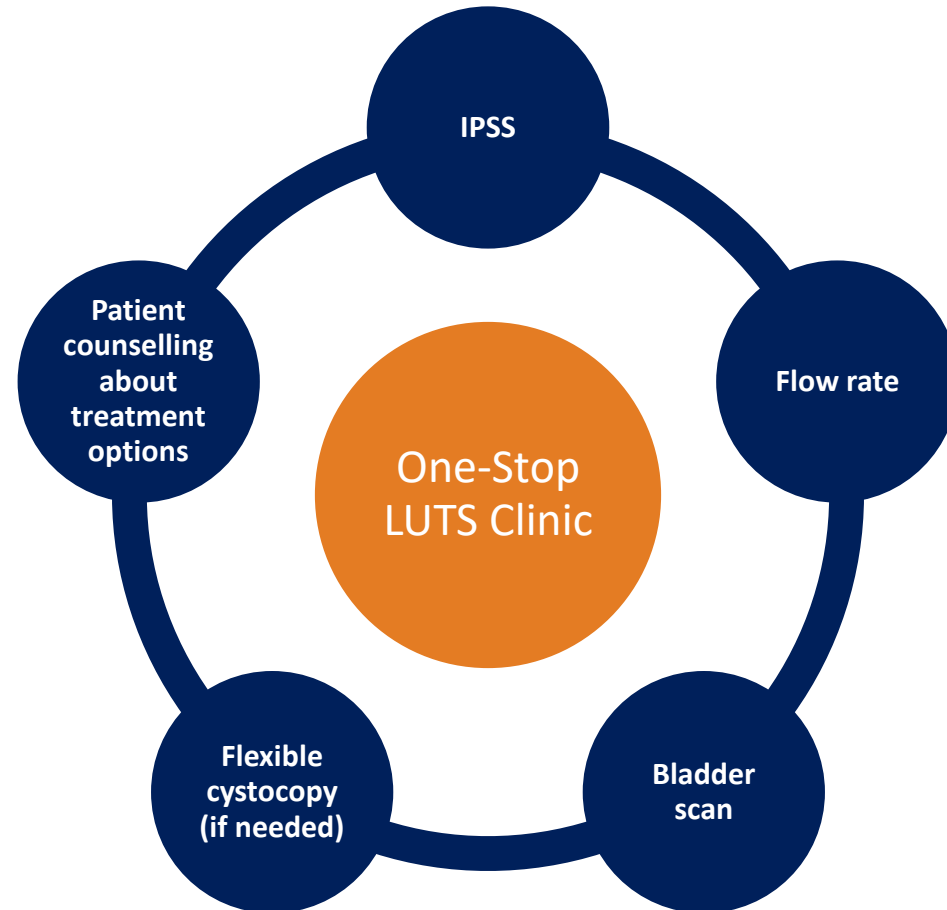


Urolift

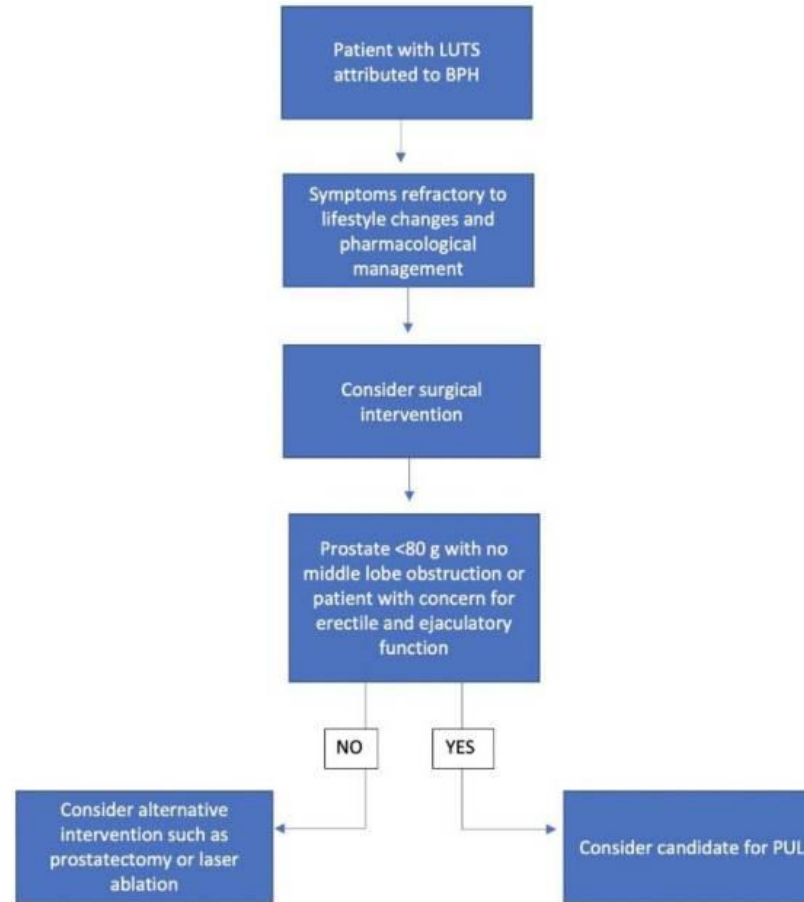
C.F. Koolenbrander

Uroloog UZF

LUTS obv BPH



Indicatie



Indicaties voor een UroLift

- 1. Patiënten met LUTS t.g.v. BPH en die gegarandeerd behoud willen hebben van antegrade ejaculatie en erecties
- 2. Patiënten die bijwerkingen hebben van medicamenteuze behandeling van LUTS ten gevolge van BPH en die minimaal invasief geholpen willen worden
- 3. Patiënten met hogere ASA classificering (3) met LUTS (met of zonder katheterverblijf) waarbij deze ingreep onder lokale anesthesie kan plaatsvinden.
- 4. Patiënten die angst hebben voor de complicaties van meer invasieve technieken zoals TURP en PVP.

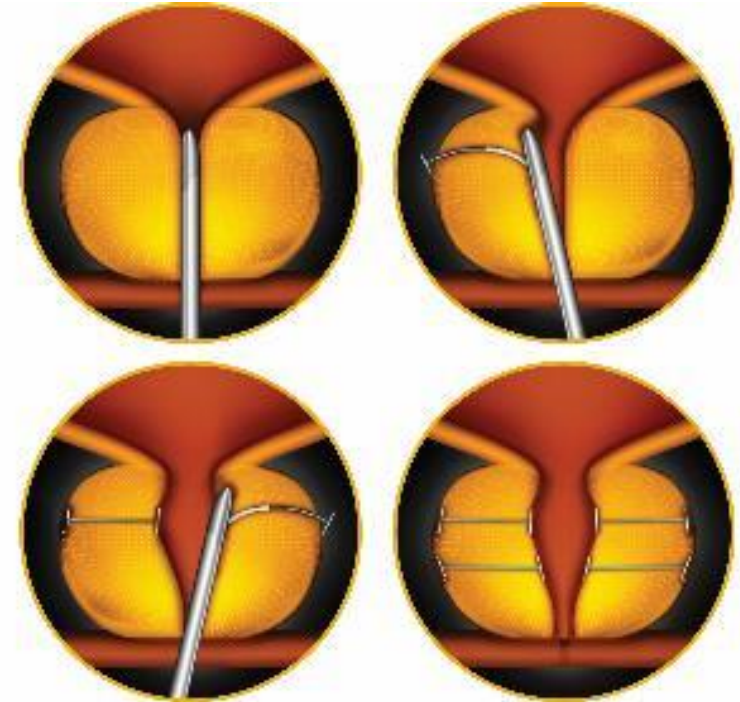
- *UroLift System – Prostatic Urethral Lift*

The UroLift System uses adjustable, permanent implants to retract the prostatic lateral and median lobes and reduce urethral obstruction so that it does not narrow or block the urethra.



UroLift Implant

UroLift Delivery Device



The UroLift System device is designed to relieve symptoms of urinary outflow obstruction without cutting or removing tissue.

Outcomes in the Key PUL Trials

L.I.F.T. study 16	Measured IPSS, QoL, Qmax, BPHII, IIEF-5, MSHQ-EjD function/bother after PUL treatment for LUTS due to BPH with lateral lobe obstruction	Significant and durable improvement in IPSS, QoL, Qmax, BPHII without impairment of sexual function through 5 years.
MedLift study 18	Expanded on L.I.F.T. study design by using participants treated with PUL due to BPH with median lobe obstruction	Similarly to the L.I.F.T. study, participants saw an improvement in IPSS, QoL, Qmax, BPHII without impairment of sexual function through 1 year.
BPH6 study 21	BPH6 index was used to measure composite of the following: symptom relief, quality of recovery, erectile function preservation, continence preservation, and safety. Additional factors measured: Patient perspective Quality of life Sleep quality	Compared to TURP, PUL resulted in higher quality recovery, preservation of ejaculatory function, and higher overall BPH6 index. TURP resulted in significantly compromised urinary continence function 2 weeks and 3 months following procedure. PUL resulted in superior improvement of sleep compared to TURP.
2-Year Outcomes of a Retrospective Multicenter Study 24	IPSS QoL Qmax Age Prostate size Site of service Prior prostate cancer treatment Diabetic status	Significant improvement in IPSS throughout two years following PUL. Subjects with IPSS greater than or equal to 13 exhibited similar results to L.I.F.T. study. Age, diabetic status, prostate volume, site of service, a prior cancer therapy did not affect outcomes of PUL. Subjects were older in age and less symptomatic than those included in L.I.F.T. study.

Samenvatting outcome studies

- Significante verbetering van IPSS, QL en Qmax (>2 jaar)
- Sneller functioneel herstel in vergelijking tot TUR-P
- Behoud van ejaculatie
- leeftijd, diabetes, volume, kliniek geen invloed op outcome

TSH outcome so far

- Gemiddelde IPSS voor 21 na 12
- Gemiddelde QL score voor 4,7 na 3,4

Contra-indicaties

- Prostaatvolume > 80 ml
- Uitgesproken middenkwab
- Steile blaashals
- Recidiverende urineretenties en regelmatig katheterverblijf
- Residuvorming > 300 ml . Vermoeden hypocontractiele blaas (evt. UDO nodig)

Take Home Message

- Urolift is een minimaal invasieve behandeling voor LUTS obv BPH
- Behoud van antegrade ejaculatie
- Positie in behandeling; ook voor start medicamenteuze behandeling
- Sneller functioneel herstel tov andere invasieve desobstructie interventie