

# Professor Helen O'Connell AO

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## UROLIFT

### Patient Information Sheet

#### What is this procedure and why is it done?

The UroLift System is a proven minimally invasive treatment designed to treat lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH).

#### How does the UroLift System work?

The UroLift System consists of a delivery device and tiny permanent implantable prostatic staples which retract prostate tissue internally to stop the lobes and prostate compressing the urine channel internally. This unique technology works by directly opening the urethra with tiny retractors that hold the enlarged tissue out of the way, like tiebacks on a window curtain. No cutting, heating, or ablating tissue is involved, making the UroLift System the only BPH treatment that does not remove prostate tissue and does not negatively impact a man's sexual function.

#### Why would Urolift be recommended?

The UroLift System is a treatment option for BPH patients who are looking for an alternative to drugs or major surgery. You may be considering or scheduled for a TURP/Laser treatment, or are unhappy with or have stopped taking medications. The UroLift System is appropriate for patients seeking a minimally invasive treatment and are concerned about preserving their sexual function and their quality of life.

#### What should I expect during the UroLift System treatment?

In general, the UroLift System is a minimally invasive treatment that entails minimal downtime. Your doctor will use the UroLift delivery device to deploy permanent retractors to relieve obstruction caused by the enlarged prostate that is pressing on your urethra. The procedure will be performed under general anaesthesia and you may be given medication to feel comfortable during the treatment.

#### Where is it done?

Professor O'Connell performs Urolift at Melbourne Private Hospital or Epworth Freemasons as an overnight procedure.

#### What can I expect afterwards?

After the treatment, most patients stay overnight and go home without a catheter the next morning (or the same day). There is minimal downtime post-treatment and many patients experience symptom relief in as early as 2 weeks. Patients may experience some urinary discomfort during the recovery period. The most common side effects may include light blood in the urine, some pain or discomfort when urinating, some increased urge to go and discomfort in the pelvis that typically resolve within two to four weeks after the procedure. Professor O'Connell will discuss with you how quickly you can return to your normal physical activities.

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## Will having the UroLift System treatment affect my sexual function?

Sexual function has been preserved among the hundreds of patients treated in clinical studies. This is a unique benefit of the UroLift System treatment compared with other BPH therapies such as TURP, laser, and even medication.

## Is the treatment permanent?

The UroLift Implantable Prostatic Retractor and the treatment is intended to be permanent. Durability has been shown to at least 4 years in U.S. clinical data,<sup>1</sup> and results will continue to be published as follow-ups continue. One unique aspect of the UroLift System is that it does not preclude retreatment or other BPH treatments, should that be needed and desired in the future.

## What happens if the retractors need to be removed?

The retractor is made up of standard surgical implantable materials: a nitinol capsular tab, a stainless steel urethral tab, and polyester suture that holds the two tabs together. Professor O'Connell can simply remove the retractor, if needed. The suture can be cut and the urethral endpiece can be retrieved with a standard grasper. The capsular tab will remain outside the prostate capsule in place.

## Will the implants interfere with having an MRI?

Non-clinical testing has demonstrated that the UroLift Implantable Prostatic Retractor is MR Conditional. A patient with this device can be safely scanned in an MR system immediately after placement meeting the following conditions: Static magnetic field of 3 Tesla or less, only Maximum spatial field gradient of 1,500 Gauss/cm (15 T/m) or less Maximum MR system reported, whole body averaged specific absorption rate (SAR) of 4 W/kg (First Level Controlled Operating Mode) Under the scan conditions defined above, the UroLift Implantable Prostatic Retractor is expected to produce a maximum temperature rise of 2.4°C after 15 minutes of continuous scanning (i.e., per pulse sequence). In non-clinical testing, the image artifact caused by the device extends approximately 15 mm from the UroLift Implantable Prostatic Retractor when imaged with a gradient echo pulse sequence and a 3 Tesla MRI system. If you have any questions about MRI safety, please consult your doctor.

## Will the UroLift Retractors affect a digital rectal exam (DRE)?

No. The retractors are placed on the anterior (front) side of the prostate, and a DRE is conducted on the posterior (back) side of the prostate. The retractors are not expected to interfere in a DRE.

If unexpected ill effects occur after the procedure, Professor O'Connell's rooms or the hospital should be notified.

Item numbers associated with this procedure are: #36811