



Prostatic Urethral Lift (PUL) for benign prostatic hyperplasia (BPH) under pure local anaesthesia in an ambulatory setting: Early results from a prospective cohort

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Background

Prostatic urethral lift (Urolift) has been shown to result in rapid improvement in symptoms, QoL and flow rate.

Its advantages include minimal use of post-operative urinary catheter, preservation of erectile function and rapid return to normal activity, shown notably in the L.I.F.T trial¹.

Methods

This is a prospective cohort study performed in 3 local centers.

Inclusion criteria:

- Men with surgical indication for BPH

Exclusion criteria:

- History or strong clinical suspicion of prostate cancer
- History of urinary tract surgery or urinary tract abnormalities

Pre-op:

Baseline characteristics were assessed in a pre-operative clinic.

Intra-op:

Perioperative details were documented prospectively. Adverse events were monitored.

Post-op:

- Same day discharge after wean off foley. Foley reinserted if RU > 200ml. Scheduled follow-up at
- (1) 6 weeks via phone interview;
 - (2) 3 months in nurse-led clinic with uroflowmetry;
 - (3) 1 year in post-operative clinic.

Results

67 consecutive patients were recruited. 30 cases performed at a day surgery unit (AHNH). 34 patients were catheter-dependent pre-operatively. Median age of patient is 71 years old, with median prostate size 51ml. Mean OT time, number of tabs used and patient reported pain scores:

	Mean
OT time	20.7 min
Urolift Tab	4.7
VAS score (scope insertion)	1.31
VAS score (tab firing)	4.58

For pre-op catheter-independent patients, PUL led to a significant improvement in IPSS but no statistically significant change in Q_{max} and RU:

	Pre-op mean (SD)	Post-op mean (SD)	p-value
IPSS	16.25 (8.6)	5.83 (4.2)	0.001
Q_{max}	11.77 (5.66)	12.67 (5.86)	0.141
RU	88.73 (109)	67.18 (46.2)	0.498

For pre-op catheter-dependent patients, 88.2% (30/34) weaned off catheter on Day 0. The 1-month catheter-independent rate reached 94% (32/34).

The 30-day complication rate is 4.5% (3/67). 2 cases of UTI were treated with antibiotics alone. 1 patient suffer from hematuria with symptomatic hyponatremia.

Conclusion

PUL is a safe procedure relieving lower urinary tract symptoms efficiently, compatible with local anaesthesia in an ambulatory setting.

1. Roehrborn CG, Gange SN, Shore ND, et al. The prostatic urethral lift for the treatment of lower urinary tract symptoms associated with prostate enlargement due to benign prostatic hyperplasia: the L.I.F.T. Study. *J Urol*. 2013;190(6):2161-2167. doi:10.1016/j.juro.2013.05.116