

## **Prostatic Urethral Lift (UroLift® System) Criteria Based Access**

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk](http://www.remedy.bnssg.icb.nhs.uk)) or consider use of advice and guidance services where available.

**Note:** Whilst there is some developing evidence that UroLift® may reduce impact of treatment on sexual function, this is not a primary indicator for electing to be treated with UroLift® instead of other surgeries.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

### **Section A – Criteria to Access Treatment**

Funding approval for surgical treatment with Prostatic Urethral Lift (UroLift® System) will only be provided by the NHS for patients meeting the criteria set out below:

1. The patient is suffering from LUTS causing moderate to severe voiding symptoms which has not responded to drug treatment and/or conservative management (or this is clinically inappropriate),  
**AND**
2. Has a prostate of less than 100ml without an obstructing middle lobe.  
**AND**
3. TURP, TUVP or Laser procedures are;
  - a) clinically inappropriate for high risk patients (with multiple co-morbidities), high anaesthesia risk patients, and patients on anti-coagulants  
**OR**
  - b) not desired by the patient who does not want a more severe, invasive procedure

## **BRAN**

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

### **Benefits**

A Prostatic Urethral Lift procedure is a short, minimally invasive day-case procedure with no overnight stay requirement. It is designed to relieve symptoms of urinary outflow obstruction without cutting or removing tissue. The adjustable, permanent implants pull excess prostatic tissue away so that it does not narrow or block the urethra.

### **Risks**

Common side effects of the Prostatic Urethral Lift are generally mild and typical of all endoscopic procedures.

### **Alternatives**

The current treatment options for patients presenting with Lower Urinary Tract Symptoms (LUTS) is watchful waiting, prescription drugs and elective surgery. The most common surgical procedure performed is a Transurethral Resection of the Prostate (TURP)

### **Do Nothing**

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

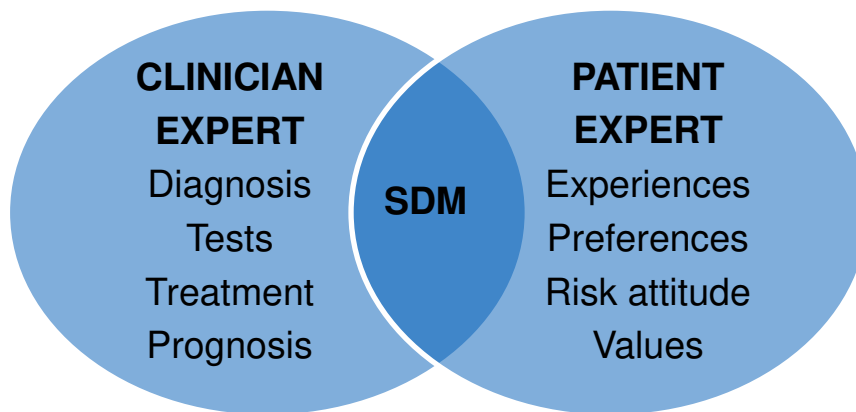
## **Prostatic Urethral Lift (UroLift® System)– Plain Language Summary**

UroLift treatment is performed to help men with an enlarged prostate. An enlarged prostate places pressure on the bladder and urethra (the tube through which urine passes) making it difficult to urinate. A surgeon inserts implants that hold the enlarged prostate away from the urethra, so it is not blocked.

## Shared Decision Making

If a person fulfils the criteria for Prostatic Urethral Lift it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

**This policy has been developed with the aid of the following:**

### Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

## Document Control

<b>Document Title</b>	Prostatic Urethral Lift
<b>Author(s) job title(s):</b>	Commissioning Policy Development Manager. Clinical Lead for Commissioning Policy Development.
<b>Document version:</b>	2324.4.1
<b>Supersedes:</b>	1819.2.2
<b>Discussed at Commissioning Policy Review Group (CPRG):</b>	23 <sup>rd</sup> January 2024
<b>Approval Route (see <u>Governance</u>):</b>	Level – 1
<b>Approval Date</b>	5 <sup>th</sup> March 2024
<b>Date of Adoption:</b>	1 <sup>st</sup> May 2024
<b>Publication/issue date:</b>	1 <sup>st</sup> May 2024
<b>Review due date:</b>	Earliest of either NICE publication or three years from approval.

## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

<b>Policy Category</b>	<b>Approval By</b>
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net).