

Early postoperative outcomes of patients undergoing prostatectomy for benign prostatic hyperplasia at Kenyatta National Hospital, Nairobi.

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Abstract

OBJECTIVE:

To describe early postoperative complications of prostatectomy.

DESIGN:

A descriptive prospective study.

SETTING:

Kenyatta National Hospital between 6th October 2003 and 21st June 2004.

SUBJECTS:

Eighty five men undergoing prostatectomy for the relief of lower urinary tract obstruction due to benign prostatic hyperplasia. Procedures included suprapubic transvesical prostatectomy, retropubic prostatectomy and transurethral resection of the prostate (TURP).

MAIN OUTCOME MEASURES:

Co-morbidity, intra-operative and early postoperative complications, need for re-operation, 30-day mortality, duration of postoperative catheterisation, and duration of postoperative hospital stay.

RESULTS:

Eighty five patients were included in the study and their age range was 46-85 years (mean 66 years). Sixty nine (81%) of the patients underwent open prostatectomy, and sixteen (19%) underwent TURP. Twenty six patients had co-existing medical conditions, the most common being hypertension (29%) and diabetes mellitus (13%). The most common intra-operative complication during prostatectomy was haemorrhage which occurred in ten patients (11.8%). One patient had perforation of the bladder during transurethral resection and required a laparotomy to repair the bladder. Wound sepsis was the most common postoperative complication following open prostatectomy (35%, n = 69), and an association was found between wound sepsis and diabetes mellitus. Complications common to both open prostatectomy and TURP were urinary tract infection (15%), clot retention (10%), pyrexia (10%) and pneumonia (8.2%). Three patients (4.4 %) required re-operation due to complications related to wound sepsis. The duration of postoperative catheterisation ranged from 1-14 days (mean 6.66 days) while postoperative hospital stay ranged from 3-24 days (mean 8.16 days). There was no postoperative mortality at 30 days.

CONCLUSIONS:

Open prostatectomy is the most performed procedure for the relief of lower urinary tract obstruction due to benign prostatic hyperplasia at Kenyatta National Hospital. Wound sepsis is the commonest early postoperative complication and the presence of diabetes mellitus significantly increases the risk of development of wound sepsis.

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