

Policy Category:

CBA

Who usually applies for funding?

N/A

Surgical interventions for benign prostatic hyperplasia

Commissioning decision	The ICB will provide funding for surgical interventions listed below for benign prostatic hyperplasia for patients with severe voiding symptoms, in whom conservative management options and drug treatments have been unsuccessful and meet the criteria defined within this policy.
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Policy Statement:

NHS Gloucestershire Integrated Care Board (ICB) will fund surgical intervention for benign prostatic hyperplasia for patients who meet the following criteria:

- The patient has severe voiding symptoms
AND
- conservative management options and drug treatment has been unsuccessful or is inappropriate.

Where a patient meets the above criteria, the ICB will only fund the following surgical interventions:

- **Transurethral resection of the prostate (TURP)** is the longest established of a range of endoscopic surgical procedures for benign enlargement of the prostate, with varying indications and potential complications.
- **Transurethral incision of the prostate (TUIP)** should be offered to men with a prostate estimated to be smaller than 30ml or Bladder Neck Incision (BNI)
- **Holmium LASER enucleation of the prostate (HoLEP)** should be performed within centres specialising in the technique, or where mentorship arrangements are in place
- **UroLift** system relieves lower urinary tract symptoms while avoiding the risk to sexual function and should be considered as an alternative to current surgical procedures for use in a day-case setting in men who are aged 50 years and older and who have a prostate of less than 100 ml without an obstructing middle lobe
- **532 nm ('Greenlight') laser vaporisation of the prostate**
- **Transurethral vaporisation of the prostate (TUVAP)**
- **Transurethral water vapour therapy (Rezüm)**

Open prostatectomy should only be offered as an alternative to endoscopic surgery, to men with prostates estimated to be larger than 80-100ml

All other interventions for benign prostatic hyperplasia are **not normally funded**.

Rationale:

There are a number of possible treatments for benign prostatic hyperplasia, NICE guidance provides clear evidence, in clinical and cost effectiveness terms, that patients voiding LUTS presumed secondary to BPH, should be offered surgical intervention, only when those symptoms are severe, or when conservative management options have been unsuccessful.

TURP is the mainstay of surgical treatment for voiding LUTS presumed secondary to BPH. The newer surgical modalities above have therefore been evaluated in comparison with TURP as well as conservative management. NICE CG97 accordingly incorporated a comprehensive matrix of comparative studies between treatment within its evidence review.

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Plain English Summary:

Benign prostate enlargement (BPE), also known as benign prostatic hyperplasia (BPH), is a condition that affects older men. When the prostate becomes enlarged, it can place pressure on the bladder and urethra (the tube through which urine passes). This can affect how you pass urine and may cause:

- difficulty starting urination
- a frequent need to urinate
- difficulty fully emptying the bladder

In some men, the symptoms are mild and don't require treatment. In others, the symptoms can be very troublesome and have a major impact on a person's quality of life.

Treatment options can include lifestyle changes, medication, and surgery. Surgery is usually only recommended for moderate to severe symptoms of benign prostate enlargement that have failed to respond to medication. The most common surgical intervention is called a transurethral resection of the prostate, which involves surgically removing excess tissue from the prostate. A number of newer surgical techniques also exist which have been approved by NICE. Your urologist will discuss the most appropriate option with you.

If your doctor believes that you meet the criteria set out in this policy, they can refer you to a specialist urology clinic.

Evidence base:

1. NICE clinical guideline 97. Lower urinary tract symptoms in men: management: <https://www.nice.org.uk/guidance/cg97>.
2. NICE guidance UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia (Medical technologies guidance MTG 26): <https://www.nice.org.uk/guidance/mtg26/>.
3. European Association of Urology guideline on the management of non-neurogenic male LUTS: [Management of Non-neurogenic Male LUTS - INTRODUCTION - Uroweb](#)
4. GIRFT Urology Report: <https://www.gettingitrightfirsttime.co.uk/surgicalspecialty/urology-surgery/>

For further information please contact GLICB.IFR@nhs.net

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Policy review date	December 2026

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Policy sign off:

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	17 th September 2015
Integrated Governance and Quality Committee	3 rd March 2016

Version Control:

Version No	Type of Change	Date	Description of Change
V2	Policy review date and evidence base update.	4.4.19	Policy review date changed to April 2020. Evidence base updated.
V3	Policy title, review date and wording. Policy category changed from CBA+PA to CBA	22.10.21	Update to include other surgical interventions with due regard to the EBI. Amendments agreed by ECCP Group and Executives M Walkingshaw and Marion Andrews-Evans. Review date changed to October 2023
V4	Review date	12.12.2023	Review date only changed to December 2026