

Benign Prostatic Hyperplasia (BPH)

The right treatment for the right patients at the right time



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When patients come and see you to discuss their urinary symptoms – what are they expecting from you?

When patients come and see me with troublesome urinary symptoms, often they have suffered with these symptoms for many years, sometimes a decade or even longer before they finally made it to see a Urologist. It is then very much the case of trying to understand their individual issues and requirements; it might be sleep disruption, it might be embarrassment when having to leave meetings in a hurry in order to run out to the bathroom, it might be that car journeys are difficult, it might be that it takes them an age to empty their bladder.

The patients will usually arrive with the appropriate PROM's completed, which would include EQ5D, IPSS, QoL and IIEF-5 questionnaires. I will always ask what troubles the patient the most with regards to his symptoms, and for the better informed patients if they have any particular concerns regarding the potential side effects of BPH treatments. I am keen to know the PSA level and also the prostate volume as this is central to the discussion of treatment options. By the time the patient comes to see the Urologist, they've often had a trial on medication, so often we are looking at a surgical intervention and with that it is important to discuss the whole range of options available to them. We have a duty to do this and it would ideally even include the options not available at our centre.



Rezūm™ Water Vapor Therapy Delivery System with Steam

If they are expecting a particular treatment – do you go with that or explain all available options?

It is vitally important that the patient understands the full range of options and the advantages and disadvantages of each. No two patients are the same. As a Urologist, I am trying to evaluate what they want from any given intervention, as well as the nature of their possible concerns relating to side-effects of a treatment. A knowledge of the severity of the symptoms; and any associated issues such as bladder dysfunction, as well as any additional health issues and medications that may influence the advice given. So, it's important to give them an overview before deciding, but there are cases when patients read about something and they have spent a long time thinking about it. In these cases, we may arrive back at the treatment option they initially were most attracted to and they knew something about, and if it remains the preferred option for them following from a more in-depth discussion with an acceptance of the associated risks, then we will agree between us to proceed.

How many BPH treatment options do you currently offer to patients?

I think it's important that we offer our patients a range of BPH treatments. It shouldn't just be medication or TURP as the only avenues. The new gold standard is not a procedure, it is a portfolio; it is our responsibility to encourage a two-way dialogue with our patients to understand the right treatment for them at that given time. Locally I offer a full range, from minimally invasive interventions such as Rezūm™ Water Vapor Therapy and prostate artery embolization, and then ranging through to include the laser treatments for whom I offer men GreenLight™ Laser Therapy System. Other Urologists in other units may offer HoLEP as another very good alternative and then we have TURP, which for me is very much a back stop that I would only use in select scenarios. I personally feel that usually there is almost always another option that I could recommend over TURP as a suitable alternative when it comes to the patient requirements for their treatment. The great thing to come out of this new wave of minimally invasive therapies, is that it gives momentum to the case for BPH urology to become its own sub-specialist entity. We need to have engaged Urologists working in a team, offering a portfolio of options rather than just being the person who does the occasional TURP because they have always done it.



GreenLight™ XPS Laser Therapy

How did you arrive at these techniques?

My motivation for embracing these new minimally invasive treatments was and is that I myself wouldn't really want to have a TURP procedure. While for a vast majority of men, TURP may be an effective treatment option, a significant percentage of patients will suffer complications, some of them long-lasting. So, I think about myself and consider how my patients may feel and so I was always searching for other options. Furthermore, I strongly believe that a BPH intervention should be a day-case procedure where possible. I was also involved in clinical research over 20 years ago, looking at interstitial BPH treatments, and my MSC research project was also on the detrusor muscle ultrastructure in men with detrusor underactivity, so I always had an interest in troublesome LUTS. During my initial exposure to GreenLight™ PVP in 2004, at the end of my five-year training rotation, I was very impressed with the technology and thought that yes this is something that I would consider for myself that can really minimize the likelihood of bleeding. I subsequently decided to introduce this technology to Basingstoke in 2005, shortly after my appointment as a Consultant. More recently, I have become involved with Rezūm™, and this was really born out of the desire to be able to offer men an even more minimally invasive intervention, with a very low risk of side effects particularly preservation of sexual function; as well as offering a lasting solution.

For which patients would you consider using Rezūm - what factors do you use to make this decision?

From my point of view, the decision about which patient to offer Rezūm™ is largely based on whether or not they have a catheter, the severity of their symptoms and as well as whether the preservation of sexual function is of paramount importance. Each patient is different, they may have other health issues and indeed they may be on blood-thinning medications. I would also need to know the size of the prostate gland and how well they are emptying, so there are a number of things that are going into the mix when it comes to decision making. Essentially, those patients who are best suited for Rezūm™, I believe, are those with the gland volume ranging from 30 to 80 mls. We have treated some men with bigger prostates

and some with slightly smaller, but certainly this is the target range. I think it is particularly good for men who are sexually active and who are particularly keen to be back to normal activities as soon as possible. There are some subgroups where I might gently encourage them away from Rezūm™, and we might consider other minimally invasive treatments or a laser therapy such as GreenLight™. I would tend to direct patients more towards laser treatments modalities if they have a large gland over 90-100 mls, if they have signs of detrusor failure or are carrying large residues after emptying their bladder and also if they were on blood-thinning medications and they were at high risk of bleeding.

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There will be three scenarios where I will be saying, "Look, I think you might be better suited to GreenLight™ laser vaporization", for example, because we would need to look at a procedure that maximally dis-obstructs them and gives them a chance for their bladder to empty as efficiently as possible. I think prostate volume is increasingly important and that we have an understanding pre surgery of what the prostate volume is. We can do this by looking at the PSA blood test, and we can get a guide sometimes using our examining finger and we can do MRI scans although of course we cannot do these on everybody, and so having an abdominal or transrectal volume estimation is, I think, increasingly useful with regards to having those discussions about the various options. It's not uncommon for men to end up on an operating list for a TURP with no knowledge of the size of their prostate gland; if they have a 160 mls prostate gland and you embark on a TURP it is very likely to result in significant bleeding and problems, and we really need to know that before they're having their definitive procedure.

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