

Bipolar or monopolar transurethral resection for benign prostatic hyperplasia?

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Abstract

INTRODUCTION Transurethral resection is currently considered as standard endoscopic treatment for lower urinary tract obstruction due to benign hyperplasia under 80 cc. Monopolar resection loops has been traditionally used but bipolar energy has recently displaced precedent technology. The purpose of this summary is to evaluate the efficacy and safety of both technologies. **METHODS** To answer this question we used Epistemonikos, the largest database of systematic reviews in health, which is maintained by screening multiple information sources, including MEDLINE, EMBASE, Cochrane, among others. We extracted data from the systematic reviews, reanalyzed data of primary studies, conducted a meta-analysis and generated a summary of findings table using the GRADE approach. **RESULTS AND CONCLUSIONS** We identified 13 systematic reviews including 32 primary studies, among them 31 randomized trials. We concluded although there may be no difference in terms of efficacy among both techniques, the use of bipolar energy reduces the incidence of transurethral resection syndrome and probably reduces the risk of bleeding that requires red blood cell transfusion..