JOMH
Journal of Men's Health

Case Report
DOI: 10.22374/1875-6859.14.1.3

IS THERE A MINIMALLY INVASIVE DAY CASE OPERATION TO TREAT LUTS SECONDARY TO BPH AND AVOID SEXUAL DYSFUNCTION? UROLIFT A CASE REPORT

Urolift as a Day Case Operation to Treat LUTS and Sexual Dysfunction; A Case Report

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Submitted: November 28, 2017. Accepted: December 21, 2017. Published: January 1, 2018.

Abstract

A 75-year-old Caucasian male with a prolonged history of lower urinary tract symptoms and sexual dysfunction was referred to the urology department. Assessment revealed a diagnosis of benign prostatic hypertrophy (BPH) and the patient was reassessed by flexible cystoscopy revealing a large occlusive 80 cc prostate. Baseline symptoms of BPH were measured using the International Prostate Symptom Score (IPSS), urinary function was quantified by measuring post-void residual (PVR) volume and QMAX flow rates were also recorded. The patient underwent the UroLift procedure and urological parameters were reassessed at 4 months post-operatively. There was an improvement in the patients IPSS by 14 points (IPSS Before = 22, at 4 months = 8), with a reduction in quality of life by 3 points (QoL before = 5, at 4 months = 2). PVR volume decreased by almost a third (29.4 %) (Before = 390 mL, at 4 months = 275 mL) and QMAX improved by 8 mL/s (Before = 14 mL/s, at 4 months = 22 mL/s). The patient reported a slight improvement in sexual function (IIEF-5 Before = 14, at 4 months = 15) and was very satisfied with the result. The improvement in IPSS, PVR volume and QMAX show Urolift is an appropriate treatment for symptomatic BPH.

CASE REPORT

A 75-year-old Caucasian male was referred to the urology department with a longstanding history of lower urinary tract symptoms (LUTS) and reported sexual dysfunction. He was already commenced on a combination therapy of finasteride and tamsulosin but still had deteriorating symptoms, which were adversely impacting on his quality of life.

Assessment by the urologist included a concise history and digital rectal examination which revealed a smooth large occlusive prostate coinciding with a diagnosis of benign prostatic hypertrophy (BPH). The patient was then reassessed with flexible cystoscopy which determined a pre-operative prostate volume of 80 CC with significant urethral obstruction from enlarging lateral lobes.

Baseline symptoms of BPH were measured using the International Prostate Symptom Score (IPSS) which showed a score of 22. This value indicated the patient was severely symptomatic preoperatively. Urinary function was quantified by measuring post void residual (PVR) volume and QMAX flow rates which were 390mL and 14mL/s, respectively.

Surgical intervention was offered to the patient in light of the severity of his symptoms and evidence of bladder outflow obstruction. The patient was listed for transurethral resection of the prostate (TURP) since April 7 2016, but selected for the UroLift procedure after meeting the inclusion criteria. This was as follows: Age > 50 years, IPSS of > 10, QMAX of > 14 mL/s, no retention with a catheter and no obstructing median lobe.

The procedure was performed under general anaesthesia with a total hospital stay of 18 hours and theatre time significantly reduced to just 20 minutes.

Urological parameters were then reassessed at 4 months post-operatively. There was an improvement in the patients IPSS by 14 points (IPSS Before = 22, at 4 months = 8), with a reduction in quality of life by 3 points (QoL before = 5, at 4 months = 2). PVR volume decreased by almost a third (29.4 %) at 4 months (Before = 390 mL, at 4 months = 275 mL). QMAX improved by 8 mL/s (Before = 14 mL/s, at 4 months = 22 mL/s). The patient reported absence of any sexual dysfunction and a slight improvement in his erections. This was demonstrated by an increase of 1 point using the abridged 5-item version of the International Index of Erectile Function (IIEF-5) questionnaire (IIEF-5 Before = 14, at 4 months = 15). The patient was overall very satisfied with the results of Urolift.

DISCUSSION

We report on a new minimally invasive technique for the management of BPH called UroLift (Figure 1). This works through increasing the diameter of the

FIG. 1 The UroLift technique.

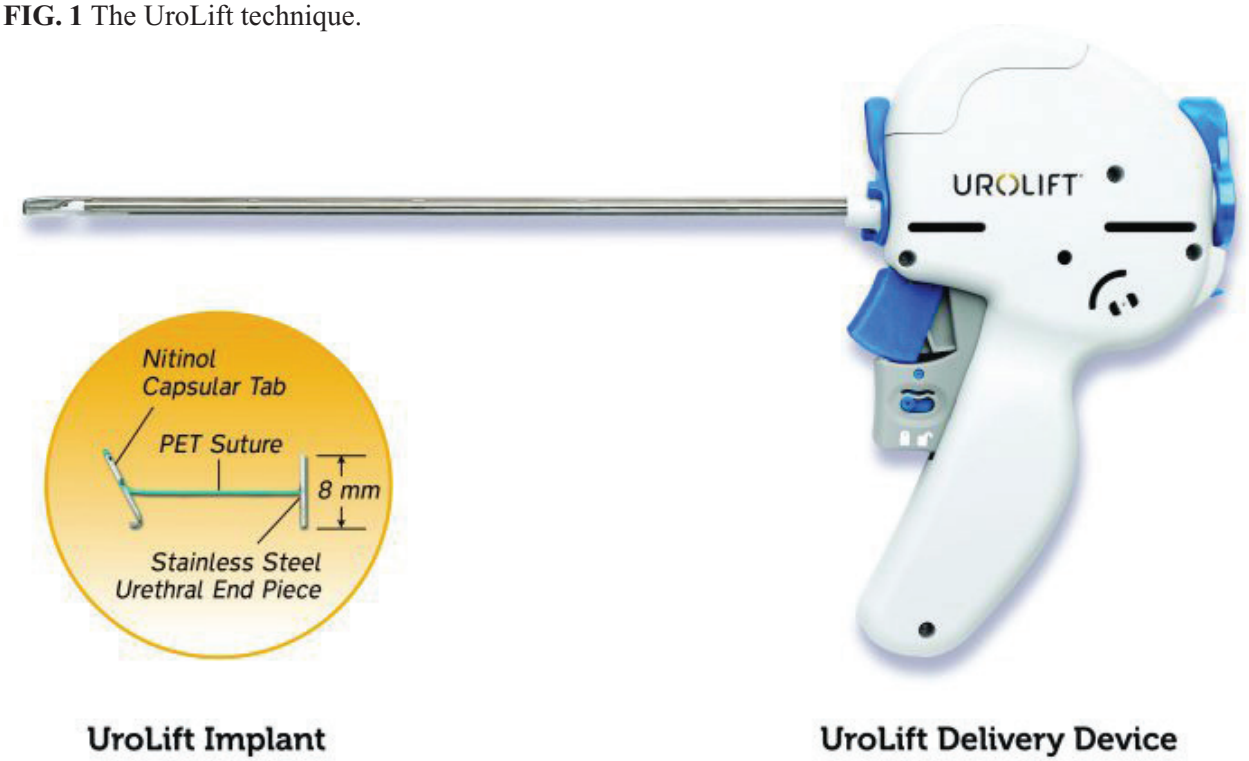

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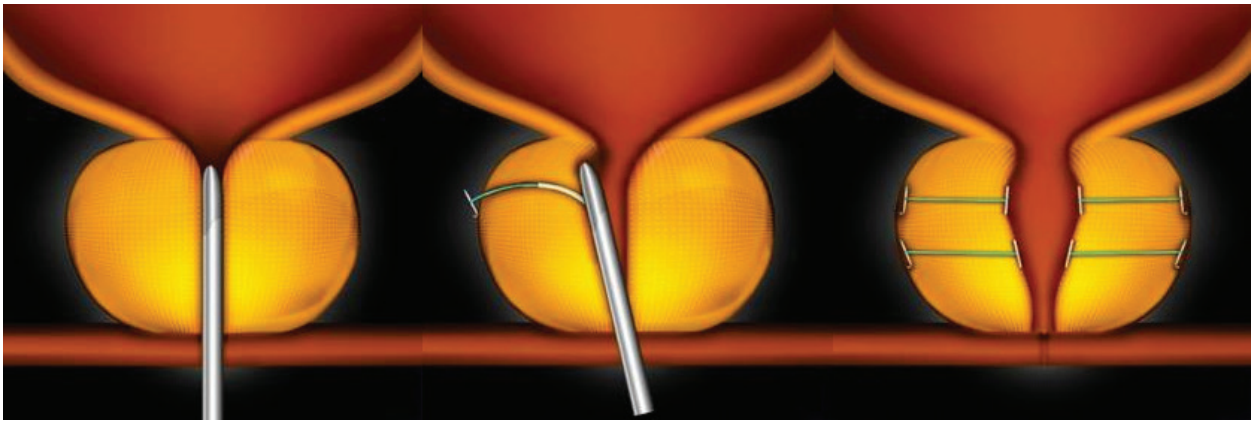
FIG. 2 Increasing the diameter of the prostatic urethra by placement of intra-prostatic implants which retract the enlarged prostate lobes alleviating LUTS.



prostatic urethra by placement of intra-prostatic implants which retract the enlarged prostate lobes alleviating LUTS. (Figure 2).[1] Clear advantages exist of UroLift compared to the current gold standard surgical treatment; TURP.

TURP requires an inpatient stay between 24 and 48 hours and also requires a general or spinal anaesthetic. With current NHS pressures these procedures are often cancelled with preference for patients requiring cancer treatments. Henceforth a large group of symptomatic patients are suffering for considerable times before their treatment. Urolift is far less invasive, can be performed under local anaesthesia, has reduced sexual side effects and has shorter operative times.[2]

In addition, the improvement in IPSS score shows Urolift is an appropriate treatment for symptomatic BPH. Urolift also shows quantitative improvements in urinary flow rates and post-void residual volumes which will have greater long-term benefits on urological health.[3]

Recent publication of results from the L.I.F.T IDE Study has concluded that the Urolift system has definitive five-year durability also.[4]

We hope to inform the medical community about UroLift and expand its use throughout other hospital trusts to improve BPH patient outcomes and reduce waiting times for bladder outflow surgery.

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