

COMPARISON OF COSTS ASSOCIATED WITH TURP AND PROSTATIC URETHRAL LIFT FOR BENIGN PROSTATIC HYPERPLASIA

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Introduction

- Benign prostatic hyperplasia (BPH) can be associated with bothersome lower urinary tract symptoms (LUTS) that can substantially affect men's quality of life
- At least one-third of men older than 50 years are affected by BPH with bothersome LUTS¹
- Patients with disease recalcitrant to medical treatments or who develop acute urinary symptoms (eg, acute urinary retention, urinary tract infections, haematuria, or renal insufficiency) can be considered for surgical treatment
- Transurethral resection of the prostate (TURP) is the gold standard surgical treatment, but this and less-invasive techniques that involve tissue destruction are associated with substantial comorbidities, whereas prostatic urethral lift (PUL) is minimally invasive (Figure 1)

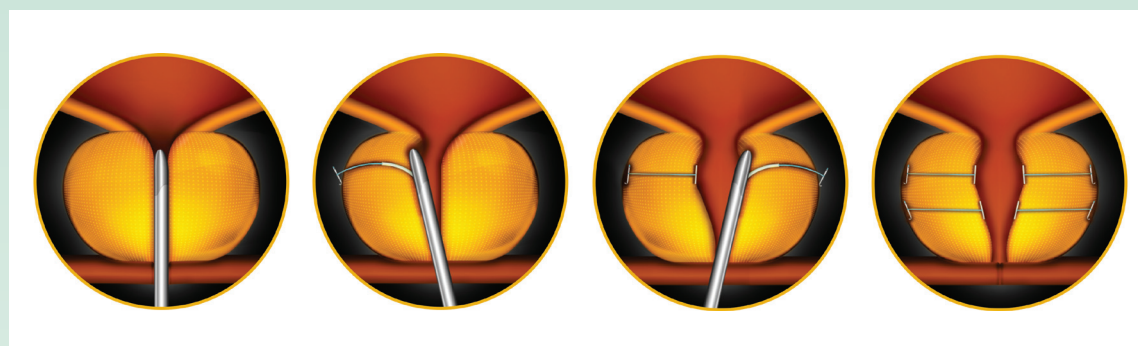


Figure 1. Placement of PUL implants to retract obstructive prostate lobes without tissue-destructive procedures

Tissue effects of different prostate-reduction techniques versus prostatic urethral lift

- Transurethral resection of the prostate (TURP) has been the surgical gold standard since the 1970s, and improves subjective symptoms and urinary flow, but is associated with significant morbidity and long-term complications such as urinary incontinence, strictures, infections, and sexual dysfunction
- Laser-based techniques are associated with less bleeding and hospitalisation, but these still work by tissue removal or destruction, leading to similar perioperative complications and the same list of permanent complications as TURP^{2,3}
- Prostatic urethral lift is a minimally invasive technique that moves the prostate lobes apart, obviating effects associated with tissue-destructive procedures

- We compared whether treatment of BPH with PUL would improve treatment-related outcomes and costs compared with monopolar or bipolar TURP.

Methods

- We were provided with derived outputs by Harvey Walsh Ltd who have licensed access to the National Health Service Hospital Episode Statistics (HES) database (Copyright NHS Digital 2018) and The Health Improvement Network (THIN) to search at the record level for hospitalisation and treatment rates for TURP in England
- The HES database holds information (ICD10 codes) on all admissions, accident and emergency visits and outpatient appointments at NHS hospitals in England
- The THIN database includes information (ICD10 and Read codes) on diagnoses, treatments, care, and visits for patients in primary care from more than 400 general practice surgeries in the UK
- To compare complications, we searched HES and THIN for each recording of 25 ICD10 codes (Table 1) that could reasonably be assumed to be directly related to non-laser TURP (procedural classifications M651 and M653) in all men who underwent this surgery for BPH in England in 2009/10, and drew on data from the literature for further information on those that were most common
- We calculated the potential annual difference in operative and postoperative costs between TURP and PUL based on the most common complication and re-treatment rates⁴⁻¹⁰ and assuming 50% uptake for PUL

Table 1. ICD10 codes in HES used for analysis of TURP-associated complications

ICD10 Code	Description	Complication
D649	Anaemia	Anaemia
Z538	Procedure Not Carried Out for Other Reasons	Procedure Not Carried Out for Other Reasons
Z921	Personal History of Long-Term (Current) Use of Anticoagulants	Personal History of Long-Term (Current) Use of Anticoagulants
Z530	Procedure Not Carried Out Because of Contraindication	Procedure Not Carried Out Because of Contraindication
N328	Other Specified Disorders of Bladder	Other Specified Disorders of Bladder
N323	Diverticulum of Bladder	Diverticulum of Bladder
N210	Calculus in Bladder	Calculus in Bladder
N320	Bladder Neck Obstruction	Bladder Neck Obstruction
N328	Other Specified Disorders of Bladder	Other Specified Disorders of Bladder
T830	Mechanical Complication of Urinary (Indwelling) Catheter	Mechanical Complication of Urinary (Indwelling) Catheter
Y846	Urinary Catheterisation	Urinary Catheterisation
T810	Haemorrhage and Haematoma Complicating a Procedure	Haemorrhage and Haematoma Complicating a Procedure
R31X	Unspecified Haematuria	Unspecified Haematuria
N390	Urinary Tract Infection	Urinary Tract Infection
F329	Depressive Episode	Depressive Episode
R32X	Unspecified Urinary Incontinence	Unspecified Urinary Incontinence
R391	Other Difficulties with Micturition	Other Difficulties with Micturition
R398	Other and Unspecified Symptoms and Signs Involving Urinary System	Other and Unspecified Symptoms and Signs Involving Urinary System
N359	Urethral Stricture	Urethral Stricture
Z466	Fitting and Adjustment of Urinary Device	Fitting and Adjustment of Urinary Device
R33X	Retention of Urine	Retention of Urine
N411	Chronic Prostatitis	Chronic Prostatitis
N410	Acute Prostatitis	Acute Prostatitis
N428	Other Specified Disorders of the Prostate	Other Specified Disorders of the Prostate
N419	Inflammatory Disease of the Prostate	Inflammatory Disease of the Prostate

Results

TURP

- In 2016/17, 18,362 monopolar and bipolar TURP procedures were reported in HES
- The average hospital stay is 2.7 days, and catheterisation is required for 3–5 days on average
- Although rates vary, complications of TURP include ejaculatory dysfunction, affecting at least 65% men,⁷ erectile dysfunction in ~10%,⁷ urethral stricture in ~4%, infection in ~4%, bleeding requiring transfusion in ~2%, and permanent urinary incontinence in ~2%
- 1–2% of patients require TURP reoperation per year⁸ but around 14% of patients restart drug therapy for LUTS within 12 months, around 20% by 3 years, and around 40% by 5 years¹⁰
- Among all recipients of TURP for BPH in 2009/10, cumulative HES data to 2014/15 showed 70,000 post-procedure hospital spells

PUL

- The longest-term data reported for PUL are 5-year outcomes and compare the procedure with sham surgery¹¹
- No hospital stays were required and catheterisation, required for 32%, was 1 day on average
- Most adverse events (mainly dysuria, discomfort, urgency, and haematuria) were mild to moderate and most resolved in 2–4 weeks without hospital treatment
- Erectile and ejaculatory function were preserved with no incident cases of sustained dysfunction reported after surgery
- The surgical re-treatment rate was 13.6% (4.3% repeat PUL, 9.3% TURP or laser ablation), but all but one of the re-treated patients had severe to very severe LUTS at baseline
- Medical treatment was restarted in just under 4% of patients at 1 year and in 11% of patients 5 years after surgery
- Based on this complication profile, we estimate that the complication rate associated with TURP could be halved with PUL and, therefore, that a saving of £27 million could be made per year

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Cost calculations and estimated saving with PUL versus TURP

TURP

- Mean 2016/17 procedure cost for TURP (national schedule of reference costs) £2,869 (IQR £2,422–3,138), giving a minimum total of ~£43 million
- Complications cost to payer £109 million over 5 years for each annual cohort of patients

PUL

- Mean 2015/16 cost for PUL (calculated by The National Institute for Health and Care Excellence) £2,405¹²
- Assumptions:
 - Rate of described complications reduced by 50%
 - Uptake of PUL would be 50%

ESTIMATED SAVING

£27 million per year over 5 years for each annual cohort of patients

Conclusions

- Durability of the treatment is similar for TURP and PUL, but the postoperative complication and medical re-treatment profiles differ
- PUL is associated with very low rate of complications, most of which are mild to moderate in severity and resolve within 2–4 weeks
- Increasing experience with PUL procedures, which is associated with increased numbers of procedures performed under local anaesthetic and rapidity of recovery, is likely to improve outcomes further (Figure 2)^{13–15}
- For a similar procedural cost, PUL could reduce complications, improve quality of life, and substantially reduce post-surgical care costs compared with current standard TURP practice

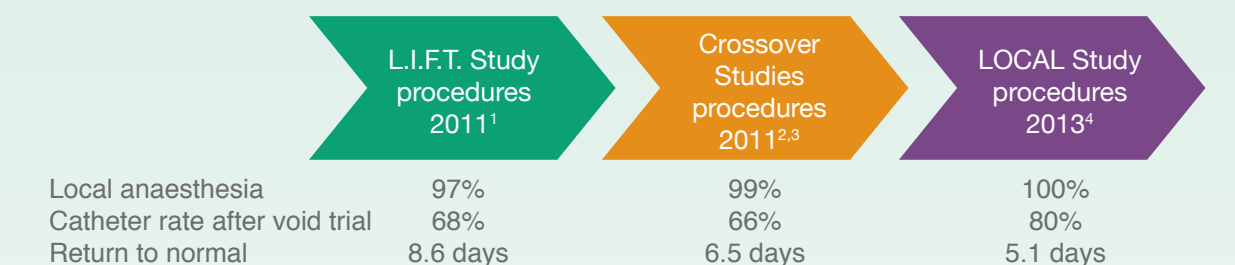


Figure 2. PUL outcomes have improved as experience with the procedure has increased