



## **HPB: Tratamento Cirúrgico**

# **RTU Bipolar**

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# Conflitos de Interesse

**De acordo com a Resolução 1931/2009 do Conselho Federal de Medicina e com a RDC 96/2008 da ANVISA, declaro meus potenciais conflitos de interesse:**

**Advisory Board:** Zodiac Produtos Farmacêuticos

**Speaker:** AstraZeneca Brasil, Astellas Pharma Brasil

**Proctor FocalOne®:** EDAP-TMS, França

Não possuo ações de quaisquer destas companhias. Os meus pré-requisitos para participar destas atividades são a autonomia do pensamento científico, a independência de opiniões e a liberdade de expressão, aspecto que estas empresas respeitam.



# Equipamentos



Autocon III 400

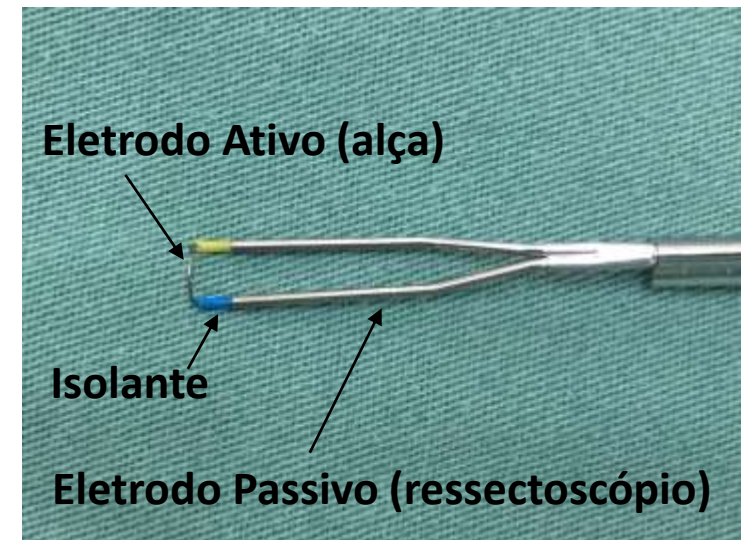


KLS Martin Maxium



# Modo de Ação

- ✓ RTU monopolar → Corrente viaja através do corpo para atingir a placa na pele
- ✓ **RTU bipolar → Corrente é fechada localmente**
  - Sistema bipolar verdadeiro: pólo ativo (alça de ressecção) e pólo passivo (ressectoscópio)
  - Sistema “quasi” bipolar: pólo passivo na camisa de ressecção
- ✓ Utiliza menos energia
- ✓ Utiliza solução salina





# Indicações

## EAU Guidelines on Management of Non-Neurogenic Male Lower Urinary Tract Symptoms (LUTS), incl. Benign Prostatic Obstruction (BPO)

Recommendations	Strength rating
Offer transurethral incision of the prostate to surgically treat moderate-to-severe LUTS in men with prostate size $< 30$ mL, without a middle lobe.	Strong
Offer bipolar- or monopolar-transurethral resection of the prostate (TURP) to surgically treat moderate-to-severe LUTS in men with prostate size of 30-80 mL.	Strong
Offer plasma bipolar transurethral vapourisation of the prostate as an alternative to TURP to surgically treat moderate-to-severe LUTS in men with prostate size of 30-80 mL.	Strong



# Resultados

- A RTU bipolar é a alternativa mais amplamente e minuciosamente investigada à RTU monopolar
- Eficácia igual à RTU monopolar
- Elimina a síndrome da RTU
- ↓ retenção por coágulo
- ↓ taxa de transfusão
- ↓ tempo de irrigação e cateterização
- = chance de estenose de uretra ou colo vesical

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**EAU**  
European Association of Urology

Platinum Priority – Collaborative Review – Benign Prostatic Obstruction  
Editorial by Martin Goebel and Paul Abrams on pp. 1057–1058 of this issue

**A Systematic Review and Meta-analysis of Functional Outcomes and Complications Following Transurethral Procedures for Lower Urinary Tract Symptoms Resulting from Benign Prostatic Obstruction: An Update**

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Benign prostatic obstruction  
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Transurethral procedures  
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**Abstract**

**Context:** A number of transurethral ablation techniques based on the use of innovative medical devices have been introduced in the recent past for the surgical treatment of benign prostatic obstruction (BPO).

**Objective:** To conduct a systematic review of the literature and a meta-analysis of available randomized controlled trials (RCTs), and to evaluate the efficacy and safety of transurethral ablation procedures for BPO.

**Evidence acquisition:** A systematic literature search was performed for all RCTs comparing any transurethral surgical technique for BPO to another between 1992 and 2013. Efficacy was evaluated after a minimum follow-up of 3 yr based on International Prostate Symptom Score, maximum flow rate, and postvoid residual volume. Efficacy at mid-term follow-up, prostate volume, postoperative data, and short-term and long-term complications were also assessed. Data were analyzed using RevMan software.

**Evidence synthesis:** A total of 69 RCTs (8517 enrolled patients) were included. No significant difference was found in terms of short-term efficacy between bipolar transurethral resection of the prostate (B-TURP) and monopolar transurethral resection of the prostate (M-TURP). However, B-TURP was associated with a lower rate of postoperative complications, better short-term efficacy outcomes, fewer immediate complications, and a shorter hospital stay were found after holmium laser enucleation of the prostate (HoLEP) compared with M-TURP. Compared with M-TURP, Greenlight photoselective vaporization of the prostate (PVP) was associated with a shorter hospital stay and fewer complications but no different short-term efficacy outcomes.

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# Caso Clínico

- **AAN, 57 anos**
- **QD: RUA com SVD há 2 anos**
- **HMA: Sintomas de jato fraco, esforço miccional, esvaziamento incompleto, noctúria 3-4x (anterior à sondagem). Usou alfa-bloqueador até a sondagem.**
- **AP: HAS em uso de captopril**
- **PSA 4,1**
- **USG rins ok. Bexiga de esforço. Próstata 42g.**
- **Biópsia (2019) sem neoplasia**







# Mensagens Finais

- Alternativa à RTU monopolar
- Eficácia semelhante
- Menos morbidade peri-operatória
- A escolha da RTU bipolar deve basear-se na disponibilidade de equipamento, experiência do cirurgião e preferência do paciente



Urologia

Hospital Brigadeiro  
Centro de Referência do Homem

**Obrigado**

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