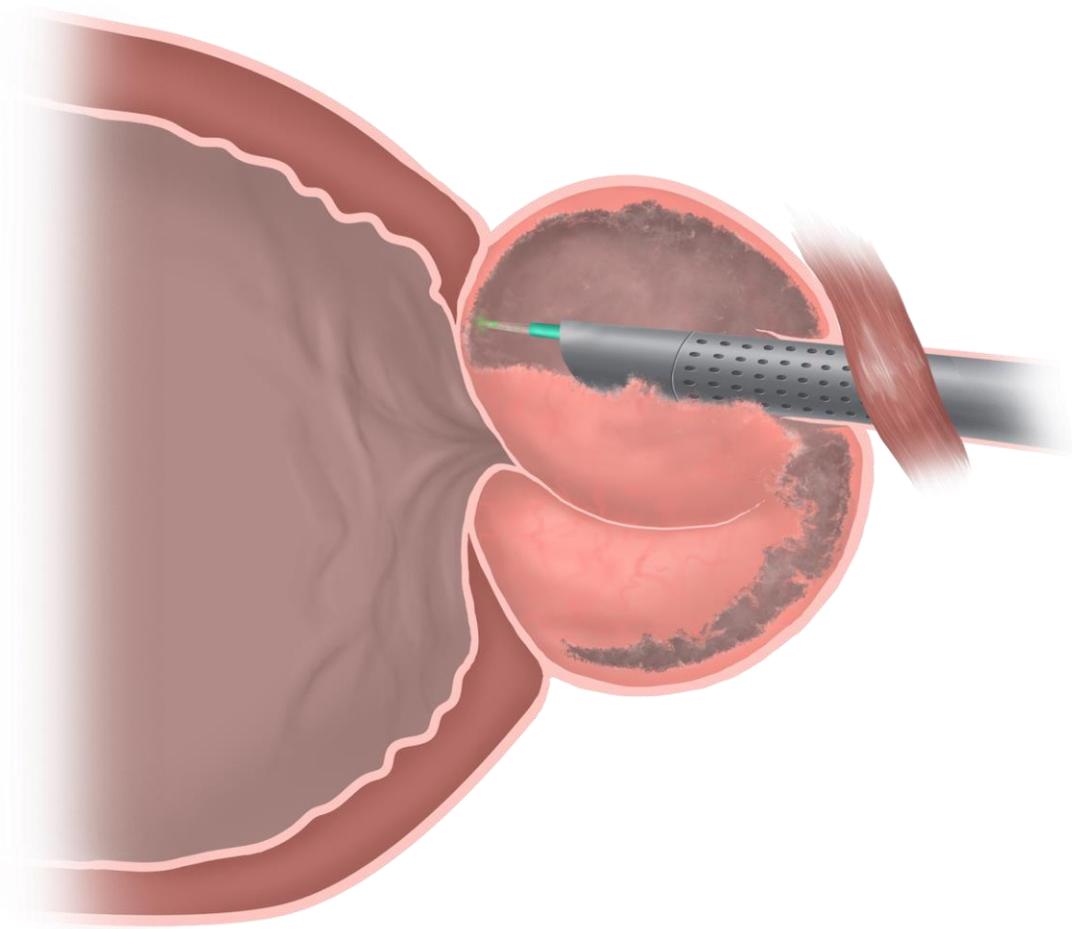


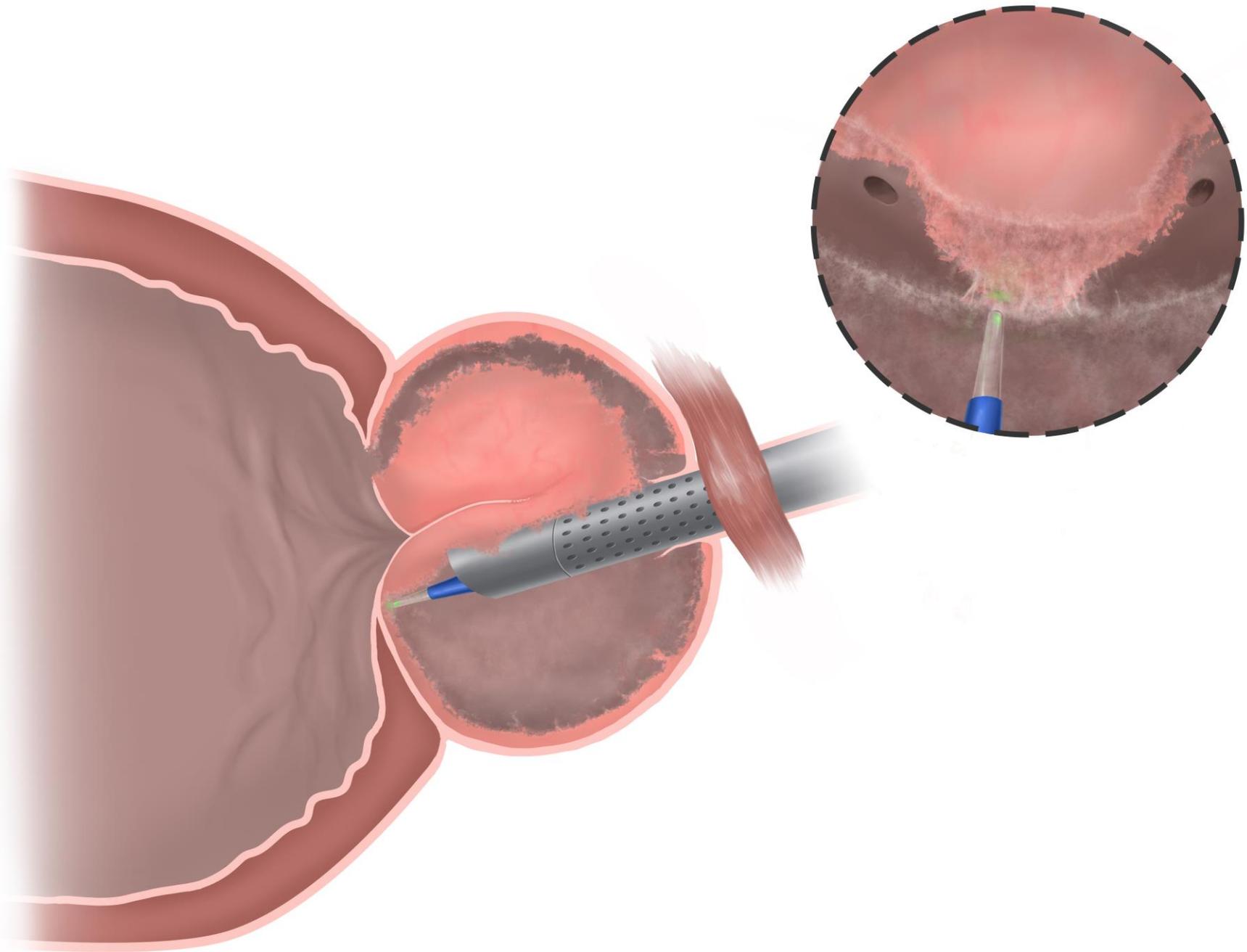
La liberación bilateral desciende el ápex

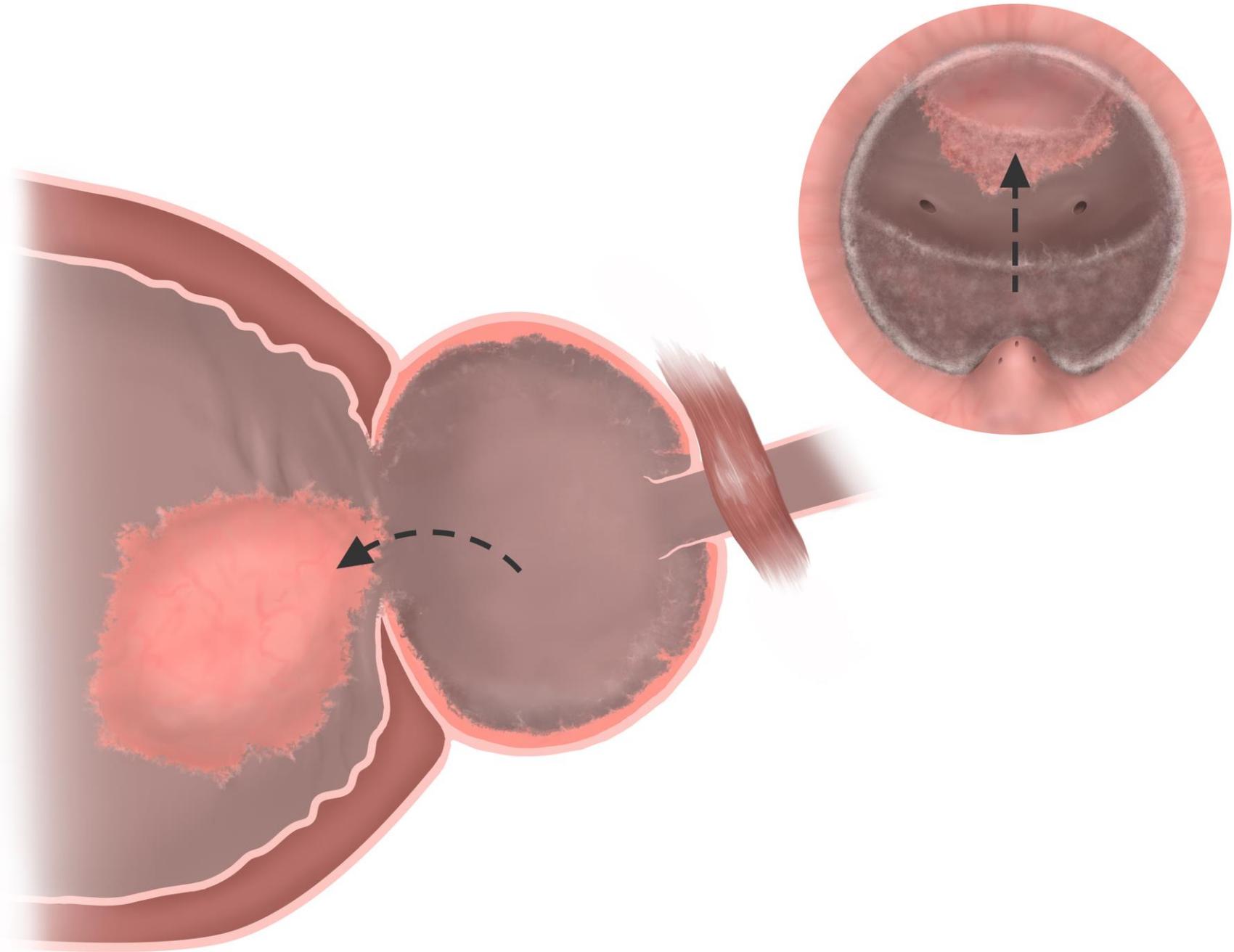


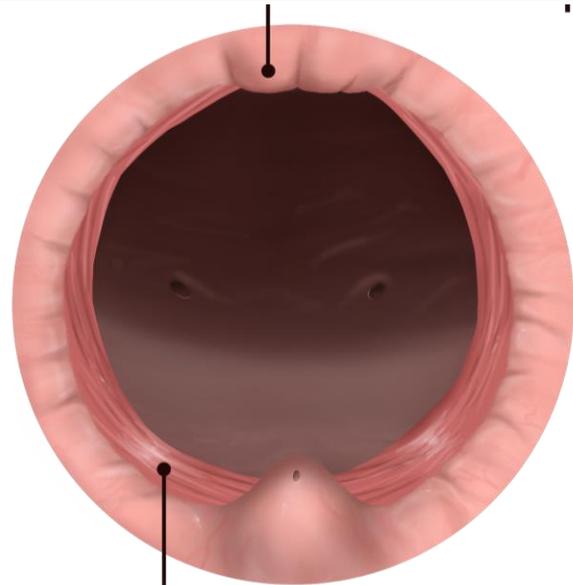
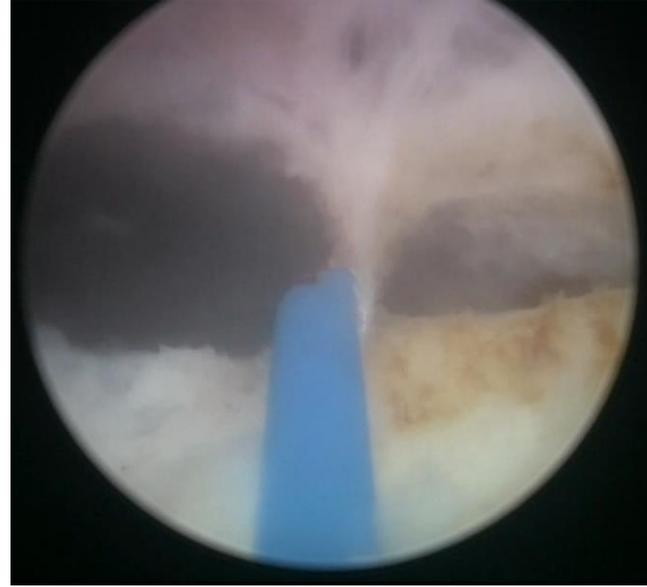
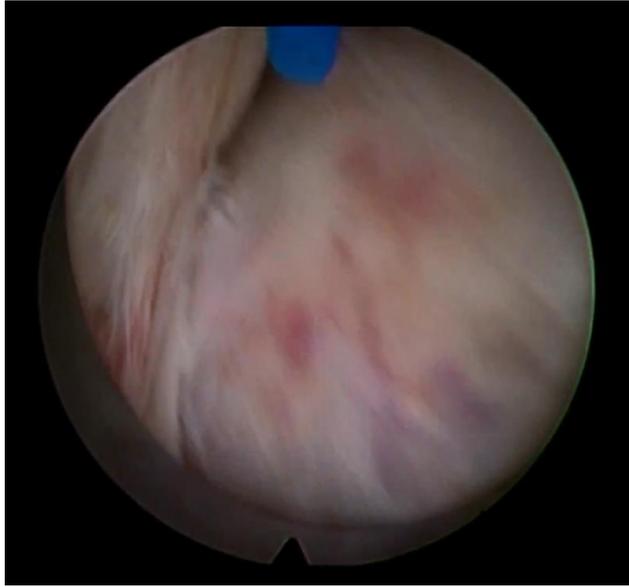
Un abordaje simple, fácil de comprender y ejecutar, que favorece una vision excelente



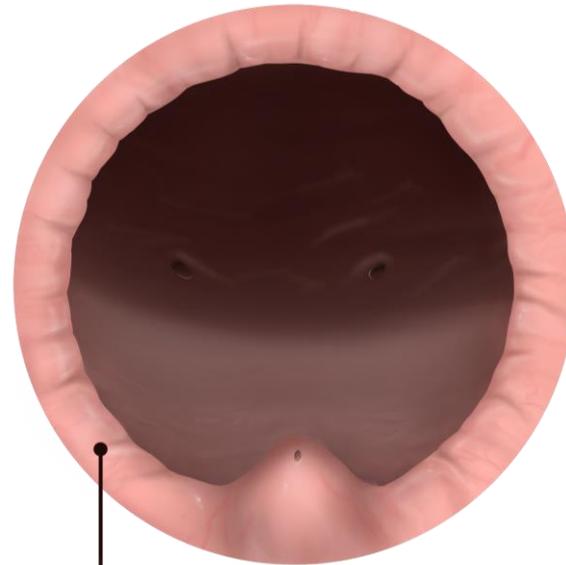








Deepithelialised
sphincter



Preserved sphincter's
mucosa



Efficacy, Efficiency, and Safety of En-bloc vs Three-lobe Enucleation of the Prostate: A Propensity Score-matched Analysis

Alexander Tamalunas¹, Melanie Schott², Patrick Keller², Michael Atzler², Benedikt Ebner², Martin Hennenberg², Christian G Stief², Giuseppe Magistro²

The *en bloc* method is feasible for beginners learning to perform holmium laser enucleation of the prostate

Xingxing Wang¹, Geng Chen¹, Peng Wu¹, Liangliang Ben¹, Qiang Liu¹, Jian Wang¹

Application of En Bloc and Urethral Mucosal Flap Sparing Techniques Improve the Functional Outcomes in Holmium Laser Enucleation of Prostate: A Retrospective Case Control Study

Jizhi Zhou¹, Zengrong Hua¹, Min Tang², Xiaoxin Meng², Pu Li²

Comparison of different *en bloc* holmium laser enucleation of the prostate techniques to reduce the rate of postoperative transient urinary incontinence

Chun-Hsuan Lin¹, Wen-Jeng Wu^{1,2,3}, Ching-Chia Li^{1,2,3}, Hung-Lung Ke^{1,2,3}, Jhen-Hao Jhan^{2,3,4} and Sheng-Chen Wen^{1,2,3}

Conclusion: While HoLEP in general is a safe and effective procedure, *en-bloc* enucleation techniques offer better surgical performance.

Conclusions: The *en bloc* HoLEP provided a significantly improved voiding with low complications and recurrence, and this technique could feasibly be adopted to teach beginners.

When considering a postoperative SUI, the occurrence of short-term and long-term SUI in the modified HoLEP group was significantly less than those in the conventional HoLEP group ($p < 0.05$). In summary, HoLEP by using *en bloc* and urethral mucosal flap sparing technique is a safe and effective treatment for BPH patients, especially in preventing postoperative SUI.

Table 3. Two-week postoperative parameters

Type of surgery	Original <i>en bloc</i>	Early mucosal strip detachment	Three horseshoe-shaped incisions	<i>p</i> value (95% CI)
TUI rate	14.0%	9.7%	3.5%	0.001
IPSS	6.0 ± 4.5	3.5 ± 3.1	2.8 ± 2.5	0.031 (2.04–7.34)
Maximum flow rate, mL/s	16.5 ± 6.0	19.3 ± 9.3	17.9 ± 10.2	0.920 (14.42–20.75)
Postvoid residual urine volume, mL	30.3 ± 29.0	14.6 ± 22.3	18.0 ± 25.5	0.769 (27.57–57.78)
Post-HoLEP PSA, ng/mL	3.3 ± 20.0	1.1 ± 1.7	1.3 ± 2.0	0.347
Presence of prostate cancer	6 (14)	8 (11)	6 (10)	0.749

Data are presented as n (%) or mean ± standard deviation.

TUI, transient urinary incontinence; HoLEP, holmium laser enucleation of the prostate; PSA, prostate-specific antigen; IPSS, International Prostate Symptom Score; CI, confidence interval.

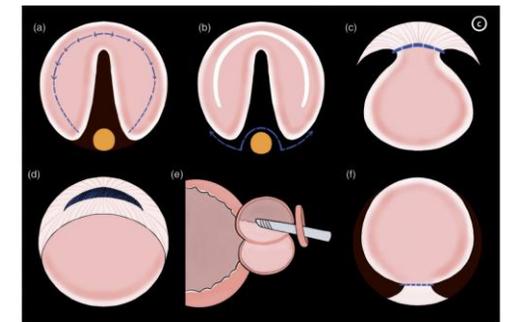


Figure 1. (a) The *en bloc* process is started by scoring the ventral mucosa opposite the verumontanum from the 11- to 1-o'clock position with expansion bilaterally and dorsally. (b) The urethral crest is cut around the seminal colliculus using an inverted U-shaped cut; it is then extended circumferentially, joining the previous ventral scoring demarcation to create a circle of "white line" to release the apex from the external sphincter. (c) The mucosal strip is located between the anterior capsular plane and bilateral adenoma and divided by laser incision, and another inverted U-shaped cut is made. (d) After continuous dissection between the anterior capsular plane and the ventral prostate, the spoke-like fiber of the anterior bladder neck is divided by laser, and another inverted U-shaped cut is created. (e) The bladder lumen is entered anteriorly between the capsular plane and the adenoma. (f) The median lobe and the rest of the bilateral lobes are dissected in a retrograde fashion along with the surgical capsule. This process gradually moves toward the posterior bladder neck and gently divides the remaining attached fiber.

***En-Bloc* Holmium Laser Enucleation of the Prostate with Early Apical Release: Are We Ready for a New Paradigm?**

Agostino Tuccio ¹, Antonio Andrea Grosso ¹, Francesco Sessa ¹, Matteo Salvi ¹,
Riccardo Tellini ¹, Andrea Cocci ¹, Lorenzo Viola ¹, Pierangelo Verrienti ¹, Matteo Di Camillo ¹,
Fabrizio Di Maida ¹, Andrea Mari ¹, Marco Carini ¹, Andrea Minervini ¹

Affiliations + expand

PMID: 33567966 DOI: [10.1089/end.2020.1189](https://doi.org/10.1089/end.2020.1189)

Conclusions: Both techniques are effective and safe treatment options for BOO, since peri- and postoperative surgical and functional outcomes were favorable. *En-bloc* strategy may significantly decrease ET and the amount of energy delivered leading to a reduced early stress incontinence rate compared with the standard approach.