Holmium laser enucleation of the prostate for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia

NHS Devon

Commissioning policy

The routine commissioning of Holmium Laser Enucleation of the Prostate (HoLEP) is accepted in Devon for the treatment of patients with lower urinary tract symptoms caused by benign prostatic hyperplasia who have a large prostate that, due to its size, would only otherwise be suitable for treatment with an open prostatectomy.

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) however this is only suitable for patients with a prostate smaller than around 100 grams. Patients with prostates larger than 100 grams are commonly treated with an open prostatectomy (OP).

Holmium Laser Enucleation of the Prostate (HoLEP) is an alternative to TURP to treat patients with LUTS caused by BPH. The treatment uses a laser to enucleate sections

of the prostate which are passed into the bladder and then morcellated before removal via the urethra.

HoLEP can be performed on patients with large prostates that would otherwise have to be treated with an OP. A meta-analysis of randomised controlled trials has shown HoLEP to achieve comparable functional outcomes, including urinary flow, post void residual and international prostate symptom score, in comparison to open prostatectomy. The HoLEP procedure was found to take longer than an open prostatectomy but is associated with a shorter catheterisation time and hospital stay.

The commissioning of HoLEP provides a less invasive treatment option for patients with large prostates and has the potential to increase inpatient bed availability. The cost of treatment compares favourably with OP and is considered to represent 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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