# UroLift for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia

## NHS Devon

## Commissioning policy

The routine commissioning of UroLift 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).

UroLift is an alternative to TURP to treat patients with LUTS caused by BPH. A prostatic urethral lift is performed using adjustable, permanent implants to pull excess prostatic tissue away from the urethra to stop it narrowing or blocking it.

UroLift has been found to be less effective than TURP in terms of international prostate symptom score and urinary flow, over a two year follow up. However, when assessing the improvements patients treated with UroLift achieved over 5 years in comparison to their baseline, pre-operative, symptoms a trial has demonstrated patients achieve a clinically significant improvement in international prostate symptom score and urinary flow. Patients treated with UroLift report better post-operative ejaculatory function than those treated with TURP.

The UroLift procedure can be conducted as a day case procedure and places less of a demand on inpatient bed availability and surgical theatre time. When four or fewer implants are used in the UroLift procedure it can incur a lower cost than a TURP.

# 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.

| Date of publication: | Version: |
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| 28.05.2019 | Policy agreed by NHS Devon CCG<br>Policy adopted by NHS Devon ICB on 01.07.2022 |