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NHS
National Institute for Clinical Excellence

Transurethral electrovaporisation of the prostate

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

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This guidance is written in the following context:
This guidance represents the view of the Institute which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Information for the Public

NICE has produced information describing its guidance on this procedure for patients, carers and those with a wider interest in healthcare. It explains the nature of the procedure and the decision made, and has been written with patient consent in mind. This information is available from www.nice.org.uk/IPG014publicinfoenglish and in English and Welsh from www.nice.org.uk/IPG014publicinfowelsh.

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.

Available from: www.nice.org.uk/IP112overview

Ordering information
Copies of this guidance can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference: N0315. *Information for the Public* can be obtained by quoting reference number N0316 for the English version and N0317 for a version in English and Welsh.

The distribution list for this guidance is available on the NICE website at URL www.nice.org.uk/IPG014distributionlist

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