**1 Introduction**

This leaflet is designed to answer any questions you may have about having a Urolift procedure to treat your enlarged prostate and urinary symptoms. NICE approved the procedure in January 2014, and is a treatment offered by Manchester Urology

This leaflet explains why this treatment may be suitable for you, its risks and benefits and what you can expect if you decide to have this treatment. If you have any questions that are not answered in this leaflet, please contact Manchester Urology to arrange an appointment.

**2 What is the prostate?**

Your prostate is part of your reproductive system. It is a plum-sized gland and is only found in men. It lies at the base of your bladder and surrounds your urethra (tube that takes urine from the bladder, along the penis and out of your body). Your prostate produces protective nutrients, which makes up part of the milky fluid (semen) when you ejaculate.

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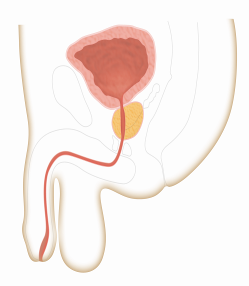
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**3 Why has my prostate enlarged?**

As men get older the cells of the prostate begin to swell, which increases the size of the prostate. This is called benign prostatic hyperplasia (BPH), which means multiplication of normal (non-cancerous) cells. This isn't usually serious, but sometimes the prostate grows so large that it puts pressure on your urethra (the tube through which you pass urine). This can make it difficult for you to pass urine and may cause other urinary symptoms such as:

* not being able to empty your bladder completely, so you may need to go to the toilet more often (referred to as frequency)

1. having a weak urine flow
2. difficulty getting started
3. getting up at night
4. urgency

Because of the squeeze on your urethra, the bladder may have to use a lot of pressure to empty urine. In the long term, this can damage your bladder and kidneys.

**4 What does a Urethral Lift Procedure involve?**

A fine telescope-like instrument is inserted into your urethra. 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. 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. However approximately 10% of patients require a catheter if they struggle to pass urine afterwards.



The operation is usually performed under a general or spinal anaesthetic. Typically, you will go home on the same day as the surgery usually within a matter of hours.





**5 What are the benefits of this treatment?**

The main benefit of the procedure is that it is minimally invasive and has a more favourable side effect profile compared to traditional prostate operations. These include a minimal risk of causing sexual dysfunction post operatively.

From the literature approximately 60-80% of men experience a 50% improvement in symptom score.

The procedure is suitable for men with symptomatic prostatic enlargement who

* do not benefit or tolerate medications and their side effects
* do not want to have more invasive surgery with the higher surgical risks
* wish to preserve sexual function
* want to return to normal everyday activities rapidly.

Individual assessment for urethral lift is required, including

* voiding function including flow rate and urodynamics
* prostate size and shape including rectal examination and flexible cystoscopy
* evaluation for prostate cancer.

**The procedure has approval for use by the National Institute for Health and Care Excellence (NICE).**

UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia.

Medical technology guidance.Published: 16 September 2015

nice.org.uk/guidance/mtg26

**6 What are the risks?**

1. Sensitivity when passing urine, urinary frequency, urgency, bleeding, pelvic discomfort or pain, and can be experienced in the first few weeks from surgery, typically settling within a month. Urinary leakage or infection can occur but are relatively uncommon.  
     
   Later, there is a very small risk 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.
2. Urinary tract infection. This can cause symptoms such as pain or burning when passing urine, but can be treated with antibiotics. This happens to about 5% of patients.
3. You may need to contact 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 the specialist nurse.
4. 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. It is important to check that you do not have a urinary infection. If you take aspirin or blood thinners and have bleeding, you should seek advice from your doctor.
5. Difficulty passing urine. Most patients will pass urine with immediate improvement in the flow and 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.
6. If your bladder is weak as a long term result of your enlarged prostate gland, you may still need to use a catheter on a long term basis.
7. Prostate enlargement and formation of scar tissue. Your prostate continues to enlarge even after surgery and in the future. Occasionally another procedure may become necessary if your symptoms return. Surgery does not protect against or diagnose prostate cancer.

**7 What will happen if I choose not to have this treatment?**

• Not everyone who develops an enlarged prostate will need treatment. Also, not everyone needing prostate surgery can be treated adequately with urethral lift. There may be alternatives, outlined below, which will be included in your medical discussions prior to any decisions.

• Your consultant has recommended urethral lift because of your symptoms, investigation findings, need for treatment and medical situation. The surgery will usually make it easier for you to pass urine and may relieve your other symptoms, without the need for medication. But, it is important to remember that surgery will not always resolve all of the symptoms.

• Observation of your symptoms. Some men may want time to think about surgery, or want to wait and see if their symptoms become any worse before opting for treatment. The benefits and risks will have been explained.

**8 What are the alternatives?**

There are several alternative treatment options outlined below, although some may not be appropriate for you. Your consultant will discuss these with you if they are suitable for you:

• Medicines. There are two types of medicines available.

They either shrink your prostate or relax the muscles in your prostate and bladder 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.

• Transurethral resection of the prostate (TURP).

This is an operation to remove the parts of your prostate that are pressing on your urethra, to make it easier for you to pass urine. It involves a surgeon inserting a special telescope-like instrument into your urethra, which has a heated wire at one end that is then used to cut away the prostate tissue.

• Laser prostatectomy.

This is similar to TURP, but uses a laser rather than electricity to cut away the obstructing tissue. Your consultant would be able to advise on whether or not a Laser operation would be an option for consideration.

• Open surgery. This operation is done through a cut in the lower abdomen. It is considered if your prostate is too large to be removed via a TURP.

• Use of a catheter. Catheterisation is an option for men who do not want, or who are not considered suitable for any of the treatments above. Either you can pass a sterile catheter yourself, in and out, to empty the bladder periodically (depending on how often it is necessary). These catheters are much more slippery than standard catheters to make them slide very easily. Alternatively, a permanent catheter can be fitted, which either goes through the penis or through the lower abdomen. A permanent catheter can be used with a permanent 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, is fitted to the end of the catheter, avoiding the need for a bag.

**9 What are the risks of sedation or general anaesthetic?**If you require sedation or a general anaesthetic there are a number of issues that affect the chances of suffering complications, including: age, weight, lifestyle issues and your general state of health. You will require an anaesthetic assessment and your anaesthetist and/or your surgeon can give further details. The information below on risks of general anaesthesia is provided by the Royal College of Anaesthetists.

1. 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

1. 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)

1. 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

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are probably about five deaths for every million anaesthetics in the UK.

**10 Asking for your consent**

If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please don't hesitate to speak with a senior member of staff again.

**11 What should I expect before I come to hospital for the procedure?**

You will have to have some tests done before your surgeon can assess you properly and to help him or her to decide on the correct treatment. These tests may be repeated after the operation to make sure your progress is monitored and help anticipate any complications that may arise. How and why these tests are done will be explained to you to ensure you know what is expected.

**12 What should I expect after the procedure?**

During the three to five days after your procedure, you may have some blood in your urine and it may sting when you pass water. This is normal and should clear after a few days. Frequency and urgency may persist for 10 – 14 days. Sensitivity in the penis due to the operation can lasts few weeks, and usually settles after healing is complete.

If you have some discomfort following the operation or from the catheter, over-the-counter pain killers like Paracetamol are generally quite sufficient. You may be prescribed antibiotics to prevent urinary infection.

You can safely undertake light exercise after the operation, but you must avoid heavy lifting, straining, long journeys and sexual activity in the first month. You should maintain a good fluid intake of 1.5 - 2 litres a day, drink steadily throughout the day, and avoid taking too much tea, coffee, fizzy drinks and alcohol as these may irritate your bladder. You should pass urine according to how you feel the need to do so.

You must absolutely not drive within 24 hours of sedation or anaesthetic.

It is common to have less control passing urine for a short time after surgery. If you experience this, please tell your nurse, who will explain how to perform pelvic floor exercises to improve your control.

You will be seen in clinic by either a doctor or nurse specialist 6 weeks after your surgery.

After you have had prostate surgery, contact your GP (general practitioner) if you have:

• Pain or bleeding or symptoms of urinary infection or feeling generally unwell. If severe, please go to your nearest Accident and Emergency Department (see the following).

• If you have heavy bleeding, with a lot of fresh blood or blood clots, or if your abdomen (belly) is swollen and painful, or you feel very unwell please go to your nearest Accident and Emergency Department or see your GP urgently.

• Symptoms of infection. If you develop a fever, smelly urine and/or pain when you pass urine you may have a urine infection. Drink plenty of fluids (at least 8 to 10 glasses per day) and contact your GP who may wish to test a specimen of urine and may prescribe you some antibiotics if your symptoms do not improve.

Please ask for the contact number before you are discharged.

If you need to see someone urgently out of hours and cannot contact your GP you will need to go to your nearest Accident and Emergency department.

Important! For 24 hours after your operation:

Do not

1. Drive or ride a vehicle (Sedation or General Anaesthetic)
2. Drink alcohol
3. Operate machinery
4. Sign documents or make important decisions
5. Return to work

Do

1. Rest quietly at home
2. Eat normal, healthy meals, but drink plenty fluids (at least eight to ten glasses or mugs fluids such as water, squash, fruit juice, tea, coffee)
3. Take extra care with electrical appliances, coordination may be affected after you have an anaesthetic.