Service Priorities and Programmes

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Unplanned Readmission after Transurethral Resection of Prostate

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Introduction

Transurethral Resection of Prostate (TURP) is the most common elective surgery in Hong Kong. There are about 3000 operations performed in HA hospitals each year. United Christian Hospital is one of the major urology centre and providing 270-300 TURP in each year. Aging and increasing incidence of urinary retention create a high demand for TURP.

Objectives

To evaluate the unplanned readmission after TURP in UCH.

Methodology

A retrospective study was conducted in urology ward from April 2012 to March 2013.

Result

There were a total of 271 (245 elective and 26 emergency) TURP done in year 2012-2013. The patients aged from 55 to 97 years old (mean 76.1), the number of patients of age >80 years old were 93 (34.3%). 164 (60.5%) patients were put on indwelling urinary catheter before TURP. The number of unplanned readmission of this patients group was 9 (5.5%), which was much lower than the symptomatic BPH control group of 14 (13.1%). Out of the total 23 (8.5%) patients with unplanned readmission after TURP, there were 11 AROU, 9 Hematuria, 2 UTI & 1 urinary incontinence, admitted from discharge day to 25 days after home. Average readmission was on 9.2 days after discharge. 5 patients were readmitted on the same day, 4 out of 5 were AROU. 2 patients suffered from UTI and were admitted 2 days after home. The patient group of age >80 years old had same unplanned readmission rate of 8.5%. Conclusion In the past, we have the common misconceptions about the elderly patients and patients with indwelling urinary catheter undergoing the TURP. Our study has shown that the unplanned readmission rate for elderly group was the same as control group. The unplanned readmission rate in the patients with the indwelling urinary catheter was much lower than control group. The major reason for readmission are AROU and hematuria. In the future, we should design a better assessment on voiding function and health instruction to the patients before their discharge from hospital. It may help to decease the unplanned readmission, especially on the same day after discharge to home.