NICE guidance

Transurethral electrovaporisation of the prostate

Interventional procedures guidance
Published: 22 October 2003

www.nice.org.uk/guidance/ipg14

This guidance should be read in conjunction with CG97.

1 Guidance

1.1 Current evidence on the safety and efficacy of transurethral electrovaporisation of the prostate appears adequate to support the use of the procedure, provided that normal arrangements are in place for consent, audit and clinical governance.

2 The procedure

2.1 Indications

2.1.1 Transurethral electrovaporisation of the prostate is used to treat benign

prostatic obstruction (BPO). BPO is a non-malignant enlargement of the prostate and is a common cause of lower urinary tract symptoms (such as difficulty in passing urine) in men aged over 40 years. Transurethral electrovaporisation of the prostate is a minimally invasive alternative to the standard surgical treatment of BPO, transurethral resection of the prostate (TURP).

2.2 Outline of the procedure

2.2.1 Transurethral electrovaporisation of the prostate, an electroablative technique, is performed using a specially designed modified rollerball electrode. The electrode is rolled over the prostatic tissue to create an area of vaporisation and an underlying coagulative necrosis. Vaporisation continues until an appropriate cavity is created. An in-dwelling urethral catheter is left in place at the end of the procedure.

2.3 Efficacy

2.3.1 This procedure is a relatively well-established minimally invasive treatment for BPO. A number of randomised controlled trials of this procedure were available for review. Transurethral electrovaporisation of the prostate was shown to be as efficacious as TURP in the short term.

2.3.2 The Specialist Advisors noted that the long-term durability of the procedure has yet to be established, and that efficacy is probably limited to smaller prostates.

2.4 Safety

2.4.1 Complication rates of transurethral electrovaporisation of the prostate and TURP appeared to be similar, although some studies suggested that bleeding was less common with transurethral electrovaporisation of the prostate. One study reported that long-term irritative symptoms were more common with transurethral electrovaporisation of the prostate.

2.4.2 The Specialist Advisors did not report any particular safety concerns, although one Advisor stated that postoperative bleeding and metabolic

disorders were potential complications.

Andrew Dillon
Chief Executive
October 2003

3 Further information

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

'Interventional Procedure Overview of Transurethral Electrovaporisation of the Prostate', October 2002.

Information for patients

NICE has produced information on this procedure for patients and carers ('Understanding NICE guidance'). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

4 Other NICE recommendations on transurethral electrovaporisation of the prostate

Further recommendations have been made as part of the clinical guideline on lower urinary tract symptoms published in May 2010, as follows:

- If offering surgery for managing voiding lower urinary tract symptoms (LUTS) presumed secondary to benign prostatic enlargement (BPE), offer monopolar or bipolar transurethral resection of the prostate (TURP), monopolar transurethral vaporisation of the prostate (TUVP) or holmium laser enucleation of the prostate (HoLEP).

Clinical and cost-effectiveness evidence was reviewed in the development of this guideline which has led to this more specific recommendation. More information is available.

The IP guidance on transurethral electrovaporisation of the prostate remains current, and should be read in conjunction with the clinical guideline.

5 About this guidance

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure. Funding decisions are taken by local NHS bodies after considering the clinical effectiveness of the procedure and whether it represents value for money for the NHS. It is for healthcare professionals and people using the NHS in England, Wales, Scotland and Northern Ireland, and is endorsed by Healthcare Improvement Scotland for implementation by NHSScotland.

This guidance was developed using the NICE interventional procedure guidance process.

We have produced a summary of this guidance for patients and carers. Information about the evidence it is based on is also available.

Changes since publication

31 January 2012: minor maintenance.

Your responsibility

This guidance represents the views of NICE and was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful

discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

Copyright

Contact NICE

National Institute for Health and Clinical Excellence
Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT

www.nice.org.uk
nice@nice.org.uk
0845 033 7780

Endorsing organisation

This guidance has been endorsed by Healthcare Improvement Scotland.