Health Services Research: Practice Patterns, Quality of Life and Shared Decision Making I

Interactive Poster 67

Sunday, May 17, 2026 **3:30 PM-5:30 PM**

IP67-01

MEDICATION CESSATION FOLLOWING SURGICAL MANAGEMENT OF BPH: INSIGHTS FROM A STATEWIDE COHORT

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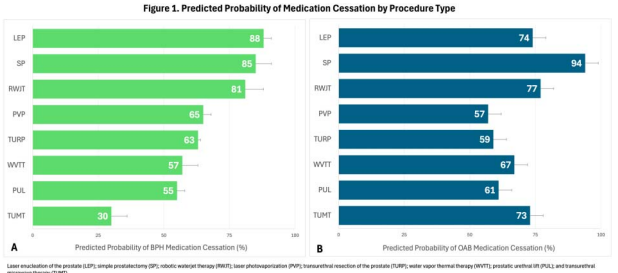
INTRODUCTION AND OBJECTIVES: Medication discontinuation is a key motivator for patients undergoing surgery for benign prostatic hyperplasia (BPH). Although randomized trials report high discontinuation rates, it is unclear whether these outcomes are replicated in real-world practice. We evaluated rates and predictors of BPH and overactive bladder (OAB) medication cessation across surgical procedures in a contemporary cohort.

METHODS: Using Michigan statewide claims data (2017-2023), we identified patients who underwent surgical therapy for BPH with a pre-existing prescription for a BPH medication (α-blocker/5α-reductase inhibitor) or OAB medication (β3-agonist/anticholinergic). Resective procedures included: Transurethral resection of the prostate (TURP), laser photovaporization (PVP), simple prostatectomy (SP), robotic waterjet therapy (RWJT), and laser enucleation of the prostate (LEP); and minimally invasive procedures included: Water vapor thermal therapy (WVTT), prostatic urethral lift (PUL), and transurethral microwave thermotherapy (TUMT). Medication cessation was defined as no prescription refills after six-months postoperatively. Logistic regression adjusted for demographic and clinical factors was used to estimate the probability and predictors of medication cessation.

RESULTS: Among 15,491 patients undergoing BPH surgery, 8,747 (57%) had a BPH medication prescription and 847 (5.5%) had an OAB prescription preoperatively. Predicted probabilities of BPH medication cessation were highest for LEP (88%) and lowest for TUMT (30%) (Figure 1A), while OAB medication cessation was highest for SP (94%) and lowest for PVP (57%) (Figure 1B). Decreased age and lower comorbidity were predictors for cessation of BPH medications, but not OAB medications. Compared to TURP, patients who underwent RWJT, LEP or SP were more likely to discontinue BPH medications (all p$<$0.001), and patients who underwent LEP were more likely to discontinue OAB medications (p=0.035).

CONCLUSIONS: In this real-world cohort, BPH and OAB medication discontinuation rates varied by procedure. Resective procedures were associated with higher cessation rates, whereas minimally invasive approaches had lower rates. These findings could inform shared patient decision making when evaluating potential surgical options.

Figure 1. Predicted Probability of Medication Cessation by Procedure Type



Laser enucleation of the prostate (LEP); simple prostatectomy (SP); robotic waterjet therapy (RWJT); laser photovaporization (PVP); transurethral resection of the prostate (TURP); water vapor thermal therapy (WVTT); prostatic urethral lift (PUL); and transurethral microwave therapy (TUMT).

Source of Funding: Data was provided by the Michigan Value Collaborative which is funded by Blue Cross Blue Shield of Michigan

IP67-02

PATIENT DECISIONAL REGRET AFTER HOLMIUM LASER ENUCLEATION OF THE PROSTATE (HOLEP): A MIXED-METHODS STUDY

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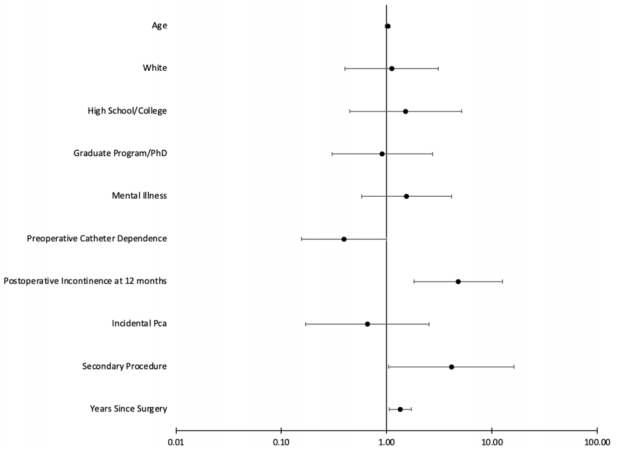
INTRODUCTION AND OBJECTIVES: Holmium laser enucleation of the prostate (HoLEP) is increasingly favored to relieve benign bladder outlet obstruction, with high success rates and patient satisfaction. However, some patients experience decisional uncertainty and regret. To our knowledge, this is the first mixed-methods study to evaluate patient decisional regret following HoLEP.

METHODS: A mixed-methods approach was conducted, consisting of the validated Surgical Satisfaction Questionnaire (SSQ-8) and semi-structured interviews. Participants who underwent HoLEP at a single academic institution between 2017 and 2023 and completed the SSQ-8 were included. Decisional uncertainty or regret was defined as responding “unsure,” “don’t think so,” or “never” to whether they would choose HoLEP again. Thirteen patients’ transcripts were analyzed by blinded coders using Dedoose (V10.0.35). Multivariate logistic regression was conducted to identify clinical predictors of regret.

RESULTS: Among 471 patients, 256 (54.4%) completed the SSQ-8, and 46 (18%) patients reported decisional uncertainty or regret. Thematic analysis revealed issues with new or persistent symptoms, effects on quality of life, experiences of incomplete information, poor communication with medical team, and emotions associated with regret as main themes. Significant clinical predictors of regret included postoperative incontinence at one year (OR = 4.79, $p < 0.01$), years elapsed since surgery (OR = 1.34, $p = 0.02$), and need for a secondary procedure (OR = 4.13, $p = 0.04$), while patients with preoperative catheter dependence were less likely to experience decisional regret (OR = 0.39, $p = 0.05$).

CONCLUSIONS: Eighteen percent of patients reported decisional uncertainty or regret after HoLEP, accompanied by perceptions of insufficient communication and dissatisfaction with their postoperative quality of life. Postoperative incontinence, years elapsed since surgery and need for secondary procedure were positive predictors of regret, whereas preoperative catheter dependence was protective.

Figure 1. Forest plot: clinical factors associated with decisional regret



Source of Funding: None