GreenLight XPS for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia

NHS Devon

Commissioning policy

The routine commissioning of GreenLight XPS is accepted in Devon for the treatment of patients with lower urinary tract symptoms caused by benign prostatic hyperplasia.

Rationale for the decision

Lower urinary tract symptoms (LUTS) comprise of storage, voiding and post-micturition symptoms affecting the lower urinary tract. In men, the most common cause is benign prostate enlargement, which obstructs the bladder outlet. Benign prostate enlargement happens when the number of cells in the prostate increases, a condition called benign prostatic hyperplasia (BPH). LUTS are a major burden for the ageing male population. Age is an important risk factor for LUTS and the prevalence of LUTS increases as men get older. Bothersome LUTS can occur in up to 30% of men older than 65 years. The “gold standard” treatment option for men with LUTS caused by BPH is Transurethral Resection of the Prostate (TURP).

GreenLight XPS is an alternative to TURP to treat patients with LUTS caused by BPH. The treatment uses a 180 watt GreenLight XPS laser which operates at a wavelength which is absorbed by oxyhaemoglobin in blood and tissue, causing tissue vaporisation.

GreenLight has been demonstrated to be non-inferior to TURP, with improvements maintained over a 24 month follow up. The GreenLight procedure requires a general operating theatre and can take longer than a TURP, but a majority of patients can be treated as a day case procedure and so places less of a demand on inpatient bed

availability. The cost of consumables is such that this procedure can be delivered at a low cost per case compared to other procedures and it is considered good value for money.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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