Editorial comment

Comments on diode laser + bTURP vs. uTURP

Taiwan has published most of the important clinical articles in diode laser treatment of BPH [1–5]. Diode laser at 980 nm is an attractive wave length with good absorption of laser energy in both water and hemoglobin. Initial report using diode vaporization was not good [1,2] and the same group improved surgical outcomes through modifying its original version to diode laser vaporization plus bipolar TURP [3], which is the surgical technique applied in this article. The other approaches for better outcomes were diode laser enucleation of prostate at lower energy of 80 W [4] and diode laser-assisted bipolar transurethral resection of the prostate with the oyster procedure [5].

We, urologists, embraced laser technology for better care of BPH. We do have some difficulty in applying pure laser prostatectomy, and many of us use bipolar TURP without hesitate. This article is another example to reflect current situation in managing big prostate. However, the additional use of bipolar TURP raises the question that do we really need diode vaporization before TURP? In the future, the authors are encouraged to prove that combination therapy is better than bipolar TURP, instead of monopolar TURP.

Non-inferiority of laser prostatectomy is actually not good enough to replace TURP [6]. Until we prove that some type of laser prostatectomy is superior to monopolar or bipolar TURP, that kind of laser will be the champion of next generation of prostatectomy.

Conflicts of interest

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References


Stephen Shei-Dei Yang*
Division of Urology, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, New Taipei, Taiwan
Medical College of Buddhist Tzu Chi University, Hualien, Taiwan
Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan

* 16F, #289, Chienkuo Road, Division of Urology, Taipei Tzu Chi Hospital, Xindian, New Taipei 231, Taiwan.
E-mail address: krissygnet@yahoo.com.tw.

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