

## NARROW BAND IMAGING® CYSTOSCOPY AND BIPOLAR PLASMA VAPORIZATION FOR LARGE NON-MUSCLE-INVASIVE BLADDER TUMORS—RESULTS OF A PROSPECTIVE, RANDOMIZED COMPARISON TO THE STANDARD APPROACH

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### OBJECTIVE

Weigh the effectiveness of Narrow Band Imaging (NBI®) cystoscopy and bipolar plasma vaporization (BPV) against white light cystoscopy (WLC) and monopolar transurethral resection of bladder tumors (TURBTs) in the treatment of non-muscle invasive bladder tumors (NMIBTs).

### METHODS

Evaluation of 220 cases, each with one or more bladder tumors > 3 cm in size. Half underwent WLI and NBI cystoscopy followed by BPV. The other half underwent more standard treatment using just WLI and TURBT.

### RESULTS

- CIS, Stage pTa, and overall NMIBT detection rates significantly improved for NBI compared with WLI
- BPV provided lower obturator nerve stimulation and bladder wall perforation rates when compared to TURBT
- BPV reduced mean hemoglobin decrease, catheterization period, and hospital stay when compared to TURBT
- Repeat TUR residual tumor rates were significantly decreased in the NBI-BPV group
  - 6.3% vs 17.5% overall
  - 4.2% vs 13.4% primary site
- 1-year recurrence rates were significantly reduced in the NBI-BPV series
  - 7.9% vs 17.8% overall
  - 3.4% vs 12.2% other site

## EQUIPMENT USED

- Olympus Visera Video System
- UES-40 SurgMaster bipolar generator
- OES-Pro Bipolar Resectoscope
- Standard resection loops for bipolar resection
- “Button” shaped electrodes for plasma vaporization

## CONCLUSIONS

NBI cystoscopy significantly improved the diagnostic accuracy in cases of large NMIBTs, and BPV emphasized superior efficacy and safety compared with TURBT. This combined approach provided a lower residual tumor rate at repeat TUR and a reduced 1-year recurrence rate.

Note: This summary is for informational purposes only. Publication abstract and access to full article can be found at:

<http://www.ncbi.nlm.nih.gov/pubmed/22342408>

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