

5th International Conference and Exhibition on Surgery & ENT

November 07-08, 2016 Alicante, Spain

Use of a new laser for prostate surgery

Tawfik A Zein

St. Joseph's Hospital and Medical Center, USA

50 patients were evaluated in our clinic for symptoms of bladder outlet obstruction and were scheduled for laser ablation of the prostate utilizing the pro-touch 1470 laser. All patients failed medical treatment, five presented with urine retention. Preoperative evaluation included ultrasound, cystoscopy, flow rate and the BPH scoring system. Operative time was markedly shorter than the gold standard TURP. Time of resection ranged from 10 minutes to 45 minutes depending on the size of the prostate. The glands ranged in size between 30 g and 120 g. No intraoperative complications took place and no post-operative bleeding was noted. No post-operative fluid absorption was verified by post-operative blood work and no patient demonstrated an altered mental status while being observed at the hospital. All patients ate on the same day of surgery and were ambulated when spinal anesthesia worn off. Most patients had spinal anesthesia unless contraindicated or refused by the patient. All patients left the hospital following an overnight stay. The Foley catheter was removed on the second morning before discharge except in two patients; no manual bladder irrigation was needed. No patient presented to emergency department after discharge with bleeding or other complications. The technology used for these procedures was the pro-touch 1470 diode laser, which is manufactured by Convergent Laser Technologies located in Alameda, CA. The pro-touch operates on the 1470 wavelength. The wattage ranged from 85 to 100, the recommended setting is 90 watts. A setting of 45 watts in super pulse mode was found to be optimal for the resection of bladder tumors. This laser can be used in any operating room that has a standard 110 v line. It reduces hospital expenses through decreased intraoperative times and reduced lengths of stay for patients.

Tawfik.Zein@stj.net

Efficacy of different perioperative statin regimens on the protection against post coronary artery bypass grafting major adverse cardio-cerebral events

Aya Elmarsafawi

Cairo University, Egypt

Aim: Aim of this study is to compare different perioperative statin regimens for the prevention of post coronary artery bypass grafting (CABG) adverse events.

Method: A randomized prospective study was done at cardiothoracic surgical units in a government hospital. 94 patients scheduled for elective, isolated on- or off- pump CABG. Patients were randomly assigned to one of three treatment groups; group I (80 mg atorvastatin/day for two days preoperatively), group II (40 mg atorvastatin/day for five-nine days preoperatively) or group III (80 mg atorvastatin/day for five-nine days preoperatively). The same preoperative doses were restarted postoperatively and continued for one month.

Results: Cardiac troponin I (TnI), creatine kinase (CK-MB) and C-reactive protein (CRP) were assayed preoperatively, at 8, 24, 48 hours postoperatively and at discharge. CRP levels at 24 hours ($p=0.045$) and 48 hours ($p=0.009$) were significantly lower in group III compared to the two other groups. However, troponin I levels at 8 hours ($p=0.011$) and 48 hours ($p=0.025$) after surgery were significantly lower in group II compared to group III. The incidence of postoperative major adverse cardiac and cerebrovascular events (MACCE) was assessed and there was no significant difference among the three groups.

Conclusion: The three regimens did not result in any significant difference in outcomes but only simple trends. The higher dose regimen resulted in a significant reduction CRP level. Thus, more studies are needed to confirm the benefit of higher dose statins for the protection from post CABG adverse events.

aya.almarsafawi@pharma.cu.edu.eg