Figure 2 Correct positioning before the application of wool.

Figure 3 Correct positioning after the wool is applied.

holder remaining in its upright position, it is rotated 180 degrees, with the base of the foot holder pointing upwards. The knee joint is then placed in the foot rest and strapped as normal. This provides a strong construct for a successful reduction.

Figure 4 Final operative position immediately post-procedure.

Minimal access perineal urethrostomy using percutaneous nephrolithotomy skills to complete holmium laser enucleation of the prostate

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BACKGROUND

Access for complete endoscopic prostate enucleation requires a perineal urethrostomy in 1% of large prostates.¹ We describe a technique to gain extra length and manoeuvrability at the bladder neck by way of minimally invasive perineal access, rather than formal open urethrostomy.

TECHNIQUE

One should start the holmium laser enucleation of the prostate (HoLEP) as usual, but if access to the most proximal portion proves impossible, advancing an intravenous canula under endoscopic vision from the perineum into the bulbar urethra allows a guidewire to be passed into the bladder. Advance a ureteral access sheath over the wire into the bladder, as this has the required flexibility. Remove the guidewire and replace with a rigid percutaneous nephrolithotomy guidewire to straighten the path into the bladder without causing injury. Next, pass Storz telescopic dilators (Karl Storz Endoscopy UK

Ltd) over the rigid wire, followed by the resectoscope outer sheath. Removing the telescopic dilators, one can reintroduce the usual HoLEP equipment through perineal access, gaining roughly 10 cm in reach. The procedure should be completed as usual. A catheter should be left for two weeks to ensure healing of the perineal access.

DISCUSSION

Perineal urethrostomy was commonly used for endoscopic prostate surgery before modern instrumentation emerged. In exceptional cases

it is still needed. To our knowledge, this is the first description of percutaneous nephrolithotomy-type access into the urethra to enable completion of a HoLEP or other transurethral resection of the prostate. It can be considered as an alternative to formal perineal urethrostomy or open conversion if skills and equipment are available.

Reference

1. Matlaga BR, Kim SC, Kuo RL *et al.* Holmium laser enucleation of the prostate for prostates of > 125 ml. *BJUJ* 2006; **97**: 81–84.