



Effects of PUL remain stable at 2 years

BPH is among the commonest of all age-related disorders in men, for which transurethral resection of the prostate (TURP) is considered the standard-of-care approach. However, TURP carries substantial risks of postoperative ejaculatory or erectile dysfunction and urinary incontinence. Now, data are available from a cohort of men with BPH who underwent the prostatic urethral lift (PUL) procedure, a minimally invasive procedure with fewer adverse effects than TURP, revealing that the effects of PUL surgery are sustained over a 2-year follow-up period.

66 men with BPH originally underwent sham PUL procedures in a blinded fashion. 3 months after this initial surgery, patients were unblinded and offered the opportunity to cross over to PUL surgery with UroLift implants: 80% of patients elected to undergo surgery. Crossover to PUL surgery resulted in significant improvements in International Prostate Symptom Scores (IPSS) that became evident as early as 2 weeks after surgery, continued to improve for 1 year, and were

retained at 2 years after surgery. Similar improvements in maximum urinary flow rate (Q_{max}) were observed. A total of four patients (8% of the cohort) required TURP, and one patient required repeat surgery.

Importantly, sexual function was preserved, with no reported incidences of new-onset sustained erectile, or ejaculatory dysfunction. Adverse effects were generally mild or moderate, and were largely resolved within 2 weeks of surgery. Patients with other pre-existing lower urinary tract symptoms either had improvements or no change in the severity of these symptoms. 4% of implants became encrusted owing to exposure to urine as a result of incorrect placement.

These findings demonstrate that the outcomes of PUL surgery are maintained in the majority of patients at 2 years after surgery.

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ORIGINAL ARTICLE Ruktalis, D. et al. Two year durability after crossover to the prostatic urethral lift from randomized, blinded sham. *BJU Int.* <http://dx.doi.org/10.1111/bju.13666> (2016)