

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 66: Treatment of lower urinary tract symptoms (LUTS) as a result of benign prostatic hyperplasia (BPH)
Policy position	Criteria Based Access
Date of issue	April 2023
Update	This policy will be updated in light of a substantial body of new evidence or new national guidance.

Benign prostatic hyperplasia (BPH) is a condition in which the flow of urine is blocked due to the enlargement of the prostate gland. This enlargement can cause lower urinary tract symptoms (LUTS) including hesitancy on urination, interrupted or decreased urine stream, nocturia, incomplete voiding and urinary retention.

Red flag symptoms are excluded from this policy and patients should be referred via the 2 week wait criteria.

Men with BPH may be referred for a specialist surgical opinion if the following criteria are met:

1. Severe voiding symptoms **OR**
2. (a) Conservative and lifestyle interventions have been undertaken for a period of 3 months (for example advice on fluid intake and urethral milking) and symptoms persist **AND**
 - (b) Appropriate pharmacological therapy for LUTS has been trialled and symptoms persist, for example:
 - Trial of an alpha blocker for 6 weeks for moderate to severe LUTS (for example an IPSS¹ score between 8-19 for moderate symptoms and 20-35 for severe symptoms).
 - Trial of an anticholinergic for 6 weeks, for symptoms of over active bladder.
 - Trial of an alpha reductase inhibitor for 3 months for LUTS, when there is evidence of prostatic hypertrophy and the patient is considered to be at high risk of progression.
 - Combination of an alpha blocker and a 5-alpha reductase inhibitor for bothersome moderate to severe LUTS when there is evidence of prostatic hypertrophy **AND**

(c) Men are involved in shared decision making including which surgical modality is appropriate and when or whether surgery should be undertaken.

Any surgical modality offered should take into account the latest published NICE guidance ^{2,3}, 2022/23 MedTech Funding Mandate⁴, and the NHS England Evidence Based Interventions Programme⁵:

- The UroLift system relieves lower urinary tract symptoms while avoiding the risk to sexual function. This 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 100ml without an obstructing middle lobe.

- TURP, TUVF (including laser prostatic vaporisation such as GreenLight XPS laser) or HoLEP should be offered to men with voiding LUTS presumed secondary to BPH. HoLEP should be performed within centres specialising in the technique or where mentorship arrangements are in place.
- TUIP should be offered to men with a prostate estimated to be smaller than 30ml.
- Open prostatectomy should only be offered as an alternative to endoscopic surgery, to men with prostates estimated to be larger than 80-100ml.
- Rezum should be considered as a treatment option for people with a moderately enlarged prostate (typically between 30cm³ and 80cm³)

The following interventions are NOT NORMALLY FUNDED:

- Transurethral needle ablation
- Transurethral microwave thermotherapy
- High-intensity focused ultrasound
- Transurethral ethanol ablation of the prostate

References:

- ¹International Prostate Symptom Score (IPSS)
- ²NICE Clinical Guideline Lower urinary tract symptoms in men: management (2010) <https://www.nice.org.uk/guidance/cg97>
- ³NICE Interventional Procedures Guidance: 014, 017, 275, 475, 611, 625, 629, 641
- NHS England MedTech Funding Mandate Policy 2022/21. <https://www.england.nhs.uk/wp-content/uploads/2022/03/B1197-MedTech-Funding-Mandate-policy-2022-to-2023-guidance-for-NHS-commissioners-and-providers-of-NHS-funded-c.pdf>
- ⁵NHS England Evidence Based Interventions Programme: Expert Advisory Committee to the Evidence-Based Interventions programme [EBI Wave two - Guidance documents - Academy of Medical Royal Colleges \(aomrc.org.uk\)](https://www.aomrc.org.uk):

Clinical coding

Diagnosis Code

N40X Hyperplasia of prostate

Procedure Codes

L713 Percutaneous transluminal embolisation of artery
M611 Total excision of prostate and capsule of prostate
M612 Retropubic prostatectomy
M613 Transvesical prostatectomy
M614 Perineal prostatectomy
M618 Other specified open excision of prostate
M619 Unspecified open excision of prostate
M641 Open resection of outlet of male bladder
M651 Endoscopic resection of prostate using electrotome
M653 Endoscopic resection of prostate NEC
M654 Endoscopic resection of prostate using laser
M655 Endoscopic resection of prostate using vaprode
M65.6 Endoscopic ablation of prostate using steam
M676 Endoscopic radiofrequency ablation of lesion of prostate
M678 Other specified other therapeutic endoscopic operations on prostate
M681 Endoscopic insertion of prostatic stent
M683 Endoscopic insertion of prosthesis to compress lobe of prostate
M688 Other specified endoscopic insertion of prosthesis into prostate
M701 Aspiration of prostate NEC
M711 High intensity focused ultrasound of prostate

Version	Date	Reason for change
Version 1.0	2020	
Version 2.0	Agreed July 2022 (Ratified by the Board – January 2023) (Unpublished).	Update to reflect MedTech Funding Mandate
Version 2.1	Agreed February 2023	Formatting change, no change in content.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.