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CME Questions for European Urology Supplements Volume 8 (2009) pp. 489–529

CME questions

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How to make the diagnosis of benign prostatic disease

- Which statement regarding the use of PSA testing for the evaluation of men with LUTS is correct?
 - PSA should routinely be tested in all men with LUTSD.
 - PSA will be elevated in most men with significant LUTS.
 - PSA should only be tested in men with LUTS and a positive digital rectal examination.
 - PSA should only be tested if a diagnosis of prostate cancer would be relevant.
- Which of the following investigations is not routinely done in men with LUTS?
 - Urinalysis.
 - Pressure–flow studies.
 - Ultrasound of the prostate and bladder.
 - Flow rate.
- Which statement regarding flow rates is not correct?
 - Flow rates should be done on every patient with LUTS suggestive of BPE.
 - Flow rates with small voided volumes are often incorrect.
 - Flow rates must be measured several times.
 - A flow rate >15 ml/s excludes bladder outlet obstruction.
- Postvoid residual urine volumes
 - Should be measured by catheterisation.
 - Cannot reliably be measured by ultrasound.
 - Show diurnal variation.
 - Imply bladder outlet obstruction.
- Which statement regarding the International Prostate Symptom Score (IPSS) is correct?
 - The IPSS adequately assesses symptoms and associated bother.
 - The IPSS is specific for LUTS due to prostatic disease.
 - The IPSS is primarily a research instrument.
 - The IPSS is recommended for routine assessment of men with LUTS.
- Which statement regarding imaging for men with LUTS is correct?
 - Intravenous pyelography is routinely recommended if a large post-void residual is seen.
 - Ultrasound of the bladder is routinely needed.
 - Accurate determination of prostate size by transrectal ultrasound is needed if invasive treatment for benign prostatic enlargement is considered.
 - Pelvic CT scan or MRI are routinely needed if PSA is elevated.

Medical Treatment of Lower Urinary Tract Symptoms Suggestive of Benign Prostatic Hyperplasia

- Which statement on a possible reduction of prostate size by medical treatment is true?
 - Medical treatments do not reduce prostate size.
 - Only α -blockers reduce prostate size.
 - Only 5α -reductase inhibitors reduce prostate size.

- D. Combination treatment reduces prostate size to a greater extent than 5 α -reductase inhibitors alone.
- If disease progression is defined by a combined end point (eg, symptom progression, occurrence of acute urinary retention), which statement on effects of medical treatment is true?**
 - Only α -blockers are effective.
 - Only 5 α -reductase inhibitors are effective.
 - Combination treatment is most effective.
 - Medical treatment does not prevent disease progression.
 - Which form of medical treatment of lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH) is most suitable for intermittent treatment in patients not requiring or wishing long-term treatment?**
 - α -blockers.
 - 5 α -reductase.
 - Combination treatment.
 - There is no rational basis for intermittent treatment.
 - Which statement on possible differences in the efficacy of LUTS reduction is supported by multiple controlled studies?**
 - Tamsulosin is more effective than doxazosin.
 - Terazosin is more effective than alfuzosin.
 - Dutasteride is more effective than finasteride.
 - α -blockers are more effective than 5 α -reductase inhibitors.
 - What is the main benefit of long-term combination treatment with an α -blocker and a 5 α -reductase inhibitor?**
 - Enhanced reduction of prostate size.
 - Enhanced reduction of storage symptoms.
 - Enhanced prevention of disease progression.
 - Enhanced tolerability.
 - Which drug or drug class other than α -blockers and 5 α -reductase inhibitors has consistently demonstrated improvement of male LUTS across multiple placebo-controlled double-blind studies?**
 - Botulinum toxin.
 - Phosphodiesterase (PDE) inhibitors.
 - β 3-adrenoceptor agonists.
 - Tachykinin receptor antagonists.

Transurethral Resection of the Prostate

- Which statement regarding the current morbidity of transurethral resection of the prostate (TURP) is correct?**
 - Mortality is approximately 3% in most series.
 - Transurethral resection (TUR) syndrome occurs in 3–4%.
 - Blood transfusion is necessary in about 5%.
 - Retrograde ejaculation is seen in 30%.
- Who should undergo pressure-flow studies prior TURP?**
 - All patients with an elective indication.
 - Young patients with a predominance of storage symptoms.
 - Patients who have failed medical therapy.
 - Patients with a prostate volume >70 ml.
- Which statement regarding bipolar TURP is correct?**
 - Bipolar TURP eliminates the risk of the TUR syndrome.
 - Some studies suggest a low risk of bleeding.
 - The resection is performed in saline.
 - All of the above.
- The long-term outcome of TURP is characterised by:**
 - An improvement in maximum flow rate (Q_{max}) by 30–50% of cases.
 - A re-TURP rate of 8–10% within 12 mo.
 - An improvement in symptoms by 20–30% of cases.
 - A re-TURP rate of 8–10% within 8–10 yr.
- Which statement regarding the Q_{max} improvement is correct?**
 - TURP, transurethral needle ablation (TUNA), and transurethral microwave thermotherapy (TUMT) result in similar Q_{max} improvements.
 - Mono- and bipolar TURP have similar Q_{max} improvements.
 - Transurethral vaporisation and TURP yield similar Q_{max} outcomes.
 - Generally, Q_{max} improvements after TURP are only marginal.
- Which statement regarding sexual side effects of TURP is correct?**
 - TURP leads to erectile dysfunction in 50% of cases.

- B. TURP leads to retrograde ejaculation in 40–50% of cases.
- C. TURP has no relevant effect on erectile function.
- D. Loss of libido is frequently seen after TURP.

Minimally Invasive Surgical Treatments for Benign Prostatic Hyperplasia

1. Which is the most common post-transurethral needle ablation (TUNA) adverse event?
 - A. Urinary tract infections.
 - B. Transient macroscopic haematuria.
 - C. Urinary retention.
 - D. Retrograde ejaculation.
2. Which of the following statements is incorrect?
 - A. The short-term success rate of transurethral microwave thermotherapy (TUMT) in patients with retention ranges from 80% to 93%.
 - B. Re-treatment for strictures is significantly higher for transurethral resection of the prostate (TURP) than for TUMT (relative hazard: 9.76).
 - C. TURP achieves a greater improvement in peak urinary flow compared with TUMT, but the difference is not statistically significant.
 - D. Meta-analysis of the available randomised controlled trials showed that TUMT patients are more likely than TURP patients to receive retreatment due to primary treatment failure (relative hazard: 10.0).
3. The effects of holmium:yttrium aluminium garnet (Ho:YAG) laser on prostatic adenoma are:
 - A. Coagulative necrosis.
 - B. Vaporisation.
 - C. Vaporisation with coagulative necrosis.
 - D. Vaporisation without coagulative necrosis.
4. With regard to functional outcomes:
 - A. Holmium laser enucleation of the prostate (HoLEP) is to be considered superior to TURP.
 - B. HoLEP is to be considered inferior to TURP.
 - C. HoLEP is to be considered equal to TURP.
 - D. Long-term follow-up data are awaited.
5. Which of the following statements regarding indications for HoLEP is correct?
 - A. HoLEP is indicated only for small adenomas.
 - B. HoLEP is indicated only for small adenomas without middle lobe.
 - C. HoLEP is indicated for large adenomas.
 - D. HoLEP is size independent.

6. Which of the following statements regarding intra- and postoperative morbidity during potassium titanyl phosphate (KTP) laser prostatectomy is correct?
 - A. The risk of bleeding is comparable to TURP.
 - B. The risk of transurethral resection syndrome is comparable to TURP.
 - C. KTP laser prostatectomy can be performed in patients with bleeding disorders.
 - D. KTP laser prostatectomy can be performed under local anaesthesia.

Management of acute and chronic retention in men

1. Which statement on acute urinary retention (AUR) is true?
 - A. AUR in men over 55 years of age a trial of void is unlikely to be successful.
 - B. The risk of experiencing AUR in a 60 year-old man is about 20% if he reaches the age of 80.
 - C. AUR occurs with equal frequency in men and women but resolves more often spontaneously in women.
 - D. AUR in men is always due to benign prostatic disease.
2. Acute urinary retention can be precipitated by
 - A. Altered α -adrenergic activity in the prostate.
 - B. Prostatic infarction.
 - C. Prostatic inflammation.
 - D. Excessive alcohol intake.
 - E. All of the above.
3. Treatment of AUR requires
 - A. Urgent catheterization.
 - B. Catheterization and hospital admission for urgent TURP.
 - C. Catheterization and always a trial of void.
 - D. Catheterization and treatment with an α -blocker.
4. Acute-on-chronic retention is
 - A. A sudden increase in post-void residual volume.
 - B. A sudden drop in maximum urinary flow rate.
 - C. Acute retention in patients with large post-void residual volumes.
 - D. Acute retention in neurogenic bladder disorders.
5. Which statement is true for the management of acute retention?
 - A. Diuresis following catheterization will be excessive.

- B. Intravenous fluid replacement must be done.
 C. Hematuria following catheterization is not uncommon.
 D. Drainage volumes above 1,5 l within 10 min require hospital admission.
6. Regarding a trial without catheter after an episode of acute urinary retention which statement is true?
- A. Suprapubic catheterization is a prerequisite for doing a trial without catheter.
 B. A trial without catheter only makes sense if medical treatment for BPH is started beforehand.
 C. A trial without catheter should be done as soon as possible after the acute urinary retention.
 D. The success rate of a trial without catheter is associated with patient age.

Correct answers

How to make the diagnosis of benign prostatic disease

1. D, 2. B, 3. D, 4. C, 5. D, 6. B

Medical Treatment of Lower Urinary Tract Symptoms Suggestive of BPH

1. C, 2. C, 3. A, 4. D, 5. C, 6. B

Transurethral Resection of the Prostate

1. C, 2. B, 3. D, 4. D, 5. B, 6. C

Minimally Invasive Surgical Treatments for BPH

1. B, 2. C, 3. D, 4. C, 5. D, 6. C

Management of acute and chronic urinary retention

1. B, 2. E, 3. A, 4. C, 5. C, 6. D