9.7 mL/s and 13.1 mL/s, respectively (statistically significant by repeated measure ANOVA; \( P < 0.05 \)). In patients with a prostate size of <100 mL, 90% were fully satisfied. All patients would recommend this procedure to others. In patients with a prostate size of \( \geq 100 \) mL, 19 were fully satisfied, two were not satisfied, and three did not complete the questionnaire.

**Conclusion:** PVP with 180-W GreenLight XPS laser is an effective and safe modality of treatment in high-risk patients with BPH whatever the size of the prostate. Prospective randomised controlled studies with more patients are needed to further confirm these results.

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[9] \( \alpha \)-Blockers and acute urinary retention

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**Objective:** To evaluate the effect of \( \alpha \)-blockers in patients with acute urinary retention (AUR), as lower urinary tract symptoms (LUTS) are a common pathology in men and AUR is an emergency requiring urgent catheterisation in order to pass this phase and recover spontaneous urination after trial without catheter (TWC).

**Methods:** This prospective cohort study included 77 patients who underwent bladder catheterisation for AUR, from April 2017 to March 2018. The protocol consisted of studying epidemiological characteristics, data concerning LUTS, and the impact of \( \alpha \)-blockers on the TWC. We randomised patients into three groups: a TWC immediately, an appointment at 48 h and 72 h.

**Results:** The mean (range) age was 70.2 (45–96) years. Most patients presented for a first episode of AUR. The digital rectal examination was suggestive of adenoma in 61 (77.9%) patients and 51 (66.2%) had no treatment. A TWC immediately without treatment was performed in seven of 77 patients (9.1%), and 49 (63.6%) received an \( \alpha \)-blocker alone or combined with other drugs. Only 65 (84.4%) patients answered the test, and many of them did not respect the given dates. Three of four patients were positive to immediate TWC (no AUR within 24 h after ablation), nine of 14, seven of 10, and two of nine were positive, for the 48 h, 72 h, and \( \geq 10 \) days groups, respectively. There was no statistically significant difference \(( P > 0.005)\) comparing the groups response to TWC according to the treatment modalities, as well as for the study duration. Even when we chose alfuzosin 10 mg and compared it with other medications, there was no significance. However, the use of antibiotic prophylaxis was a predictor of a positive TWC \(( P = 0.021)\).

**Conclusion:** Many well-designed studies have confirmed the role of \( \alpha \)-blockers in increasing the chances of a successful TWC. However, in the present study there was no evidence that \( \alpha \)-blockers are more efficient than other treatments, our study has several limitations and it should to be expanded and further research is needed.

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[10] Digital rectal examination: is it essential for the screening of prostate cancer

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**Objective:** To investigate the place of digital rectal examination (DRE) in the practice of general practitioners (GP) in our region (primary care physicians), as historically there have been two ways to screen for prostate cancer: DRE and prostate-specific antigen testing.

**Methods:** This is a descriptive cross-sectional evaluation of practices, in a declarative and anonymous mode. The survey was conducted based on a pre-established questionnaire with 145 GPs in the public and private sector, in the region. The questionnaire included three components: identity criteria of physicians, the diagnosis approach of low urinary tract symptoms (LUTS), and their theoretical knowledge of recommendations including screening.

**Results:** In all, 137 (94%) GPs participated in this study, including 70 (51%) men and 67 (49%) women. The mean (range) age was 44.6 (25–72) years. DRE was considered to be recommended by 116 (86.6%) GPs; however, it was only performed in a systematic way by five (4%), including one woman. In all, 76 GPs (55%) said they had done it systematically at the beginning of their exercise. Male GPs did more DREs vs female GPs, at 39 (56%) vs 14 (21%), and this difference was statistically significant \(( P < 0.001, \text{ odds ratio 4.7})\). Only 28 GPs (28.4%) thought that the DRE should be performed by a urologist; and 38 female GPs (67.9%) reported that their gender was a barrier to this test. Nine women reported a refusal of DRE because of their sex.

**Conclusion:** Although it is true that the recommendations are not very clear concerning screening, the fact remains that many GPs do not follow any of them. Knowing the value of DRE, many of them do not realise it and do not refer to a urologist. This ambiguous diagnosis approach requires better organising of consultations and emphasises the need to strengthen practitioners’ knowledge of screening in general.

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