

How The UroLift® System helps NHS urology departments



A novel approach to treat men with Benign Prostate Hyperplasia (BPH) helps surgeons work more efficiently and save money as well as reduce post-operative complications is now gaining momentum in the NHS, says Mr. Neil Barber, Consultant Urologist, NHS Frimley Health Foundation Trust.

UROLIFT®

Consultant Urologist Mr. Neil Barber was the first NHS surgeon to use the UroLift® System routinely to treat patients with Lower Urinary Tract Symptoms due to enlarged prostate due to BPH. His first cases were in the autumn of 2014. Since then, he and his team have been collecting some key data on how efficient the procedure is compared to Trans urethral resection of the prostate (TURP) and other BPH surgical treatments.

Mr. Barber says: "UroLift is a breakthrough for patients with

enlarged prostate.

"It's an outpatient procedure, can be performed under local anesthesia or intravenous sedation; and the procedure typically takes about 25 minutes.

It's a treatment that gets men off BPH medications and allows them to avoid major surgery.

"Uniquely, it involves no cutting, heating, or removal of prostate tissue, and has a rapid, visible result.

"Patients experience rapid symptom relief, recover from the procedure

quickly, and return to their normal routines with minimal downtime.

"At Frimley, we wanted to quantify the benefits of our early adoption of this novel treatment. At Frimley Park, between Sept 2014 and Sept 2015, 75 UroLift procedures took place: the estimated theatre time was 25 minutes each (compared to an hour for the other interventions used) and all were day case procedures."

"The team concluded that, compared with TURP, using UroLift – reduced the number of formal follow up appointments, of 75 procedures only three needed a subsequent consultant clinic appointment; it may increase the number of interventions in one theatre session because of faster procedure time; improved post procedure symptoms and patient satisfaction with respect to quality of recovery and preservation of sexual function; and reduced readmission rates particularly for urosepsis and bleeding."

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

Now Mr. Barber and his team plan to explore how a specific UroLift pathway can be developed.



Mr. Barber recently clocked up 10 UroLift cases – in the same day. "Once mastered, the procedure is quick and sufficiently uncomplicated that it is not difficult to contemplate performing up to 10 or more in a day. I would say it's actually quite a straightforward procedure to perform.

"The arrival of the UroLift System has completely changed the nature of my consultations when discussing the surgical options for managing bothersome waterworks symptoms with my patients."



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Total cost burden (hospital-related) of benign prostate hyperplasia (BPH)

- Total costs = £1.7 billion over 5 years (trending up)
- 50% of hospital spells are non-elective
- Annual cost = £320 million (2014/15)
- Average length of stay = 9.5 days
- Cost per patient (2014/15) = £2,457

Total cost burden (hospital-related) of TURP and other current surgical procedures for BPH

- Cost per patient = £2,718
- Average length of stay = 2.74 days
- Annual Cost in 2014/15 (18,700 procedures) = £51 million

Hospital costs following TURP and other BPH surgeries are on-going for years after procedure

- 5-year cost of complications* = £109 million, of which the 1st year costs are £55 million

Sources: Health Episode Statistics. National Schedule of Reference Costs. NICE MTG26 Costing Statement

*Hospital spells over 5 years (2009-2014) in patients treated with TURP in a single year (2009)

HES Data provided under a data sharing agreement from the Health & Social Care Information Centre via Harvey Walsh Ltd 2015