

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Medical technology guidance

### Additional work by the External Assessment Centre on the UroLift system

#### ***Description of additional information***

Following the MTAC meeting of March 19 2015, the Committee asked the External Assessment Centre (EAC) to modify the day-surgery cost model based on expert advice. This included the reintroduction of a consultant anaesthetist, as it was suggested that this member of staff would likely still be required even in a day-surgery scenario. The additional cost of a cystoscopy was also considered, this is likely to be performed to check the positioning of the UroLift implants following the procedure.

#### ***Including consultant anaesthetist in day-surgery scenario***

The EAC originally removed the cost of a consultant anaesthetist from the cost model for UroLift, based upon clinical expert opinion, provided that local anaesthetic or sedation was used for the procedure.

In the LIFT Study (Roehrborn et al. 2013), 164 of 169 US-based procedures were conducted under local anaesthesia. This consisted of 10 mg oral diazepam, 30 minutes before the procedure, with 2% lidocaine liquid to the bladder via catheter and 2% lidocaine gel to the urethra.

During the MTAC meeting, it was suggested that this may not be the case and that a consultant anaesthetist should still be included in the costs. The below table shows the day-surgery scenario with the consultant anaesthetist cost included (Table 1). This adds £50 on to the cost of UroLift for the consultant anaesthetist's time (without this staff member the cost is £2355). This is not significant enough to change the cost saving of this scenario for UroLift when compared to mTURP and BiTURP. In this scenario, UroLift remains cost incurring compared to HoLEP (again, by an additional £50). This means a shift from UroLift incurring a £40 cost over HoLEP to £90.

**Table 1: Cost-saving day-surgery scenario with consultant anaesthetist cost included for UroLift**

	UroLift	mTURP	BiTURP	HoLEP
Manufacturer base case	£2342	£2339	£2302	£1924

Day-surgery scenario	£2405	£2691	£2564	£2315
Incremental cost of UroLift (negative if UroLift is cost saving)		-£286	-£159	+£90

### **Cystoscopy**

The EAC were asked by the Committee to source additional information regarding the impact of cystoscopy during the UroLift procedure. During the meeting, clinical experts suggested that an additional cystoscopy may be needed to assess the positioning of UroLift implants.

The EAC explored this by asking the opinion of the clinical experts used in the evaluation, and were reassured by all responses that a cystoscopy is a standard urological technique in both the standard care procedures – TURP and HoLEP– as well as UroLift. The EAC also checked whether the post-UroLift cystoscopy in question would be done during the procedure (immediately after implant placement) or require a separate appointment post-procedurally, which would obviously require the addition of other inputs, such as staff costs, and office or theatre overheads. The experts clarified that this would be done immediately post-procedure. All expert advice received on this issue is included in the correspondence log page 29.

Therefore, the EAC concluded that the costs of cystoscopy could be considered to be included in the “Theatre Overhead costs”, (see page 87 and Table 48 of the assessment report.) and no further changes need to be made to the economic model.

For completeness, the EAC also established that pricing information from the NHS Supply Chain for cystoscopy consumable sets are only available to NHS purchasing bodies. It explored local costing arrangements and noted that a cost of about £5–10 could be applied to these consumables if necessary. It is also likely that flexible cystoscopy sets are on the higher end of this scale, and rigid sets on the lower end of the scale.

The EAC concluded that cystoscopy appears to be standard practice for all the urological procedures investigated within this assessment, and the clinical experts are clear that it should not add any additional cost in terms of consumables, staffing, or time, to UroLift over and above TURP and HoLEP.