

Surgical treatment for prostatic hyperplasia

Ripali Gautam*

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such as African-American men and men with a family history of prostate cancer should begin screening at age 40.

DESCRIPTION

The prostate is divided into three different tissue regions: the peripheral zone, the transitional zone, and the central/perioral region. Benign prostatic hyperplasia originates in the transition zone. The transition zone is demarcated by verumontanum that endoscopically demonstrates the demarcation line between benign prostatic hyperplasia and proximal striated muscle. Secretions from the prostate gland, vas deferens, and seminal vesicles drain into the prostatic urethra at the level of the probois (i.e. the segment of the urethra that crosses the prostate). Each of these structures contributes to spermatogenesis. Benign prostatic hyperplasia is a condition in which the prostate gland, a part of the body made up of dense glandular tissue, grows in size. The prostate is a walnut-sized gland that surrounds the urethra in men. The urethra is the tube that carries urine from the bladder to the outside of the body. BPH is the most common prostate problem in men over the age of 50. About half of men in their 50s and up to 90% of men in their 70s and 80s have an enlarged prostate. Increase in the total number of prostate stromal and epithelial cells in the transition zone of the prostate. Due to this hyperplasia, large, discrete prostate nodules may develop. Lower urinary tract symptoms have been defined by an international consensus conference as a group of symptoms associated with urinary reserve and/or urination disorders in elderly men. Symptoms of urine reserve are divided in to (urgency, frequency and nocturia), polyuria (eg. straining to urinate, continence, difficulty and hesitancy) and other symptoms. Prostate surgery has a very high success rate. There is no evidence that BPH increases the risk of developing prostate cancer. However, the symptoms of BPH and prostate cancer are similar. The American Urological Association and the American Cancer Society recommend annual prostate exams for men ages 55 to 69. High-risk men

Surgical treatments

Transurethral resection of the prostate: This is the most common treatment for Benign Prostatic Hyperplasia. During this procedure, the urologist inserts a rigid instrument called resectoscope into the urethra. This is why it is called transurethral. Inserting the laparoscope this way. They will then use a charged laparoscope to remove excess tissue that is preventing urine from leaving the bladder.

Transurethral incision of the prostate: The urologist makes two little cuts in the bladder neck (where the urethra and bladder join) and in the prostate to augment the urethra to further develop micturition stream.

Simple prostatectomy: This method utilizes electrical energy applied through a terminal to quickly warm prostate tissue, transforming the tissue cells into steam. This permits the specialist to disintegrate a space of the amplified tissue and soothe urinary blockage.

Transurethral microwave thermotherapy: Insert a special electrode through the urethra into the prostate area. The microwave energy from the electrode destroys the inside of the enlarged prostate, narrowing it and making it easier for urine to flow out. Transurethral microwave thermotherapy may only partially relieve your symptoms, and it may take some time for you to notice results. This surgery is usually only used on small prostates.

Department of Medicine, University of Minnesota Medical School, Minneapolis, Minnesota, USA

Correspondence: Gautam R, Department of Medicine, University of Minnesota Medical School, Minneapolis, Minnesota, USA, E-mail: gaur@123hotmail.com

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