

Pioneering prostate procedure

Many men live with urinary problems rather than risk impotence or incontinence from prostate treatments, but now a minimally invasive procedure is available on the NHS.

By **Juliet Morrison**



FITNESS ENTHUSIAST Chris Bell faced a potentially life-changing decision: ignore an intolerable health condition or risk becoming impotent or incontinent after being treated for it.

That was two years ago when the 66-year-old decided to take early retirement from his career as a project manager at the Ministry of Defence. Chris, an energetic divorcee who was in a

relationship and thrived on long runs, hill walking and bike riding, had an enlarged prostate, otherwise known as benign prostatic hyperplasia (BPH).

The prostate is a small, ring-shaped gland that lies directly under the bladder and surrounds the urethra. It grows as men age, and can start to compress and narrow the urethra. The bladder then has to work harder to empty, and as a result men have difficulty passing urine. It's a

problem that some 40 per cent of men over 50 experience. For Chris, the condition meant he needed to frequently and urgently go to the toilet. His problem began to affect his work, but for him surgery had an unacceptable risk of impotence, as well as incontinence. Corrective drugs and a herbal remedy he had tried were ineffective.

Like many men Chris therefore lived with the condition for several years largely untreated. "Sex is very important to me. I am a fit and very active 66-year-old and I am in a relationship," he says. "Any chance of incontinence or impotence

relationship, too."

However, BPH was making Chris's life intolerable. He had the classic symptoms: frequent visits to the toilet (sometimes every 20 minutes), poor flow rate, low volume of urine, hesitancy in getting started and severe urgency.

"I'd need to go up to 20 times a day and when I had the urge to go I had to go straight away or risk losing control," he says.

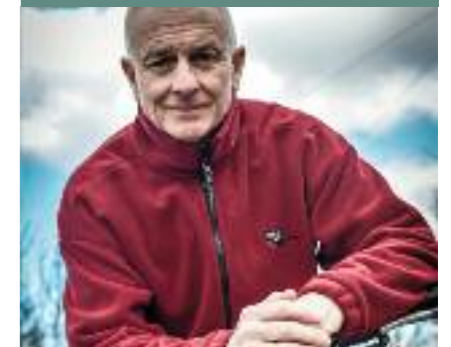
The condition affected his job and social life. "My work had become difficult. In meetings, I was always last in and first out, and sometimes I had to leave half way through to pay a visit to the loo. In the end, I simply had to tell people that I had a problem.

"I had a lot of meetings – one a day at least. Travelling was also a nightmare – I frequently had to drive to contractors' premises and the journeys were at best uncomfortable with a constant feeling of needing to urinate and frequent stops.

"If I didn't know where the nearest loo was, panic would set in. If I went out with friends and it involved a long journey, I would take my car as I didn't want to inconvenience others with

Coping with BPH

- Try retraining your bladder, by holding off for five minutes after having the urge sensation. Then the next day increase this to ten minutes and so on
- Pelvic floor exercises can help
- Stick to a low-fat diet, rich in vitamin C (citrus fruits, tomatoes and avocados) and zinc (green beans, sage and pumpkin seeds)
- Avoid alcohol, caffeine and carbonated drinks which can irritate the bladder. Smoking also makes the problem worse.



Above: Chris Bell and, below, Nimesh Thiruchelvam, who performed the operation



having to stop all the time, or I would decide against going at all. “I was tired too because of broken sleep. I tried to manage the problem by not drinking after a cup of tea at about 6.30pm – but at night, I still had to get up once or twice. If I did drink socially, I could be up four to five times.”

The situation worsened, until earlier last year he felt surgery was his only option.

“I researched all the available surgical treatments quite thoroughly. TURP – transurethral resection of the prostate; Greenlight laser; HoLEP (holmium laser enucleation of the prostate), which all carry the risk of incontinence and impotence.

“I was desperate. Despite the risks I had set a date for a HoLEP procedure when a friend gave me an article about a new treatment called the UroLift System.”

The procedure was not available to Chris on the NHS so he had it done privately in September 2014.

“I did a lot of research and found UroLift didn’t carry risk of impotence or incontinence. I was also surprised that, although NICE (the National Institute of Health and Clinical Excellence) judged the UroLift procedure as safe for use, I could not be treated with it on the NHS.”

After a few setbacks Chris was delighted with the results. “Initially I had some blood in my urine, but this cleared within a few days. I had been advised to drink lots of water, and this helped flush out my bladder and urethra.

“After a few days I felt really well, but unfortunately I developed a urinary tract infection, which I understand is common



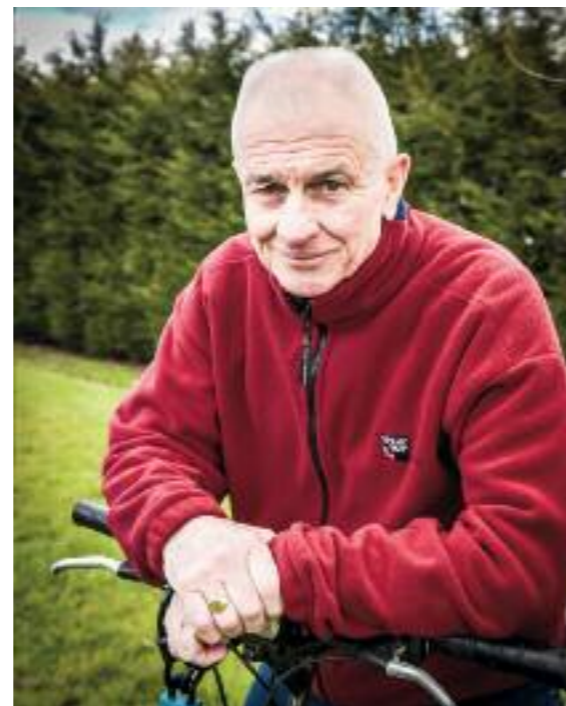
Nikesh Thiruchelvam,
consultant urologist
at Spire Cambridge
Lea Hospital

“It’s a problem that some 40 per cent of men over 50 experience”

following any kind of surgery on this part of the anatomy, and it was cleared up quickly with antibiotics and painkillers.”

Six months on, he says the procedure has made a ‘remarkable difference’ to his life. He’s no longer concerned about where the nearest toilet is. He urinates fewer than eight times in 24 hours, instead of 15 to 20 times before, and he can hold off from going after feeling the initial urge sensation for around half an hour.

“I feel the UroLift procedure should be available to all men on the NHS,” he says. “Nobody should have to make the choice of whether to risk losing their sex life or live with an intolerable condition.”



Find out more

- Currently UroLift is available in five NHS hospitals – Frimley (Surrey), Warwick, Whiston and St Helens (Merseyside), and Lincoln – but as many as ten could be signed up by this autumn
- Many more private hospitals offer UroLift, at a cost of £5000-plus, but the procedure can be claimed on health insurance.

All about UroLift

UroLift can be performed under sedation or, as in most cases, under a light general anaesthetic. Usually patients can go home on the same day after passing water, and be back to work after five days.

It takes less than 30 minutes to perform and opens the blocked urethra by lifting or holding prostate tissue out of the way. Unlike other treatments to combat enlarged prostates, UroLift does not involve cutting, heating or removing any

prostate tissue, which can cause the long-term side effects of erectile dysfunction, urinary incontinence and dry orgasm.

It is proving to be a ‘very popular and successful’ treatment for BPH, says Nikesh Thiruchelvam, the consultant urologist at Spire Cambridge Lea Hospital who performed Chris’s procedure. “The long-term outcomes are unknown, but the published data we have covering three years is encouraging. And while flow rate tends not to improve as much as other surgery, the lack of risk outweighs this.”