

# Transurethral electrovaporisation of the prostate

Interventional procedures guidance

Published: 22 October 2003

[nice.org.uk/guidance/ipg14](https://www.nice.org.uk/guidance/ipg14)

## Your responsibility

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

Commissioners and/or providers have a responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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 Electroevaporisation 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.

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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.

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## *Endorsing organisation*

This guidance has been endorsed by [Healthcare Improvement Scotland](#).