

UroLift®

Procedure information

UroLift® is a minimally invasive treatment for benign prostate enlargement.

UroLift® involves placing implants into your prostate which retract the prostatic tissue to open the urethra (waterpipe) and improve your urinary flow.

What is benign prostate enlargement?

Your prostate is a gland which sits beneath your bladder and encircles your urethra. Its function is to secrete prostate fluid, one of the components of semen.

It is common for your prostate to enlarge as you get older, known as benign prostate enlargement/hyperplasia (BPE/BPH). As it enlarges, your prostate can block your urethra, which can cause bothersome symptoms including:

- Waking through the night to void.
- Needing to pass urine frequently throughout the day.
- Having to pass urine urgently.
- Reduced urine flow.
- Difficulty starting urination.
- Stop-start flow.
- Dribbling after passing urine.
- A feeling of incomplete bladder emptying.

Is Urolift® an option for you?

Urolift® is an option to treat your urinary symptoms if they are due to enlargement of the prostate.

Urolift® is a good option for you if:

- You are bothered by your urinary symptoms; and
- You do not want to take or are unable to take medications for prostate enlargement; and
- You do not want to have a more invasive procedure such as transurethral resection

of the prostate (TURP) or Greenlight laser prostatectomy; and

- Your prostate is less than 80 grams, and you do not have significant 'middle lobe' enlargement. (A normal sized prostate is less than 25 grams); and
- You do not have an allergy to nickel, titanium or steel.

What are the alternative treatment options?

Alternative options for the treatment of urinary symptoms due to benign prostate enlargement include:

- Lifestyle measures.
- Bladder retraining.
- Medication (such as prazosin, tamsulosin, silodosin, dutasteride, or finasteride).
- Rezum water vapour therapy.
- Transurethral resection of the prostate (TURP).
- Greenlight laser photovaporisation of the prostate.
- Holmium laser enucleation of the prostate (HoLEP).
- Robotic or open simple prostatectomy.
- Prostate artery embolisation.

See www.brisbaneurologyclinic.com.au for information regarding these alternative treatment options.

How does Urolift® compare to other treatments for prostate enlargement?

Urolift® is an alternative to long-term medication or more invasive surgery for management of your urinary symptoms.

If you are already taking medications for urinary symptoms, it is likely you will be able to stop the medications after the procedure.

Urolift® can be performed as a day surgery – you can go home on the day of the procedure provided you are accompanied by a responsible adult.

Some medications and prostate surgeries can cause retrograde ejaculation. Retrograde

ejaculation results in a reduced volume of semen during orgasm (dry orgasm). The risk of retrograde ejaculation after Urolift® is very low.

Some medications and prostate surgeries can cause erectile dysfunction. The risk of erectile dysfunction after Urolift® therapy is very low.

The improvement in your urinary symptoms after Urolift® may not be as marked as the improvement seen with other prostate surgeries such as transurethral resection of the prostate (TURP) or Greenlight laser prostatectomy.

What does UroLift® involve?

We perform Urolift® in hospital as a day surgery. We perform the procedure under general anaesthetic.

We pass a telescope through the urethra into the prostate. We insert the Urolift® implants with a delivery device. Typically, we place 2 to 6 implants, depending on the size of your prostate. These implants remain within the prostate and the delivery device is removed.

The implants retract your prostate tissue to relieve the obstruction of your urethra. There is no cutting, heating, or removal of the prostatic tissue.

A catheter isn't usually required at the end of the procedure.

What is the recovery after UroLift®?

You should notice your urinary symptoms gradually improving as soon as 2 weeks after the procedure.

You may notice blood in your urine and burning/stinging when passing urine for a few days after the procedure.

Depending on your job, you can return to work around 3 days after the procedure.

You will not be able to drive for at least 24 hours after the procedure.

What are the risks of UroLift®?

The risks of Urolift® include:

Very common risks (most patients)

- Burning and stinging when passing urine for a few days to weeks after the procedure.
- Urinary frequency, urgency and reduced urine stream for a few days to weeks after the procedure.
- Blood in the urine for a few days after the procedure.
- Blood in the semen for weeks to months after the procedure.

Occasional risks (1/10 – 1/50)

- Urinary tract infection.
- An inability to pass urine after the procedure (urinary retention), requiring a temporary urethral catheter.
- Failure to improve your urinary symptoms.
- Prolonged or persistent urinary frequency, urgency, or burning and stinging when passing urine.
- Temporary urgency urinary incontinence.
- Pelvic discomfort/pain for a few days to weeks after the procedure.
- Scarring in the urethra (urethral stricture).

Rare risks (1/50 – 1/250)

- Encrustation (stone formation) on the implant requiring another procedure to correct.

MRI scan after Urolift®

The Urolift® implant is 'MRI Conditional' which means certain conditions need to be met to enable you to have an MRI. If you need to have an MRI after Urolift® you will need to advise the X-Ray department that you have the implant before your appointment.

For more information please visit www.brisbaneurologyclinic.com.au.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.