

UroLift® implant surgery for an enlarged prostate

Department of Urology

Information for Patients

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Introduction

This leaflet contains evidence-based information about your proposed procedure. We have talked to specialist surgeons to produce this and it shows best practice in UK urology. You should use it with any advice already given to you.

Key points

- In the Urolift® procedure a telescope is passed through your water pipe (urethra). 2 to 4 implants are then put into the prostate gland that surrounds your urethra, to pull away the tissue that is pressing on the urethra.
- It is designed to improve the flow of pee (urine) without the need for burning or removing any part of the prostate.
- You do not usually need to have a catheter put in after this procedure.
- Sexual side effects such as dry (retrograde) ejaculation or impotence (erectile dysfunction) are very rare.
- In a small number of men who have this surgery, further treatment may be needed at a later stage.

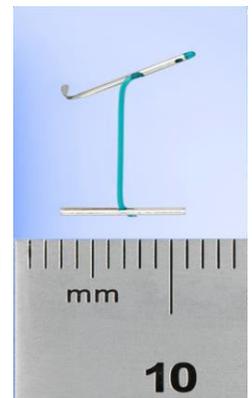
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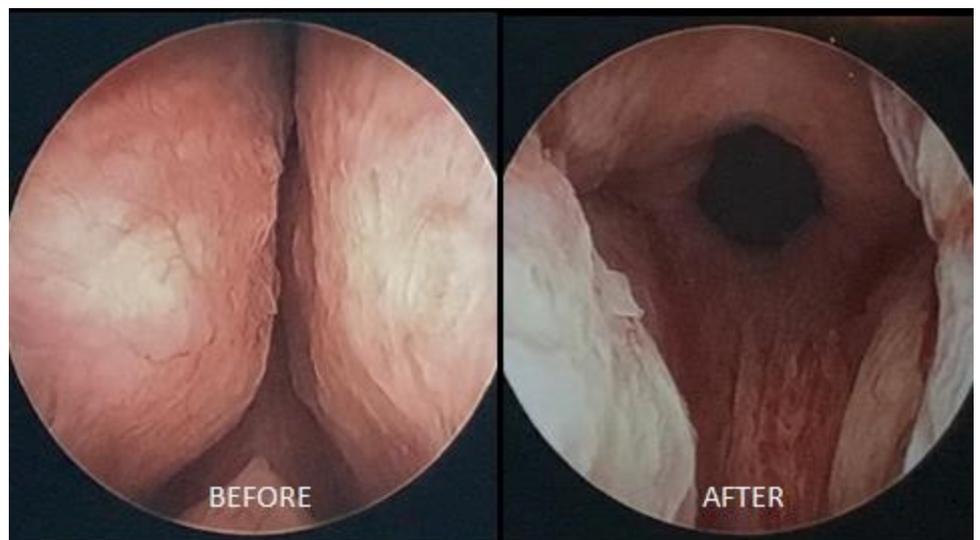
What does this procedure involve?

Your prostate gland sits around your water pipe (urethra) as it leaves the bladder, and when it enlarges, it can press on the urethra and block the flow of urine.

In this procedure, implants are put into your prostate using a telescope which goes into your bladder. The implants (pictured) are placed between the inner and outer surfaces of the prostate, so that they pull the prostate away from your urethra. Within 3 months they become part of the prostate. They cannot be seen in your bladder after that.



Your urologist can tell you whether this procedure is suitable for you, depending on the size and shape of your prostate. It cannot be used in all men with an enlarged prostate. The image here shows how the prostate looks before and after the procedure.



What are the benefits compared to other treatments?

The main benefits of this procedure, compared with other surgical treatments for an enlarged prostate are:

- a short stay in hospital.
- a minor procedure.
- sexual side effects like dry (retrograde) ejaculation or impotence (erectile dysfunction) are very rare.

Before your procedure

Please tell a member of the medical team if you have:

- an implant such as a stent, joint replacement, pacemaker, heart valve, blood vessel graft.
- a regular prescription for a blood thinning medicine (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran).
- a present or previous MRSA infection.
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

What happens on the day of the procedure?

Your urologist, or a member of the team, will talk to you about your history and medications. They will talk to you about the surgery again and confirm your consent.

An anaesthetist will talk to you about the type of anaesthetic you are to have. There are 2 options:

- a general anaesthetic
- a local (spinal) anaesthetic

The anaesthetist will also talk to you about pain relief after the procedure.

We may provide you with a pair of TED stockings (compression stockings) to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

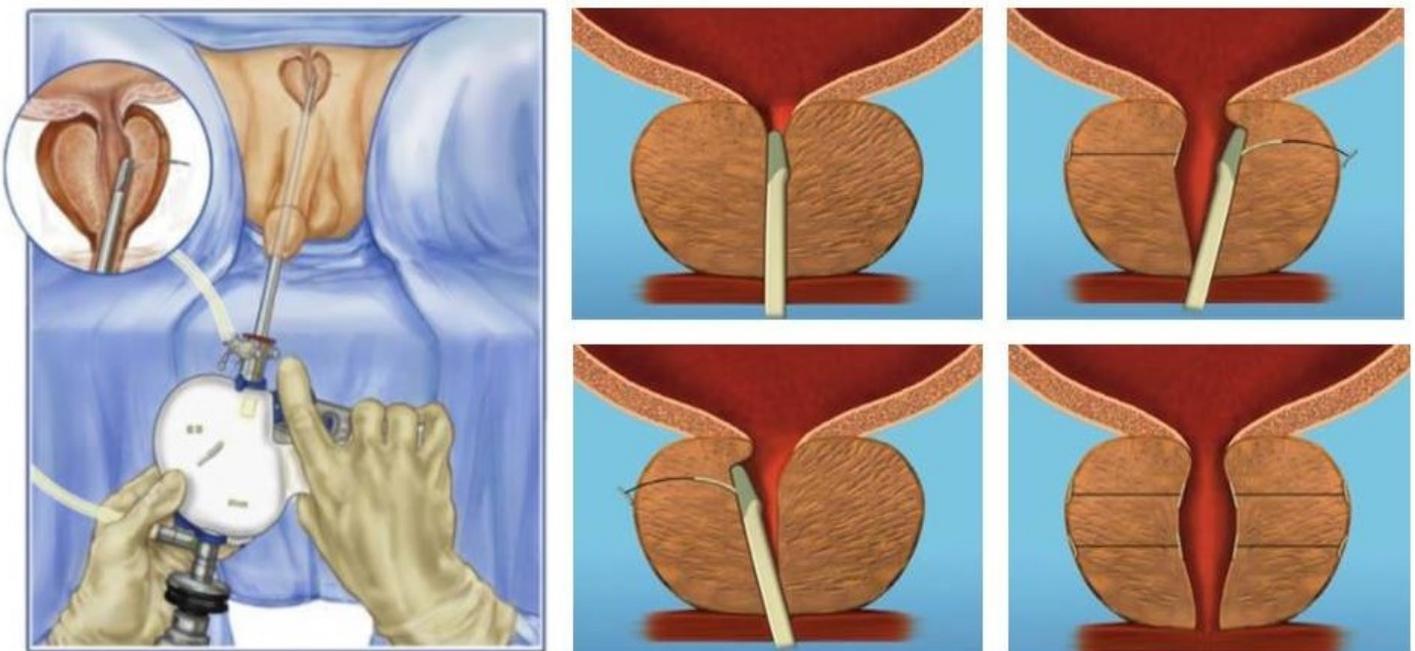
Details of the procedure

We carry out the procedure either under a general or local anaesthetic. The type used will depend on the patient.

We usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies.

We put a telescope into your bladder through your urethra.

We put 2 to 4 implants into your prostate through the telescope, using a special applicator, as shown in the picture below.



We do not usually need to put a catheter in your bladder at the end of the procedure. The procedure takes 10 to 15 minutes to complete.

Are there any side effects?

The possible side effects and your risk of getting them are given below. We have not listed very rare side effects (occurring in less than 1 in 250 patients) individually.

The impact of these side effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

- Temporary burning and stinging when you pass urine (which may last for 5 to 7 days) - 1 in 3 patients.
- Temporary bleeding in your urine (which may last 5 to 7 days) - 1 in 4 patients.
- Pain or discomfort in your pelvic area - between 1 in 5 and 1 in 6 patients.
- Treatment may not relieve all your symptoms, so that you need further treatment within 5 years - between 1 in 7 and 1 in 8 patients.
- A sudden need to pass urine with very little warning - 1 in 12 patients.
- Temporary leakage associated with an uncontrollable need to pass urine - 1 in 25 patients.
- Inability to pass urine (retention), needing a short-term catheter in your bladder immediately after the procedure - between 1 in 20 and 1 in 35 patients.
- Infection in your urine needing treatment with antibiotics - between 1 in 30 and 1 in 35 patients.
- Stone formation (encrustation) on the implants, needing later removal - less than 1 in 100 patients.
- Anaesthetic or cardiovascular (heart) problems possibly needing intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death) - between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk).

What is my risk of a getting an infection in hospital?

Your risk of getting an infection in hospital is about 8 in 100 (8%); this includes getting MRSA or a clostridium difficile bowel infection. This figure is higher if you are in a "high-risk" group such as patients who have had:

- long-term drainage tubes (e.g. catheters).
- bladder removal.
- long hospital stays.
- multiple hospital admissions.

What can I expect when I get home?

- You will be sent home when you have been able to pass urine (usually on the same day as your procedure).
- You will get a little burning and bleeding when you pass urine over the first few days.
- Most men will get some pelvic discomfort for a few days which can be helped by taking simple painkillers such as paracetamol.
- If you are not able to pass urine after the procedure, we may need to put a temporary catheter into your bladder for a few days. If you do need a catheter, we will show you how to manage it at home, and will arrange for it to be taken out.
- You will be given advice about your recovery at home.
- You will be given a copy of your discharge summary and a copy will also be sent to your GP.
- Any antibiotics or other tablets you may need will be arranged and dispensed from the hospital pharmacy.
- You should be able to return to normal activity after 5 to 7 days.

The common symptoms after surgery of pain on passing urine, pelvic discomfort and frequent passage of urine, are usually mild. They tend to improve over 5 to 7 days and normally disappear after the first 2 to 4 weeks. If pain on passing urine gets worse, this may mean there is an infection. You will need to contact your GP if this is the case.

Contact details

Urology Assessment Unit, Ward 28A: 0116 258 4635 - Monday to Friday, 9am to 5pm

Outside of these hours - Ward 28/29: 0116 258 4271

The information in this leaflet is based upon the information published in the BAUS patient information sheet <https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Urolift.pdf>

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