

Procedure information

Prostatic urethral lift

What is a prostatic urethral lift?

Prostatic urethral lift is a minimally invasive treatment for benign prostate enlargement.

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

What is benign prostatic enlargement?

Your prostate is a gland which sits beneath your bladder and encircles your urethra. Its function is to make the fluid in 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.

Why is a prostatic urethral lift required?

A prostatic urethral lift is used to expand the diameter of the urethra to improve the flow of urine.

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

A prostatic urethral lift 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 60 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.

How does prostatic urethral lift compare to other treatments for prostate enlargement?

Prostatic urethral lift is an alternative to long-term medications 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® device placing implants

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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 prostatic urethral lift is very low, the lowest of any treatment for prostate enlargement.

Some medications and prostate surgeries can cause erectile dysfunction. The risk of erectile dysfunction after a prostatic urethral lift is extremely low.

The improvement in your urinary symptoms after prostatic urethral lift 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 a prostatic urethral lift involve?

Prostatic urethral lift is performed in hospital as a day surgery under a general anaesthetic (completely asleep).

We pass a telescope through the urethra to the prostate.

We insert the permanent implants into the prostate using the Urolift® 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 a prostatic urethral lift procedure?

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 three days after the procedure.

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

What are the risks of a prostatic urethral lift procedure?

The risks of this procedure include (but are not limited to):

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.

Recognized infrequent risks:

- Urinary tract infection.
- An inability to pass urine after the procedure (urinary retention), requiring a temporary urethral catheter.

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- 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 to 1/250):

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

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

MRI scan after prostatic urethral lift

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 a prostatic urethral lift you will need to advise the X-Ray department that you have the implant before your appointment.

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).
- Water vapour therapy (Rezum).
- 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.

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

For appointments and enquiries please contact 07 3830 3300.