

Prostatic Urethral Lift (Urolift) for the enlarged, obstructive prostate

What does the procedure involve?

This minimally invasive procedure widens the urine channel through the prostate by pushing the side walls of the prostate apart internally and inserting small permanent implants through them to hold them apart. (see "What happens during the procedure" below).

What are the alternatives to Urolift?

1. Lifestyle changes such as avoiding caffeinated and alcoholic drinks and reducing fluid intake in the evenings.
2. Prostate relaxing and shrinking +/- bladder calming medications.
3. Other minimally invasive procedures such as Rezum (steam treatment to shrink the prostate) or Prostate Artery Embolisation, also known as PAE (blocking off the blood supply to the prostate using tiny beads to shrink the prostate).
4. Procedures that remove the entire obstructive component of the prostate eg. Holmium Laser Enucleation of the Prostate (HoLEP).
5. Use of a catheter to empty the bladder.

How does Urolift compare to other procedures?

Urolift improves male urinary symptoms to a greater degree than medications, and to a similar degree compared to Rezum and PAE.

HoLEP can improve urinary symptoms to a greater degree than Urolift, rezum and PAE.

For men in urinary retention there is a 79% chance of becoming catheter free after Urolift, compared to 99% for HoLEP. The success rates of Rezum and PAE for treating men in urinary retention have not yet been defined.

Within the first 5 years after Urolift there is a 14% chance of needing another procedure due to either early treatment failure, or continued prostate growth and subsequent treatment failure. This compares to 0.7% chance of re-operation within the first 10 years after HoLEP, 4.4% within 4 years for Rezum, and 20-30% within 2-4 years for PAE.

Urolift has a less negative effect on sexual function than prostate medications.

Urolift is the only procedure for prostate obstruction that has not had any reported adverse effects on either erectile or ejaculatory function. Erectile function is not affected by Rezum or PAE, but there is a 3% chance of ejaculation changes with Rezum and 56% chance with PAE. Erectile dysfunction occurs in around 2% of men after HoLEP. Ejaculation is affected in virtually all men who have HoLEP, although it is possible to reduce this risk to around 20-30% with ejaculation-sparing HoLEP.

The permanent implants inserted into the prostate during the Urolift procedure might interfere with the interpretation of future prostate MRI scans done to diagnose prostate cancer. No other longterm risks of urolift implants have been reported except for stone formation on incorrectly placed implants (<2% of cases).

More than 90% of men go home the same day as their Urolift procedure without a catheter. Of those discharged with a catheter virtually all have successful catheter removal after 3 days More than 90% of men need a catheter for at least 5 days after rezum due to temporary prostate swelling. Some might need a catheter for up to a month. 90% of men go home the day after HoLEP without a catheter, and almost all others have successful catheter removal within 5-7 days of the procedure.

What should I expect before the procedure?

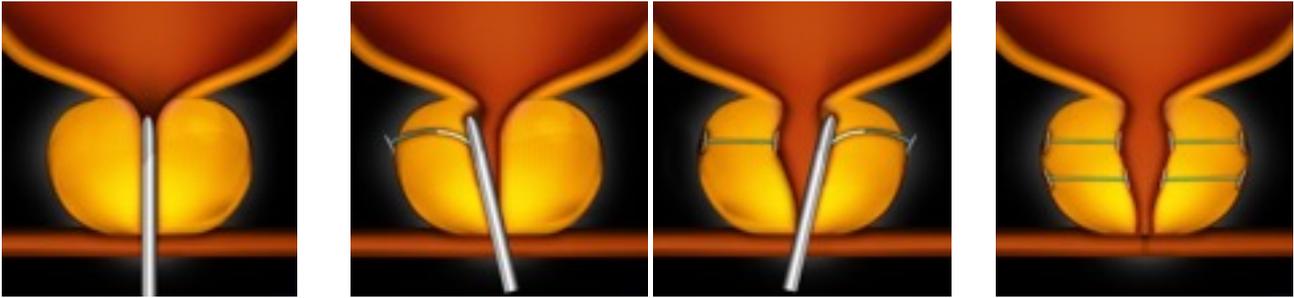
An appointment for the pre-assessment clinic (to assess your general fitness for anaesthesia and the procedure) will be arranged. You will usually be admitted to hospital on the same day as your procedure. During the admission process you will meet members of the medical team including your Urologist, the Anaesthetist and your nurse.

You will be asked not to eat or drink for 6 hours before surgery. If you are taking any blood thinning medication as outlined below, you will usually be asked to stop it between 5 and 2 days prior to your procedure depending on which medication you are taking.

Please be sure to inform your Urologist in advance of your procedure if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- a prescription for blood thinning medication eg. Warfarin, Rivaroxaban, Apixaban, Dabigatran (Pradaxa), Clopidogrel (Plavix)
- a previous or current MRSA infection

What happens during the procedure?



The procedure is usually performed under a general anaesthetic, which means you will be asleep for the entire procedure.

A narrow telescope is used to insert the Urolift delivery device along the inside of your urethra and into the channel that runs along the inside of the prostate.

The instrument is used to push the internal side wall of the prostate outwards to widen the channel. The Urolift implant is then deployed so that it pins the side wall of the prostate outwards. It's a bit like using a staple gun to staple the side wall of the prostate channel outwards. This process is repeated on both sides of the prostate at 1 cm intervals to widen the prostate channel along its entire length. The number of implants required varies according to the length and shape of the prostate.

In most cases between 2 and 6 implants are required. After the procedure most patients, (90%), will be able to pass urine without the need for a catheter.

Typically, you will go home on the same day as the surgery. You will need someone to take you home after surgery and to be with you overnight on the night of the procedure.

What happens immediately after the procedure?

During the first 3 to 5 days after your procedure, it is expected that you will see some blood in your urine. This may continue intermittently for a couple of weeks. As long as you are not passing bright red blood clots, or struggling to pass urine due to blood clots, visible blood in the urine is of no clinical consequence. It may sting when you pass water. This is normal and in most cases eases within a week or 2. Most men do not need to take any pain relief medication after the procedure. If you feel uncomfortable after the procedure at any stage, simple pain relief medications such as paracetamol and ibuprofen are usually effective. A combination of the 2 is usually more effective than taking 1 or the other. Sensitivity in the penis due to the operation can last a few weeks, and usually settles after healing is complete by 4-6 weeks. You may be prescribed antibiotics to prevent urinary infection.

If you were taking prostate medication before Urolift it is usually helpful to continue taking it for up to 6 weeks after the procedure.

Are there any side-effects?

All procedures have a potential for side-effects. You should be reassured that, although all the following side effects are well-recognised, the majority of men do not suffer any clinically significant problems after the Urolift procedure.

Potential side effects or complications include the following:

Common side effects (greater than 1 in 10)

- Frequency of urination and a feeling of having to pass urine urgently (usually temporary with resolution within the first week)
- Blood in the urine (temporary with resolution usually within 1 week)
- Need for further prostate surgery (14% chance within the first 5 years of Urolift)
- Inability to become catheter free if catheterised before the procedure (21%)

Occasional side effects (between 1 in 10 and 1 in 50)

- Temporary pelvic discomfort or pain
- Urinary tract infection requiring antibiotics (5%)
- Prolonged retention of urine requiring catheterisation (in men who did not have a catheter before the procedure), usually resolving within 1 week (5%)
- Failure to resolve urinary symptoms (due to continuing blockage or a bladder problem)

Rare side effects (less than 1 in 50)

- Stone formation on an implant (due to incorrect positioning of the implant), requiring further telescopic surgery to remove the stone and associated implant

What should I expect when I get home?

You can safely undertake light exercise after the operation, but please avoid heavy lifting, straining, and sexual activity for the first 2 weeks. You should maintain a good fluid intake of 1.5 - 2 litres a day, drink steadily throughout the day, and avoid drinks that might irritate your bladder during the first month eg. caffeinated tea and coffee, fizzy drinks and alcohol. You may need to have up to two weeks off work, although the average return to normal activity is five days.

You can return to driving after 48hr as long as you feel safe to drive. It is common to have less control passing urine for around 1 month after surgery.

What else should I look out for?

After prostate surgery, contact your consultant or GP (general practitioner) if you have any problems such as worsening pain or bleeding, symptoms of urinary infection (painful urination, smelly urine, urinary frequency and urgency,) or feel generally unwell.

If you are unable to pass urine after discharge from hospital, either phone the ward or go to your nearest Accident and Emergency Department for further advice. You will be given contact numbers on before your discharge from hospital.