**How the UroLift® System can play a critical role in treating patients with BPE in Ambulatory settings when facing the current environmental challenges**

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Across all surgical admissions in England, the use of day case surgery is increasing.1 Yet despite advances in surgery for benign prostatic enlargement (BPE), only 14% of BPE surgery is carried out as a day-case.2 Only 5% of TURP, the current standard of surgical care, is carried out as a day-case.2

A recent update to the NICE Medical Technologies Guidance for the UroLift® System recommended its use as an alternative to TURP and HoLEP for prostates less than 80cc.3 The UroLift® System is a quick minimally invasive procedure that can be done as a day-case or ambulatory procedure under local anaesthesia.3 A recent report by BADS, GIRFT and CPOC identified the UroLift® System as a *“procedure where the focus should be to develop an outpatient rather than day surgery pathway”.1*

At Birmingham City Hospital, we developed a protocol to perform the UroLift® System completely under local anaesthesia without sedation. Key elements of this protocol are the use of hypothermic lignocaine (kept in the fridge overnight at 4oC) and verbal anaesthesia. We also developed a simplified patient pathway that removed the need for pre-op flexible cystoscopy, pre-op nurse-led assessment, ultrasound-guided prostate volume measurement and where we replaced the clinic follow-up appointment with a telephone call. These changes were supported by the establishment of a One-Stop LUTS Clinic, which negated the need for multiple separate appointments for assessment.

An audit of our service demonstrated that performing the UroLift® System completely under local anaesthesia, without sedation or the presence of an anaesthetist, is feasible and associated with good recovery and symptom improvement. The protocol was also found to be suitable for men with an obstructive median lobe or high bladder neck. Our data also showed that cases in urinary retention can successfully have a UroLift® System procedure under local anaesthetic. A modified simplified pathway also results in cost savings and could easily be transitioned to an ambulatory care setting.

1. GIRFT, CPOC, and BADS (2020). Report: National Day Surgery Delivery Pack.
2. Hospital Episode Statistics, NHS Digital, 2019
3. NICE. (2021). UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia. Medical Technologies Guidance, 4 May 2021.

\*Mr. Ananda Dhanasekaran is a paid consultant of NeoTract | Teleflex Interventional Urology.

This information is presented in conjunction with the named urologists. Surgical technique, medication and anaesthesia regimens are based on their experience with the UroLift System. Medical practice is solely the responsibility of the treating physician and not the named physicians or Teleflex Incorporated and its affiliates.

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