

## Patient information

# Prostatic Urethral Lift (Urolift)

Urology Department

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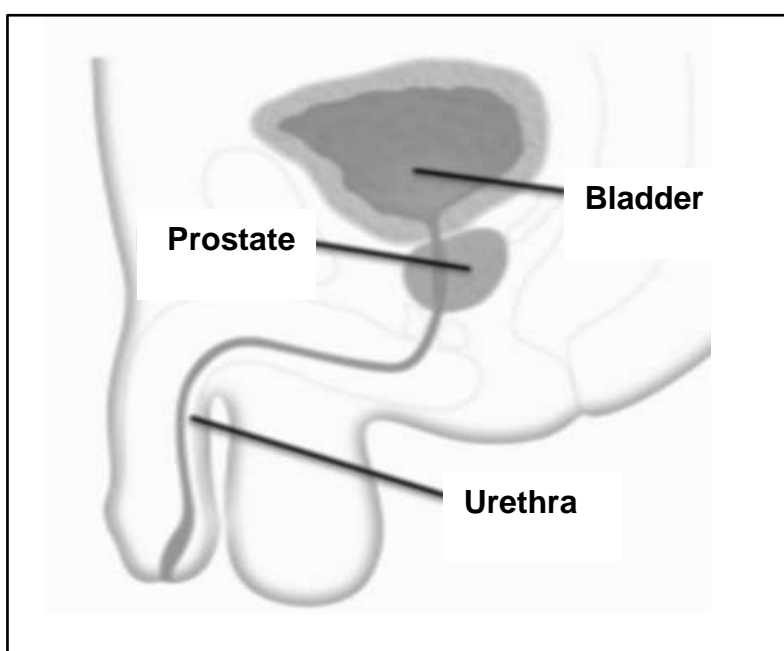
## 1. Introduction

This leaflet is designed to answer any questions you may have about having a Urethral Lift procedure to treat your enlarged prostate. NICE (National Institute for Health and Care Excellence) approved the procedure in January 2014.

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 ask your Consultant Urologist for professional advice.

## 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.



## 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).

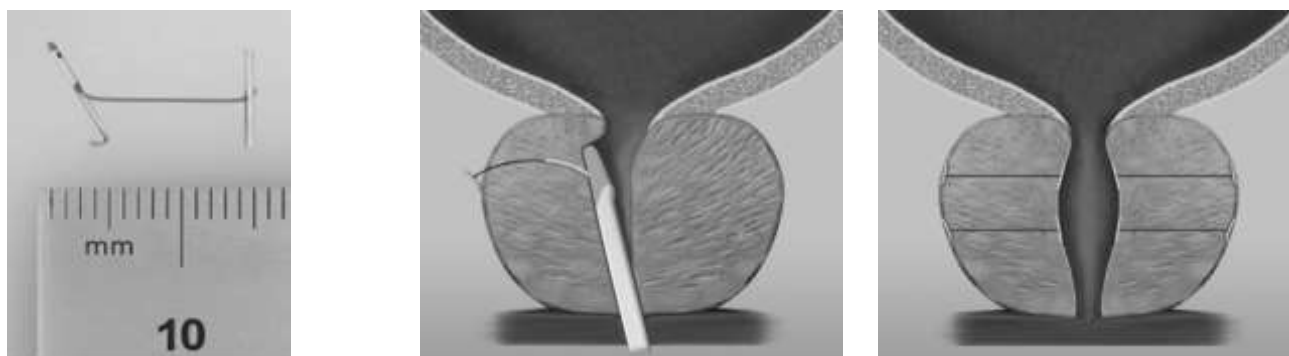
**This can make it difficult for you to pass urine and may cause other urinary symptoms such as:**

- not being able to empty your bladder completely, so you may need to go to the toilet more often (referred to as frequency)
- having a weak urine flow
- difficulty getting started
- getting up at night
- 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 place 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 two and four implants need to be inserted. After the implants have been placed, most patients will be able to pass urine without the need for a catheter.

The procedure can be performed under local anaesthetic alone, or local anaesthetic with sedation.

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?**

In most cases, urination improves immediately, and risks of adverse effects on ejaculatory or erectile function are extremely small.

The procedure is suitable for men with symptomatic prostatic enlargement who are not able to benefit sufficiently from medications, and who do not want to have definitive surgery, and who wish to preserve sexual function and who want to return to normal everyday activities rapidly.

Individual assessment for urethral lift is required, including voiding function, prostate size and shape, and evaluation for prostate cancer.

#### **6. What are the risks?**

Sensitivity when passing urine, urinary frequency, urgency, bleeding, pelvic discomfort or pain 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 small stones 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.

- 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.
- You may need to contact your family doctor (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.
- 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.
- 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.

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.

- 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 before any decision is made.
- 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 local anaesthetic?

If you require sedation 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.

### Local Anaesthetic and Sedation

Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor.

If you have sedation, the drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

**For more information, please ask for a copy of the leaflet “You and Your Anaesthetic” (PIF 344).**

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

## **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. Sensitivity in the penis due to the operation can last a 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.

If you are diagnosed with kidney failure please follow the instructions given earlier by your renal team.

## **13. Important! For 24 hours after your operation:**

If you are discharged on the day of your operation, and you have sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

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

**For next 24 hours you must not**

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.

- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

### **You should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.
- Rest quietly at home
- 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)
- Take extra care with electrical appliances, coordination may be affected after you have an 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 two to three months 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 Emergency Department (A&E) (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 Emergency Department or see your GP urgently.**

### **14 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 eight to ten glasses per day, unless you are diagnosed with kidney failure and not allowed to drink in excess) 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. If you need to see someone urgently out of hours and cannot contact your GP you will need to go to your nearest Emergency department (A&E).

### **15. Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further information:

For general queries contact the Urology Centre on

Tel: 0151 282 6809

Text phone number: 18001 0151 282 6809

For specific clinical queries contact your consultant's secretary or Mr S. Viswanath's (the surgeon performing this procedure) secretary on

Tel: 0151 706 5573.

Text phone number: 18001 0151 706 5573

## Useful websites

[www.nice.org.uk](http://www.nice.org.uk)

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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