A statistical analysis of the postoperative complications of prostatectomy in 100 cases is presented. Significant differences in the times of convalescence were found according to the surgical modifications employed. The advantages of epidural anaesthesia are pointed out. Attention is drawn to the consequences of preoperative maintenance on catheter drainage.

Introduction

The postoperative complications of surgery for adenoma of the bladder neck have been exhaustively discussed in the literature. Of the various surgical procedures the technique proposed by Fuller and Freyer has come into general use owing to its good functional results [1, 4, 5]. The successive modifications of this technique in the course of time show that the ideal procedure is still lacking. In our own surgical cases we also adapt the various modifications to the given situation.

In a search for the factors responsible for the postoperative complications of transvesical prostatectomy we have reviewed the data of a surgical material comprising 100 cases. The average age of the patients was 69.8 years, ranging from 52 to 86. Twelve patients were over 80. Four patients had been found unfit for surgery in some other hospital owing to poor general condition. It is thus clear that the data for the present analysis have been derived from an unselected material.

All interventions were performed in epidural anesthesia, and all were completed by primary closure of the bladder. For surgical haemostasis a bag catheter inflated with 10 to 20 ml fluid was inserted into the prostatic bed, using (a) no suture; in case of arterial bleeding (b) stitches at 5 and 7 o'clock, or (c) a non-absorbable suture according to Hencz [8].

Evaluation was based on the average time of convalescence, expressed in days between surgery and discharge from hospital. It is to be noted that all patients were discharged with healed surgical wounds. The mean convalescence time in
the 100 cases under study was $17.32 \pm 6.13$ days. Substantial deviations from this value were, however, found, depending on the surgical modification (Table 1).

On the evidence of the statistical figures the mean convalescence time in the group in which no suture was used, referred to the total material, as well as to the other two groups separately, is significantly reduced: $p < 0.05$. It is thus clear that the convalescence time is significantly affected by the given modification of the surgical technique which, on its part, is decided solely by the nature and extent of intraoperative bleeding.

The incidence of the totality of postoperative complications in the present material is consistent with other published figures in this country [2, 9, 10]. There are, however, certain differences in their distribution (Table 2). We had neither cardiopulmonary complications or thromboembolism, nor was reexposure for bleeding necessary in any of the cases.

The frequency of the individual postoperative complications was also examined on the basis of statistical analysis. The group “Bleeding” comprises all those patients who required blood transfusions either intraoperatively or postoperatively,