



The Prostatic Urethral Lift Procedure (UroLift® System)

Which patients are the UroLift system suitable for?

UroLift is suitable for patients who are suffering from symptoms of an enlarged prostate, where medication has been tried but has not been tolerated or has not been effective. Typically it is suitable for men with only mild to moderate lateral lobe enlargement of the prostate.

What does the procedure involve?

This procedure involves passing a fine telescope-like instrument into your urethra, or waterpipe. This device enables the surgeon to deploy a small implant between the inner and outer surfaces of the prostate, rather like a small treasury tag. This implant retracts the enlarged prostate lobe without the need for any cutting or burning of tissue. The number of implants required varies according to the size and shape of the prostate, and usually between 2 and 4 implants need to be deployed. After the implants have been placed, most patients will be able to pass urine without the need for a catheter.

The operation can be performed under sedation or under a general anaesthetic, which means you will be asleep for the entire procedure. Typically, you will go home on the same day as the surgery.

What are the benefits of treatment?

In most cases, urination improves immediately. The risks of adverse effects on ejaculatory or erectile function, and urinary incontinence, are extremely small (<1%)

How will I know if the procedure is suitable for me?

Individual assessment for UroLift will be required. This includes assessment of urinary flow and a bladder scan to determine how well your bladder empties. Prostate size is estimated by digital rectal examination and sometimes by a prostate scan. You will also be assessed for evidence of prostate cancer. You will also require a visual inspection of the inside of your prostate (flexible cystoscopy) to assess suitability for UroLift.

You will be able to discuss whether UroLift is suitable for you with Mr Aho, who will listen to your requirements and tailor your treatment to your personal circumstances. Mr Aho specialises in the treatment of male urinary symptoms and has considerable experience with other surgical procedures using lasers (eg HoLEP, including ejaculation preserving surgery).

What are the alternatives to UroLift?

There are several alternative treatment options outlined below, although some may not be appropriate for you. Mr Aho will discuss all appropriate treatment options with you so that you may make a truly informed decision regarding which treatment is best for you:

Lifestyle advice:

For some men altering the amount they drink, or cutting back on alcohol and caffeinated drinks can improve their urinary symptoms to a degree that additional treatment is not required.

Medication: There are two types of medicines available.

They either shrink your prostate or relax the muscles in your prostate and bladder neck to improve the flow of urine. However, the effects only last as long as you take the medicines. You may have already tried this option without success, or have side effects from these tablets.

HoLEP.

Mr Aho has an international reputation for HoLEP. and was one of the first to introduce it to the UK. He is the most experienced HoLEP surgeon in the UK and can offer an ejaculation sparing version of HoLEP to those where this is desired. HoLEP uses the holmium laser to peel out all of the obstructing tissue from within the prostate. It causes less bleeding, and is associated with a shorter hospital stay than TURP. It is more durable than any other telescopic operation for enlarged prostates. Unlike the other available procedures it is suitable for men with prostates of any size, and is more successful at freeing men who are urinary retention from the need for a catheter. There is more information about HoLEP on our website.

Use of a catheter:

Catheterisation is an option for men who do not want, or who are considered unsuitable for any of the treatments above. There are 2 main types of catheterisation:

- 1) Clean Intermittent Self Catheterisation where you can be taught to pass a sterile catheter yourself, in and out, to empty the bladder periodically (usually 3-4 times per day). These catheters are much more slippery than standard catheters to make them slide very easily.
- 2) Permanent catheters can be fitted, which either pass through the penis or through the lower abdomen to the bladder. A permanent catheter can be used along with a drainage bag (e.g. a bag which attaches to the leg during the daytime, and a larger floor standing one at night), or a valve, which works like a tap and is fitted to the end of the catheter, avoiding the need for a bag.

What happens during the procedure?

You will be admitted on the same day as your procedure. You may receive an appointment for pre-assessment before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

You will be asked not to eat for 6 hours before the procedure, but will be allowed to drink water until 2 hours prior.

A full general anaesthetic (where you will be asleep throughout the procedure) will usually be used. Mild sedation and local anaesthetic jelly through the urethra, rather than a general anaesthetic, are suitable for some men having the UroLift procedure.

Are there any side effects?

- Sensitivity when passing urine, urinary frequency and urgency, and pelvic discomfort or pain, can be experienced in the first few weeks after UroLift, typically settling within a month.
- There is a small risk (7%) that encrustation could develop on exposed parts of the implant, which would then need to be removed. The implant can be removed easily if necessary by a procedure similar to that used for its placement. The implant does not prevent or interfere with subsequent prostate surgery should it be required.
- Urinary tract infection. This can cause symptoms such as pain or burning when passing urine, but can be treated with antibiotics. This happens in around 5% of patients. You may need to contact Mr Aho or your GP to check that you do not have a urinary infection. If you have symptoms that are very troublesome, not settling, or getting worse, you should contact Mr Aho.
- Bleeding is usually minimal, and much less than for other more major surgical procedures for enlarged prostate. It may be aggravated by blood thinners and physical overexertion. If you take aspirin or blood thinners and have bleeding, you should seek advice from your doctor.
- Difficulty passing urine. Most patients will pass urine with immediate improvement in the flow and bladder emptying. In the occasional case where there may be difficulty passing urine, or in situations where the surgeon feels it necessary, a catheter may be required, for instance if there were bleeding from the prostate. If a catheter is required due to inability to urinate after the procedure, you will be taught how to look after the catheter at home, and arrangements will be made to remove the catheter usually after 5-7 days.
- Prostate enlargement causing treatment failure. Your prostate continues to enlarge even after UroLift. Up to 11% of men who have UroLift will require another surgical procedure due to UroLift failure within the first 3 years.
- Urethral stricture. After any telescopic procedure on the prostate there is up to 4% chance of developing a narrowing of the urethra, usually where it curves up towards the prostate. This can usually be treated by a simple endoscopic procedure to reopen the urethra to its original calibre. Sometimes the stricture can keep recurring and if this occurs a more definitive operation may be required (urethroplasty). Urethroplasty is required in less than 0.5% of men who have UroLift.

- UroLift does not protect against or diagnose prostate cancer.
- While there have not been any reported side effects related to dry orgasm or erectile problems due to UroLift to date, there is a very small risk of this occurring.

In addition, if you have a general anaesthetic, there are some complications which can occur as a result:

- Very common (1 in 10) and common (1 in 100) side effects
Feeling sick and vomiting after surgery Sore throat
Dizziness, blurred vision Headache
Itching
Aches, pains and backache Pain during injection of drugs bruising and
soreness Confusion or memory loss
- Uncommon side effects and complications (1 in 1000)
Chest infection Bladder problems Muscle pains
Slow breathing (depressed respiration) Damage to teeth, lips or tongue
An existing medical condition getting worse Awareness (becoming conscious during your
operation)
- Rare (1 in 10,000) or very rare (1 in 100,000 or less) complications
Damage to the eyes
Serious allergy to drugs
Nerve damage Death
Equipment failure

What happens immediately after the procedure?

There is minimal downtime post-treatment and patients may experience symptom relief almost immediately. You will be asked to wait until you feel a normal urge to urinate, then to pass urine into a bottle so that the volume can be measured. Please notify your nurse after each urination so that your post void residual volume (the volume of urine remaining in your bladder after urination) can be measured using a bladder scanner. Once you have had at least 2 satisfactory bladder scan measurements you may be discharged from the hospital.

Mr Aho will discuss with you how quickly you can return to your daily activities as this varies from person to person.

Most physical activities can be resumed after 2 days. Riding a bicycle, which puts pressure directly against the prostate, should be avoided for 2 weeks, as should very heavy lifting and vigorous exercise.

Driving should be avoided for at least 48 hours. After that, as long as you feel safe, you can resume driving.

During the first month after UroLift you should maintain a good fluid intake of 1.5 - 2 litres a day, drink steadily throughout the day, and minimise your intake of tea, coffee, fizzy drinks and alcohol as these may irritate your bladder. You should pass urine according to when you feel the need to do so.

You will be seen in clinic by Mr Aho 2-3 months after your surgery, when you will be asked to fill out a symptom score questionnaire and to urinate for urinary flow rate and post void bladder scan measurements.

What is the evidence for UroLift

UroLift received FDA approval in 2013 and NICE approval in January 2014.

The published evidence shows that in men treated with UroLift, the flow rate improved by 50% (up to twice that of drugs but less than TURP and HoLEP), symptoms improved by 50% (up to 2-3 times that seen with drugs, but less than TURP or HoLEP). No sexual dysfunction has been reported yet. Currently follow-up data is published up to three years. There was no incidence of sexual dysfunction in any of the studies to date.

More information is available on www.urolift.co.uk

