Abstract
Open prostate surgery is usually done where the trained urologists, fiber-optic resectoscopes are not available, in benign prostatic hypertrophy and in peripheral settings. This retrospective study of retro-pubic prostatectomy which was carried out at Bharatpur Hospital and private nursing home in Chitwan during seven years period (1999 - 2006) with the final out come of 93 cases with its critical appraisal. One death and three cases of bladder neck contracture were found in final evaluation.

Key Words
Prostate, TURP, Old age, lower urinary tract symptoms (LUTS)

Introduction
Urinary flow obstruction and lower urinary tract symptoms (LUTS) in old age is fairly common in any place and any country due to Benign Prostatic Hypertrophy (BPH). This urinary symptom usually starts after the age of 60, but in few individual it may start a bit early 1,2. Patients seek for help when their symptoms get worse. Burning micturition, night frequency and incomplete sense of voiding and other symptoms of bladder wall irritation that gradually progresses until a day comes when they land with obstructive symptoms of acute or chronic retention of urine in emergency department 6,7. Other patients come to hospitals carrying urobag in their hand asking for operation. We usually try to refer them to higher centers to take care by urologists but often they decline due to variety of socio-economic reasons. So we started doing this operation on prostate and the type of operation we preferred was retro-pubic prostatectomy (Millin’s operation) 2,3,5. Another reason for providing this service is that qualified urologists can be counted in fingers only to this date in our country.

Material and Method
Ninety-three patients were operated over a period of nearly seven years (1999 to 2006) at Bharatpur Hospital (13 cases of RPP done in Private nursing home is also included in this study). We had set following criteria before we offered this operation.
1. Patient who came to us with Foley’s catheter due to past history of acute retention of urine and are fade of with their indwelling catheter which needed change every month.
2. Severe obstructive symptoms characterized by post-void urinary volume of 100ml or more in USG scan despite initial medical management for three month (finasteride + prazosin) 1,2,4.
3. Patients were informed in advance that residual urinary symptoms may remain even after operation and they should not expect to regain 100% urinary control.
4. Patients were informed about the alternative methods including transurethral resection of prostate (TURP).
5. Full work-up of the patient and sent to pre-anesthetic checkup.
6. Arrangement of whole blood at-least two pints before operation.
7. ASA I & II was only offered for open operation and others were referred to higher centre for TURP.

Surgical Technique
Proper positioning of the patient is important. I prefer small pillow behind the buttock and tilting the patient (5 to10 degree) in trendelenburg position. A lower mid-line or pfannenstiel incision was given. In lower midline incision, after dissecting the skin and subcutaneous fat the linea alba in divided vertically in mid-line and the rectus muscle retracted from the middle approaching the retro-pubic space of Retzius. Blunt dissection in that space will reveal the thick white prostatic capsule distal to the bladder neck. After applying a stay suture, the prostatic capsule is divided transversely and the prostatic adenoma is mobilized with a finger in all direction and dissected off from the capsule and bladder neck (enucleation). Haemostasis is secured with the help of long ribbon gauge, diathermy and few stitches with catgut if necessary. A three way Foley’s catheter is introduced, capsule closed with vicryl no.1 and bladder irrigation started immediately with normal saline. Then, wound closed in layers putting a drain in the retro-pubic space of Retzius. Most of the patient received one or two pints of blood in postoperative care. Bladder irrigation continued for 2 to 3 days or until the urine looks clear clinically.

Result and Discussion
The result was impressive, most of the patients were discharged within ten days removing the Foley’s catheter. There were 93 patients who underwent this operation. The age group distribution is shown in the table below.

<table>
<thead>
<tr>
<th>Age group</th>
<th>No. of operation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 - 69</td>
<td>35</td>
<td>37.5 %</td>
</tr>
<tr>
<td>70 - 79</td>
<td>51</td>
<td>55 %</td>
</tr>
<tr>
<td>80 +</td>
<td>7</td>
<td>6.5 %</td>
</tr>
<tr>
<td>total</td>
<td>93</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Most of the patient were in the age group 70 to 79 years (55 %). Only 7 % were found in 80 years and above because only ASA I & II was enrolled in our study.

A significant number of patients, about 90% reported urinary leakage for two to three weeks and thereafter gained almost control over their bladder habit. Three patients reported with urinary retention following the operation within three months time due to bladder neck stricture, which I had to refer to higher center for transurethral resection of the stricture. Among those three, two patients needed repeated resection for their bladder neck stricture. One unfortunate patient died due to secondary haemorrhage in 9th post-operative day which was operated in private nursing home.

Conclusion
The choice of operation in BPH is TURP unless the size of the prostate is very big weighing more than 100 grams. In peripheral hospitals this facilities is remote and many patients cannot afford to visit Kathmandu for TURP. There is still shortage of trained urologist even in Kathmandu.
valley where we can count them in fingers. So training General Surgeons in urology, so that they can safely operate on prostate is the beauty of training surgical residents in Bir Hospital, NAMS. I hope future generation of surgical residents will acquire this skill so that they can help the poor population who are suffering from this problem of the old age.

Acknowledgement
I am grateful to my teachers in Bir Hospital (Urology) for helping me to learn this surgical procedure while I was posted to work under them during my residency in Bir Hospital. I am also grateful to senior urologist at Patan Hospital for kindly managing those bladder neck strictures.

References