

How UroLift® helps the NHS

The UroLift System – is a proven minimally-invasive day-case treatment for men with BPH, recommended by NICE as a cost effective alternative to TURP or laser.¹ Adjustable, permanent implants hold excess prostatic tissue away so that it does not narrow or block the urethra, relieving symptoms of urinary outflow obstruction without cutting or removing tissue.

**SAVE
MONEY**



**SAVE
TIME**



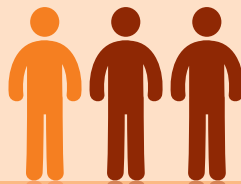
**REDUCE
COMPLICATIONS**



1 What is Benign Prostatic Hyperplasia (BPH)?

Non-cancerous enlargement of the prostate that occurs as men age. The enlarged prostate presses on and blocks the urethra, causing bothersome urinary symptoms.

This is a Common Condition



more than one in three men in their 50s experience BPH - related symptoms¹ with...

80%
of men over 70 symptomatic.²

2 BPH: a burden to the NHS

Annual burden for primary care

Annual Spend on BPH drugs =

£107 million³

Primary Care Consultations =

1.6 million⁴

Cost of Primary Care Consultations >

£44 million⁵

Annual burden for secondary care

184,000
hospital admissions³

£321 million³

50% of hospital spells are non-elective³

9.5 days

Average length of stay³

=

£472 million

Combined annual total cost of BPH

3 How does UroLift help?

Beginning in September 2014, Frimley Park NHS Trust in Surrey was the first hospital in the UK to routinely offer UroLift. Data collated for the next year shows:⁶

Compared with the most common surgical treatment for BPH, Transurethral Resection of the Prostate (TURP), using UroLift:

ONLY 3

in the 75 procedures needed a subsequent consultant clinic appointment.

IMPROVED

post procedure symptoms and patient satisfaction with respect to quality of recovery and preservation of sexual function.

REDUCED

readmission rates particularly for urosepsis and bleeding.

INCREASED

the number of interventions in one theatre session because of faster procedure time.

Most common adverse events include some haematuria, dysuria, pelvic pain, micturition urgency and urge incontinence. Most side effects were mild to moderate in severity and resolved within 2 to 4 weeks after the procedure.

Sources: HES Data provided under a data sharing agreement from the Health & Social Care Information Centre via Harvey Walsh Ltd 2015. Kirby R et al. ProState of the Nation report. A call to action: delivering more effective care for BPH patients in the UK. 2009; Speakman M et al. BJU Int 2015; 115:508-519; Sources: 1. NICE Medical Technology Guidance. UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia, MTG26, Sept 2015; 2. Barry, et al. J Urol 1984; 3. HES Data provided under a data sharing agreement from the Health & Social Care Information Centre via Harvey Walsh Ltd 2015; 4. Kirby R et al. Benign prostatic hyperplasia: Counting the cost of its management. BJU Int 2010; 105: 901-906; 5. Speakman M et al. BJU Int 2015; 115:508-519; 6. NICE medical technology adoption support for UroLift - Insights from the NHS. Nov 2015; 7. Lourenco T et al. Health Technol Assess 2008; 12 (35); 8. Data on file. Neotect Inc. Survey of NHS users of the UroLift System in England (based on experience of >200 patients)

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**ONLY
25
MINUTES**

estimated theatre time for the 75 UroLift procedures (compared to an hour for the other interventions used) and all were true day case procedures.

TURP v UroLift

Significantly reduced complications⁷

**TURP complications =
£109 million/year³**

**UroLift
£22 million savings/year⁸**

*assuming 40% adoption of UroLift

Saving at least £22 million with uptake of 40%⁸

UROLIFT®

BPH Relief. In Sight.™