study is to evaluate the results of PVP with Greenlight HPS 120W laser in the treatment of first 100 consecutive patients.
Material and Methods: 100 consecutive patients underwent PVP with Greenlight HPS 120W laser in years 2006–2008. 65 patients were on anticoagulants due to cardiac diseases. The mean patients' age was 67.2 years and the mean prostate size was 64.8 ml. We evaluated various objective and subjective parameters before and 1, 6 and 12 months after PVP. Duration of the procedure, time of catheterization and hospitalization as well as morphological and biochemical parameters and intra – and postoperative complications were assessed.
Results: The mean duration of the procedure was 56 minutes. The mean catheterization time after PVP was 18.3 hours. The mean hospitalization time after PVP was 28.1 hours. The mean maximum urinary flow rate (Qmax) improved from 9.7 before to 21.9, 22.5 and 21.8 ml/s at 1, 6 and 12 months, respectively. The mean post-voiding residual volume (PVR) decreased from 116.4 to 33.5, 31.7 and 32.3 ml. IPSS decreased from 24.9 to 11.1, 7.3 and 7.2. QoL score decreased from 4.7 to 2.2, 1.7 and 1.6. There was no major complication during PVP. No significant change in hematocrite and sodium serum level was observed. No blood transfusion was necessary. Most common postoperative complications included transient dysuria and hematuria. 2 patients required recatheterization due to urine retention. 16 out of 42 (38.1%) sexually active patients experienced retrograde ejaculation. 4 patients required second procedure (2 TURP and 2 urethrotomy).
Conclusions: Photoselective vaporization of the prostate with Greenlight HPS 120W laser appears to be effective and safe treatment modality for patients with BPH. Moreover, it can be safely used in patients with cardiac diseases and on oral anticoagulation.

N30
Green laser vaporization of the prostate – 300 procedures experience

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Introduction and Objectives: Therapeutic strategies for benign prostatic hyperplasia (BPH) are still innovative. Ideal is minimally invasive ambulatory procedure. The photoselective vaporization of the prostate by potassium titanyl phosphate (KTP-green) laser seems to be good tool for BPH treatment
Material and Methods: From August 2003 to January 2009, a group of 301 men (16 with complete urinary retention) in age from 51 to 87 years with benign prostatic hyperplasia (BPH) who underwent KTP 80 watts laser prostatectomy were observed. Preoperative prostate volume estimated by TRUS ranged from 31 to 136 cc. International prostatic symptom score (IPSS) was in all over 21 points and QoL over 3 points. PSA range, estimated before treatment, has been normal in 238 pts. In 51 was over 4 and less than 10 ng/ml (4.41–9.23 ng/ml) with F/T PSA ratio over 20% and in 12 PSA was over10 ng/ml performed prostate biopsies were negative. Mean urine residual volume was 99.4 ml.
Results: Follow-up was from 4 to 268 weeks. The mean lasing time was 41 minutes (11–84 min). Mean delivered laser energy was 89 018 J (9425–221670 J). 284 pts were not catheterized at the finish of the procedure. In 17 (16 with urinary retention before treatment) catheter was removed 12 to 24 hours after treatment. All pts experienced few days of mild dysuria. Four pts required catheterization in the first day after treatment. In five pts increasing of body temperature to 38ºC was observed in the first day after treatment. 24 hours after treatment haematuria required catheterization was observed in two pts. 7 days after treatment in 4 pts massive haematuria was observed (two required hospitalization without blood transfusion). In seven pts (prostate volume >120 cc) because of urinary retention (in one pts 4 weeks, in 6 pts 8 weeks after PVP) transurethral resection of the prostate was performed. In one pts urethral stricture was dissected. 4 weeks after PVP IPSS decreased after 12 weeks from 24 to 14 and after 52 weeks to 9. The mean peak urinary flow rate increased after 4 weeks from 8.3 ml/sec to 16.9 ml/sec and after 12 weeks to 18, 9 ml/sec. The mean prostate volume decreased by 37%. Mean postoperative residual volume has been estimated after 4 weeks (~38.6 ml) and after 24 weeks (~29.3 ml).
Conclusions: In over 90% of treated by PVP pts I-PSS and QoL decreased after 4weeks. Significant increase of Qmax was observed in pts after 4 weeks from PVP as well as significant decrease of post residual volume. In 95% of pts no sings of bacteriuria were observed. In some pts with prostate volume over 120 cc haematuria and incidents of urinary retention which caused TURP were observed.

N31
Detection rate of prostate cancer in double sextant biopsy regions

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Introduction and Objectives: Our aim was to evaluate the detection rate of prostate cancer in each of the 12-core, or double sextant biopsy region (Naughton et al, 2000), in men undergoing transrectal ultrasound (TRUS)-guided biopsies.
Material and Methods: For this purpose 65 men with prostate specific antigen level <15 ng/ml and non-remarkable digital rectal examination underwent transrectal ultrasonography-guided 12-core prostate biopsy due to clinical suspicions of neoplasia. Biopsy was performed by Bard® Magnum® Biopsy Instrument with Quick-Core® Biopsy Needles QC-180020–20T and end fire TRUS-probe. Tumour affected one lobe of prostate in all of these patients according to biopsy result. We evaluated detection rate of prostate cancer in each of double sextant biopsy region.
Results: The percent of positive cores on the left and on the right side of prostate was similar (45% vs. 55%). Differences were regarded as statistically insignificant ($P > 0.05$). Then we measured detection rate in each of the double sextant biopsy region from left and right lobe. The results were the following: laterally directed cores from the apex – 29%, standard cores from the apex – 36%; laterally directed cores from the midgland – 33%, standard cores from the midgland – 43%; laterally directed cores from the base – 33%, standard cores from the base – 35%.
Conclusions: The detection rate of prostate cancer in each of double sextant biopsy region was very similar and there are no statistical significant differences between them ($P = 0.87–0.23$).

N32
Determination of free/total prostate specific antigen ratio in different age categories for diagnosis of prostate carcinoma

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Introduction and Objectives: The aim of this study was to determine cutoff levels of free/total PSA (f/t PSA) ratios