

## EDITORIAL COMMENT

Today, because of the general acceptance of medical management of BPH, we are finding by the time that this therapy has failed, that the patients' prostates can be very large. There are often associated bladder stones. The minimally invasive approaches to significant and symptomatic BPH, such as the Green Light Laser do not provide any tissue for analysis. If there are accompanying bladder stones, it usually means another traumatic and potentially morbid procedure. The open prostatectomy provides the tissue for a more complete analysis and immediate relief of the obstruction, with simultaneous removal of the bladderstones. Even if a patient had a transrectal prostate biopsy, the reality of obtaining complete and totally representative samples from a 100 gram prostate is minimal. This review gives the surgeon an accurate and excellent guideline as to when the suspicion for prostate cancer development is justified in the postoperative period after a subcapsular prostatectomy for the "huge benign" prostate.

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