16 Transrectal Hyperthermia in Benign Prostatic Hyperplasia

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16.1 Introduction

Today the treatment of benign prostatic hyperplasia (BPH) comprises the well-known surgical techniques as well as alternative procedures such as pharmacologic treatment, local hyperthermia, stents, balloon dilation, and procedures causing prostatic necrosis (e.g., by using laser or high-intensive focused ultrasound). In the past, the available alternative procedures have had to stand comparison with operative techniques, particularly with transurethral resection of the prostate (TURP) as the gold standard. With an increasing number of therapeutic options available for patients with BPH, the question arises as to whether these options enable us to practice considerably more selective treatment for different stages of BPH (see Chap. 8).

The aforementioned alternative procedures have been developed for various reasons, e.g., the values to which the medical profession is subject have altered considerably and, most importantly, the patients' view of the role of the doctor has changed. Patients do prefer noninvasive procedures to operative interventions. Moreover, there is a need to reduce costs in medicine generally and this impacts on the operative specialties as well. In this context, the problems identified by Roos et al. (1989) with regard to late mortality and incidence of

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Fig. 16.1. Prostathermer TM System Model 99-D (Biodan Medical System), as used in this study

Fig. 16.2. Schematic representation of TRHT. Treatment with the Prostathermer, as used in this study