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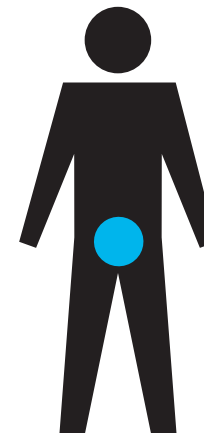
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PROSTATE INFORMATION ●

SPOTLIGHT ON

Treatment for an enlarged prostate by small permanent implants



Prostate Scotland was awarded Health Charity of the Year 2017 in the Scottish Charity Champions Awards.

Benign prostatic hyperplasia can be treated in several ways. These include:

- i. Lifestyle changes with monitoring
- ii. Medication
- iii. Surgical procedures

For more information on lifestyle changes with monitoring and medications, you can read our booklet called 'BPH and treatments explained'.

Before reading this booklet, you may find it helpful to read 'Spotlight on Treatment for an enlarged prostate by TURP, Green Light Laser and HoLEP. This explains more about the prostate and the other surgical procedures available for BPH. There are very helpful 'at a glance' tables in this booklet on pages 22 – 25 which compare TURP, GLL and HoLEP treatments. The 'at a glance' tables at the back of this booklet match these questions so you can compare TURP, GLL, HoLEP and permanent implant treatment.

What is the treatment for BPH using small permanent implants?

This is a new procedure, called a minimally invasive treatment. You may hear the urologist, clinical nurse specialist or your GP call this 'UroLift' or 'A UroLift procedure'. It is different from other procedures in that it doesn't cut away, trim off or vapourise (heat up and destroy) prostate tissue. Instead the system used has been likened to using curtain tie-backs for the prostate!

The treatment involves using a specially designed delivery device to accurately place (implant) small, permanent stainless steel 'anchors or tie-backs' into the sides of the prostate to hold back the enlarged tissue that is blocking the urethra (water-pipe) and so allow urine to flow more easily again. Usually 2 or 4 of these anchors or tie-backs are used depending on individual circumstances, the shape and size of the prostate and what the urologist thinks will be most beneficial.

For up to date information on availability of this procedure, please check our website www.prostatescotland.org.uk

Who can have this treatment?

Those men who have an enlarged prostate and:

- Who perhaps don't want to or who have stopped taking their tablets/ medication;
- When the tablets/medication aren't working or helping any longer;
- Who would prefer to avoid more significant surgical treatments such as TURP, GLL or HoLEP;
- Whose prostate is not too large, less than 60g and the middle section of the prostate is not involved in the enlargement;
- Who don't want to affect their ability to develop and maintain erections;
- Who have blood clotting disorders;
- Who because of other medical conditions wouldn't be able to have a general anaesthetic as it can be done under local anaesthetic with sedation.

Are there any tests that I might need to have to make sure I can have this treatment?

You may need to have:

Urine Flow Measurement

If your prostate is blocking the opening from your bladder, this will make passing urine a lot slower. There is a machine to test this. The flow test works best if you pass a lot of urine more than 200mls so you might be asked to go into the hospital with a *comfortably* full bladder (but do not overfill your bladder) or you might be given water to drink and wait until your bladder is full. All you have to do is pass urine into a funnel-shaped container and all the measurements are recorded automatically!

Trans Rectal Ultrasound Scan (TRUS)

This is done when having a prostate biopsy or simply to measure the size of your prostate. This may be done by your urologist or specialist nurse.

A small, ultrasound probe is coated with gel and gently passed into your back passage. It works by giving out sound waves. The echoes from the sound waves give a clear picture of the shape and size of your prostate which the doctor can see on a screen. You may find this uncomfortable, but it shouldn't hurt and it shouldn't take too long.

Cystoscopy

This is usually done in the day bed area in hospital or in an outpatient area of the hospital so you shouldn't need to stay overnight. Some people are given a sedative to help them relax whilst the examination is done. Some 'jelly' with an anaesthetic in it is squeezed into the urethra (the tube that takes urine out of the bladder). This helps to reduce any discomfort.

The doctor gently passes a small, flexible tube (called a cystoscope) which has a camera on the end into your urethra up through your penis. This is to examine your bladder and your urethra. As it shows up on a screen you may be able to see inside your bladder if you want to!

The whole thing should only take between 5 – 10 minutes.

Then the doctor will gently pull the cystoscope out.

Afterwards, you may feel a bit sore or have a burning feeling when you pass urine. You may need to pass urine more often or you may see a little blood in your urine, but this should stop after a few days. If it doesn't or you find it difficult to pass urine, contact the clinic or your GP.

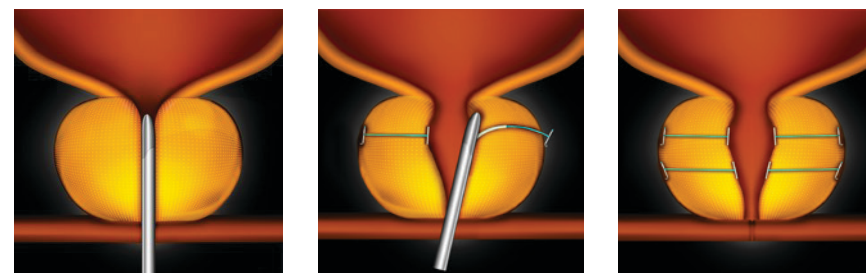
What happens during the operation?

Once you and your consultant decide this is the right procedure for you, you will be asked to sign a consent form agreeing to have the treatment.

In all probability, you will be admitted to a day surgery unit or ward on the day you are due to have this operation. Before the operation can go ahead, you will need to sign a consent form. You may already have signed this form at a pre-operation appointment or perhaps you will be asked to sign it before having the operation.

It involves passing a long thin telescope-like instrument into the urethra

(water pipe) up through the penis to reach the prostate. There, the delivery device lifts the enlarged prostate tissue out of the way. A special needle emerges from the delivery device and places the prostate tie-backs into the correct position. These permanently hold the enlarged tissue away from the urethra (water-pipe) so widening the urethra and allowing urine to flow out more easily again. All that's left to do is for the delivery device to be gently removed down the urethra.



IMAGES COURTESY OF NEOTRACT | TELEFLEX

Will I have a wound?

No, this doesn't require any cuts on the outside of your body nor within the urethra or prostate. There may be some very slight injury as the 'tie-backs' are fixed to the prostate wall.

Will I have an anaesthetic?

You may have a general anaesthetic (where you will be asleep) or possibly a local anaesthetic with sedation. This may depend on what the surgeon prefers to use. From start to finish the implant of these small 'tie-backs' takes around 10 minutes

Will I have a catheter?

Whilst for many men there will be an immediate improvement in being able to pass urine and emptying their bladder, it may be necessary to have a catheter for a few hours after the procedure or overnight. You should notice major improvement in your symptoms in around 2 weeks.

How long might I be in hospital?

Usually, you will go home on the same day that you have the operation and often within a few hours of having it done.

What if I need an MRI scan in future and I have these implants?

An MRI scan uses magnets rather than x-rays to produce detailed pictures inside your body so can be used to look at your prostate, surrounding tissues and other organs. When going for an MRI scan people are usually asked about any metal implants. It's been shown that having these small implants is MRI Conditional. This means that you can be safely scanned by MRI under specific MRI conditions and the urologists/oncologists/radiographers will take into account that you have metal implants.

Are there any potential side-effects?*Discomfort or pain*

You might find that you have very slight discomfort or some pelvic pain for the first few weeks after the procedure. You might find some slight discomfort or stinging when passing urine, you may need to pass urine more often and may need to get to the toilet quickly but all of these should settle within about a month. You may find some difficulty in being able to control passing urine for a short time after the procedure. Pelvic floor exercises (PFE) may help to improve your control; get in touch with your CNS or specialist physiotherapist as they can explain what PFE are and how to do these.

For more information please see our booklet 'Spotlight on pelvic floor exercises for men'. This can be downloaded from our website or call us and we will send a copy to you.

Blood in urine

You will most likely see some blood in your urine for a few days.

Urinary tract infection (UTI)

Although this doesn't happen very often, if you have symptoms that are not settling or becoming more troublesome then you may have a UTI. The best thing is to make an appointment with your GP or surgeon to have this checked. If it is a UTI, then you will most likely be prescribed antibiotics. Even when symptoms start to settle, you must finish the full course of tablets.

Continued difficulty in passing urine

A very few men will still find they have difficulty in passing urine. These men may need a catheter either for a short time or possibly on a longer term basis.

Coating formed or encrustation on the implant (tie-backs)

There is a very small risk that the implant may become encrusted or that an unwanted coating will form on any uncovered parts of the implant. Should this happen, the implant can be taken out by the same procedure as these were implanted.

Are there likely to be any difficulties with erections?

A major advantage of this type of treatment is that it has very little effect on the man's ability to develop and maintain erections. It also means that retrograde ejaculation or dry orgasm (at orgasm semen is passed up into the bladder then comes out in urine) is less likely to occur than with other prostate operations.

What happens if these need to be removed?

If necessary, these can be taken out in the same way as they were put in.

What are the potential benefits of this treatment?

- It is a safe, minimally invasive treatment that can be done in about 10 minutes;
- Usually improves symptoms within 2 weeks;
- It is less likely that a catheter will be needed;
- You are likely to get over this more quickly; only a few days rather than weeks;
- It may be done with a local anaesthetic with sedation or a general anaesthetic;
- It has little effect on getting and maintaining erections and causes less retrograde ejaculation than other prostate operations. (Retrograde ejaculation means that semen doesn't pass out of your body through your penis, but instead passes backwards into the bladder and leaves your body the next time you pass urine)

Am I likely to need any further treatment in future?

Even after having had any treatment for an enlarged prostate, the prostate will continue to enlarge. You may need another treatment in future if your symptoms come back or become more troublesome. Depending on your individual circumstances, you should still be able to have a different treatment for BPH (such as TURP or one of the laser treatments) even if you have had the implant treatment.

Getting home

Resting	After you get home, you may want to take it easy for the rest of the day.
Antibiotics	If you have been given antibiotics, remember to finish the full course of the tablets.
Pelvic floor exercises	If you find difficulty controlling urine, contact the CNS or specialist physio to explain more about these.
Heavy lifting	It's best to avoid lifting anything too heavy for the first month.
Exercise	You can do light exercise after the procedure but avoid any strenuous exercise for a few months.
Time off work	You may need up to 2 weeks off work.
Driving	It may be sensible not to drive for up to 2 weeks. If you have had any type of anaesthetic or drugs that have made you drowsy, then you should not drive for 24 hours afterwards. Organise a lift home or other transport.
Drinking	Try to drink about 8 glasses water throughout the day every day to help flush out the bladder. It might help to avoid drinks that have caffeine such as tea, coffee, cola drinks and energy drinks that have caffeine added. Avoid excess alcohol.
Sexual intercourse	You should be able to have sexual intercourse after this operation as long as you don't have any blood in urine and you and your partner both feel ready.

Your urologist or specialist nurse may discuss all of the above with you and if you are given any specific information then it's important you follow their guidance.

Additional resources that you may find helpful:

- Benign Prostatic Hyperplasia explained;
- Spotlight on treatment of an enlarged prostate with TURP, Green light laser and HoLEP
- Spotlight on Pelvic floor muscle exercises for men;
- Spotlight on caring for your indwelling catheter;
- Spotlight on incontinence as a symptom of prostate problems
- Spotlight on Prostate health and healthier lifestyle choices

These can be downloaded or ordered from our website
www.prostatescotland.org.uk/resources.

What next?

When you get home a letter will be sent to your GP letting him/her know that you have had this operation. You may be sent an out-patient appointment for the urology clinic about 6 weeks afterwards. Alternatively some hospitals offer telephone or specialist nurse follow-up.

Comparing the permanent implant operation with TURP, GLL, HoLEP

Is this a suitable treatment for all men with BPH?	It is especially useful for men with other medical conditions who may not be suitable for a general anaesthetic and those who have blood clotting disorders.
Is this treatment suitable if my prostate is very large?	The prostate will be measured and has to be less than 60gm. It can't be done if the prostate tissue is enlarged around the mid lobe of the prostate.
Is this treatment available in all areas?	Only in one health board via the NHS but also available in the private sector. It is likely that it will become available in other health boards via the NHS. See our website for up to date availability.
How long does the procedure take?	Around 10 minutes to do the implants.
Will I have an anaesthetic?	This might be a general anaesthetic or possibly a local anaesthetic with sedation.
How quickly might this improve my flow of urine?	An almost immediate improvement in symptoms.
Will I need to stay in hospital and for how long?	Not usually. Usually home on the same day and sometimes within a few hours of having the treatment.
What about blood loss?	Very little blood loss.
Will you be able to examine the prostate tissue for any other disease?	No as no tissue is removed.
Am I likely to have a catheter and for how long?	Not usually.
How soon can I go back to work?	You may need up to two weeks off work.

What about sexual intercourse?	When both you and your partner feel ready.
What about erection difficulties?	This has very little effect on getting and maintaining erections.
Is retrograde ejaculation likely?	Less likely to develop retrograde ejaculation than with the other prostate operations.
What about incontinence?	You may see traces of blood in urine. Perhaps some stinging, urgency and frequency in passing urine.
How soon can I go back to normal non-strenuous activities? Strenuous activities?	You can go back to light exercise and activities in a few days but avoid strenuous activities or heavy lifting for around 4 weeks.
How soon can I drive?	In about a 2 weeks. Ask your doctor for more information. (As some car insurances may not be valid when you are recovering from an operation you may want to check with your particular insurance company).
Anything else I need to know?	Although there is little research at the moment, it's been shown that the implant operation is MRI conditional and your urologist will discuss this with you.
Now I've had the treatment, will I still need to take the medication I took for my prostate problem?	You shouldn't need to but always check this out with your doctor.
Will I have follow-up appointments?	Possibly an out-patient appointment in about 6 weeks' time. Some hospitals may offer telephone or CNS follow-up.
Am I likely to need any further treatment for my BPH?	As your prostate will continue to enlarge, you may need another treatment in future. However results suggest this may take a few years. Ask your urologist or CNS for more information.