Early Postoperative Bleedings After Prostatectomy in the Light of Statistical Figures


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A statistical analysis of intraoperative and early postoperative bleedings in cases of surgery for prostatic adenoma is presented, consideration being given to the surgical technique and to lethality. It has emerged that all patients having had intraoperative or early postoperative bleedings had been operated on by the Hryntschak method and all were over 60 years of age (average age 68 years). Age-matched patients operated on by the Freyer method had no major bleedings.

Early bleeding from the bed of resected prostatic adenoma is a life-threatening complication causing serious problems. The statement made by Boehminghaus that surgical haemostasis of bleedings after suprapubic prostatectomy is not always practicable still holds true [7].

We have had 4123 surgical cases at our Department between 1960 and 1970; 509 of the patients had surgery for prostatic adenoma. The clinical data have been coded on punch-cards. The Hryntschak technique has been employed in 452, the Freyer technique in 51 cases. There were 41 deaths. Severe intraoperative bleedings occurred in 8 cases. Recystotomy was carried out for the ligation of the bleeding vessels in 7 cases. In one case of recystotomy it was only ligation of both hypogastric arteries which brought the bleeding under control. Treatment was conservative in one case. Of the 8 patients referred to above 4 died.

Results

The overall lethality in the 509 surgical cases of prostatic adenoma was 8 per cent, i.e. 7.7 per cent for the Hryntschak operation, 10.5 per cent for the Freyer operation. Lethality was highest (15 per cent) in patients over 65 years of age with the Hryntschak operation, and was lowest (3.5 per cent) in those under 65 years of age. The operation was likewise of the Hryntschak-type in all cases of intraoperative and early postoperative bleedings, all patients having been in the 7th and 8th decade of life. Fifty per cent of the patients with haemorrhagic complications died immediately after operation. Lethality from bleeding was 1.3 per cent for the Hryntschak group, 1.1 per cent for the overall number of patients having had surgery for hypertrophy of the prostate. All patients over
65 years of age survived the Freyer operation. Some characteristic features of the group of haemorrhagic complications were compared with those of a control group of patients over 65 years of age with adequate renal function. In the group of haemorrhagic complications there have been preoperative incidents, such as total urinary retention, calculi of the bladder, and the prostatic adenoma weighed more than in the control group.

Discussion

Bleeding belongs to the gravest hazards of prostatectomy, regardless of the surgical technique [3, 7, 10, 11, 12]. The earlier literature quotes figures of 26 per cent [4] and 6 per cent [9, 11], respectively. The bleedings have been connected with the presence of proteolytic enzymes in the prostate [5]. The incidence of major bleedings calling for surgery is estimated at 0.8 to 1.3 per cent [12] which is well in agreement with our figures (1.1 per cent). For the lethality after prostatectomy we find figures of 1.58 per cent [12], 3.9 per cent [1], 2 to 4 per cent [11], 6.3 per cent [2], and as high as 16.7 per cent, attributable to advanced age [8]. The relatively high lethality in our surgical material can be ascribed to the fact that, owing to shortage of beds at the urological departments, many patients were already poor-risk cases at the time of admission.

The Freyer operation, first performed in Poland in 1936, was found best suited for those over 65 years of age [13]. It had no lethality, nor did it produce bleedings in any of our elderly patients. The procedure has been, however, criticised recently [6].

Conclusions

1. Intraoperative and early postoperative bleedings occurred in patients over 65 years of age operated on by the Hryntschak procedure.

2. The Freyer operation seems to be better suited for patients over 60 years of age than the Hryntschak operation.

3. Intraoperative and early postoperative bleedings call for prompt haemostasis by recystotomy.

References