NHS Halton Clinical Commissioning Group
NHS Liverpool Clinical Commissioning Group
NHS St Helens Clinical Commissioning Group
NHS South Sefton Clinical Commissioning Group
NHS Southport and Formby Clinical Commissioning Group
NHS Warrington Clinical Commissioning Group

Policy for Prostatism/Lower Urinary Tract Symptoms in men

Prostate problems are common, particularly in men aged over 50. The prostate is a small gland found only in men. It surrounds the tube that carries urine out of the body (urethra). The prostate gland produces a thick, white fluid that gets mixed with sperm to create semen.

The prostate gland is about the size and shape of a walnut but tends to get bigger as you get older. It can sometimes become swollen or enlarged by conditions such as:

- prostate enlargement
- prostatitis (inflammation of the prostate)
- prostate cancer

Criteria from the current 2014/15 Cheshire and Merseyside commissioning policy		Proposed criteria for the revised, future policy		High level summary of changes
Intervention	**Surgery for Prostatism**	**Intervention**	**Policy for Prostatism/Lower Urinary Tract Symptoms in men**	
Policy Statement	**Restricted**	**Policy Statement**	**Restricted**	
Minimum eligibility criteria	Only commissioned where there are sound clinical reasons and after failure of conservative treatments and in any of the following circumstances: • International prostate symptom score >7; dysuria; • Post voided residual volume >150ml; • Recurrent proven Urinary Tract Infections (UTI); • Deranged renal function; Prostate-specific antigen (PSA) > age adjusted normal values.	**Minimum eligibility criteria**	Refer men for **specialist assessment** if they have one or more of the following symptoms: • lower urinary tract symptoms complicated by recurrent or persistent urinary tract infections • retention • renal impairment you suspect is caused by lower urinary tract dysfunction • suspected urological cancer • stress urinary incontinence • Failed a trial of the appropriate drug therapies or conservative management options. **Surgery** for Prostatism will only be funded under the following circumstances: • **For Voiding Symptoms** only if voiding symptoms are severe AND • conservative management options have failed or are not appropriate **For Storage Symptoms** only if conservative management options have failed or are not appropriate In both scenarios refer to https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men#content=view-index&path=view%3A/pathways/lower-urinary-tract-symptoms-in-men/lower-urinary-tract-symptoms-in-men-overview.xml for guidance on conservative management options and Appendix A below	**Reason for proposed change(s)** The current policy is out of date and needs to be brought into line with more recent clinical guidance. See overview of NICE's recommendations for the treatment of lower urinary tract symptoms in men: https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men **Impact of proposed change(s)** Men with prostatism / lower urinary tract infections. EIA – As the policy review will be moving away from being criteria based to be in line with the clinical pathway, the assessment recommended further engagement to inform a stage 2 assessment.
		Rationale	This is because LUTS are a major burden for the ageing male population. Age is an important risk factor for LUTS and the prevalence of LUTS increases as men get older. Bothersome LUTS can occur in up to 30% of men older than 65 years. This is a large group potentially requiring treatment.	

		Evidence for inclusion and threshold	NHS Choices – Prostate Problems https://www.nhs.uk/conditions/prostate-problems/ Lower urinary tract symptoms in men: management Clinical guideline [CG97] Published date: May 2010 Last updated: June 2015 https://www.nice.org.uk/guidance/cg97/chapter/Introduction See overview of NICE's recommendations for the treatment of lower urinary tract symptoms in men: https://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men	

Appendix A - Prostatism/LUTs pathway

1. Initial Assessment	2. Conservative treatment	3. Specialist Assessment
Offer: • an assessment of general medical history to identify possible causes and comorbidities, including a review of all current medication (including herbal and over-the-counter medication) that may be contributing to the problem • a physical examination guided by symptoms and other medical conditions, an examination of the abdomen and external genitalia, and a digital rectal examination • a urine dipstick test to detect blood, glucose, protein, leucocytes and nitrites. Ask men with bothersome lower urinary tract symptoms to complete a urinary frequency volume chart. Offer a serum creatinine test (plus estimated glomerular filtration rate calculation) only if you suspect renal impairment (for example, the man has a palpable bladder, nocturnal enuresis, recurrent urinary tract infections or a history of renal stones). For men who's lower urinary tract symptoms are not bothersome or complicated, give reassurance, offer advice on lifestyle interventions (for example, fluid intake) and information on their condition. Offer review if symptoms change. For men with mild or moderate bothersome lower urinary tract symptoms, discuss active surveillance (reassurance and lifestyle advice without immediate treatment and with regular follow-up) or active intervention (conservative management, drug treatment or	**Storage symptoms** If you suspect overactive bladder, offer supervised bladder training, advice on fluid intake, lifestyle advice and, if needed, containment products. Offer supervised pelvic floor muscle training to men with stress urinary incontinence caused by prostatectomy. Advise men to continue the exercises for at least 3 months before considering other options. **Do not offer** penile clamps. **Containment products** For men with storage lower urinary tract symptoms (particularly urinary incontinence): • offer temporary containment products (for example, pads or collecting devices) to achieve social continence until a diagnosis and management plan have been discussed • offer a choice of containment products based on individual circumstances and in consultation with the man • offer external collecting devices (sheath appliances, pubic pressure urinals) before considering indwelling catheterisation • provide containment products at point of need, and advice about relevant support groups. **Voiding symptoms** Offer intermittent bladder catheterisation before indwelling urethral or suprapubic catheterisation (see long-term catheterisation and	Refer men for specialist assessment if they have: • lower urinary tract symptoms complicated by recurrent or persistent urinary tract infection **or** • retention **or** • renal impairment you suspect is caused by lower urinary tract dysfunction **or** • suspected urological cancer **or** • stress urinary incontinence. Offer to refer men for specialist assessment if they have bothersome lower urinary tract symptoms that have not responded to conservative management or drug treatment. **Offer:** • an assessment of general medical history to identify possible causes and comorbidities, including a review of all current medication (including herbal and over-the counter medication) that may be contributing to the problem • a physical examination guided by symptoms and other medical conditions, an examination of the abdomen and external genitalia, and a digital rectal examination • flow-rate and post void residual volume measurement. Ask men to complete a urinary frequency volume chart. **When to offer further tests or procedures** Offer cystoscopy to men with lower urinary tract symptoms having specialist assessment only when clinically indicated, for example if there is a history of any of the following:

surgery). Offer men considering treatment for lower urinary tract symptoms an assessment of their baseline symptoms with a validated symptom score (for example, the International Prostate Symptom Score). **PSA testing** Offer men information, advice and time to decide if they wish to have PSA testing if: • their lower urinary tract symptoms are suggestive of bladder outlet obstruction secondary to benign prostate enlargement **or** • their prostate feels abnormal on digital rectal examination **or** • they are concerned about prostate cancer (manage suspected prostate cancer in line with the pathway on prostate cancer and referral guidelines for suspected cancer). **Do not routinely offer**: • cystoscopy to men with no evidence of bladder abnormality • imaging of the upper urinary tract to men with no evidence of bladder abnormality • flow-rate measurement • post void residual volume measurement.	containment [See page 15] in this pathway) if lower urinary tract symptoms cannot be corrected by less invasive measures. Tell men with proven bladder outlet obstruction that bladder training is less effective than surgery. Explain to men with post micturition dribble how to perform urethral milking.	• recurrent infection **or** • sterile pyuria **or** • haematuria **or** • profound symptoms **or** • pain. Offer imaging of the upper urinary tract to men with lower urinary tract symptoms having specialist assessment only when clinically indicated, for example if there is a history of any of the following: • chronic retention **or** • haematuria **or** • recurrent infection **or** • sterile pyuria **or** • profound symptoms **or** • pain. Consider offering multichannel cystometry if men are considering surgery. Offer pad tests only if the degree of urinary incontinence needs to be measured. **PSA testing** Offer men information, advice and time to decide if they wish to have PSA testing if: • their lower urinary tract symptoms are suggestive of bladder outlet obstruction secondary to • benign prostate enlargement **or** • their prostate feels abnormal on digital rectal examination **or** • they are concerned about prostate cancer (manage suspected prostate cancer in line with the pathway on prostate cancer and referral guidelines for suspected cancer).

4. Drug Treatment	5. Surgical options

Offer drug treatment only to men with bothersome lower urinary tract symptoms when conservative management options have been unsuccessful or are not appropriate.
Take into account comorbidities and current treatment when offering drug treatment for lower urinary tract symptoms.

Indication	Treatment	Review (assess symptoms and effect of the drugs on quality of life, and ask about any adverse effects)
Moderate to severe lower urinary tract symptoms	Offer an alpha blocker (alfuzosin, doxazosin, tamsulosin or terazosin)	At 4–6 weeks, then every 6–12 months
Overactive bladder	Offer an anticholinergic	At 4–6 weeks until stable, then every 6–12 months
	Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects. People currently receiving mirabegron that is not recommended for them above should be able to continue treatment until they and their clinician consider it appropriate to stop.	
Lower urinary tract symptoms and a prostate estimated to be larger	Offer a 5-alpha reductase inhibitor	At 3–6 months, then every 6–12 months
Bothersome moderate to severe lower urinary tract symptoms, and a prostate estimated to be larger than 30 g or PSA greater than 1.4 ng/ml	Consider an alpha blocker plus a 5-alpha reductase inhibitor	At 4–6 weeks, then every 6–12 months for the alpha blocker At 3–6 months, then every 6–12 months for the 5-alpha reductase inhibitor

Consider offering an anticholinergic as well as an alpha blocker to men who still have storage symptoms after treatment with an alpha blocker alone.

Consider offering a late afternoon loop diuretic1 for nocturnal polyuria.

Voiding Symptoms

Offer surgery only if voiding symptoms are severe or if drug treatment and conservative management options have been unsuccessful or are not appropriate. Discuss the alternatives to and outcomes from surgery.

Surgery for voiding lower urinary tract symptoms presumed secondary to benign prostate enlargement

Prostate size	Type of surgery
All	Monopolar or bipolar TURP, monopolar TUVP or HoLEP. Perform HoLEP at a centre specialising in the technique, or with mentorship arrangements in place
Estimated to be smaller than 30 g	TUIP as an alternative to other types of surgery (TURP, monopolar TUVP or HoLEP)
Estimated to be larger than 80 g	TURP, TUVP or HoLEP, or open prostatectomy as an alternative. Perform HoLEP at a centre specialising in the technique, or with mentorship arrangements in place

If offering surgery to manage voiding lower urinary tract symptoms presumed secondary to benign prostate enlargement, offer botulinum toxin injection into the prostate only as part of a randomised controlled trial.

If offering surgery to manage voiding lower urinary tract symptoms presumed secondary to benign prostate enlargement, offer the following only as part of a randomised controlled trial that compares these techniques with TURP:

- laser vaporisation techniques
- bipolar TUVP
- monopolar or bipolar TUVRP.

Do not offer any of the following as an alternative to TURP, TUVP or HoLEP:

- TUNA
- TUMT
- HIFU
- TEAP
- laser coagulation.

Consider offering oral desmopressin2 for nocturnal polyuria if other medical causes have been excluded and the man has not benefited from other treatments. (Other medical causes include diabetes mellitus, diabetes insipidus, adrenal insufficiency, hypercalcaemia, liver failure, polyuric renal failure, chronic heart failure, obstructive apnoea, dependent oedema, pyelonephritis, chronic venous stasis, sickle cell anaemia, calcium channel blockers, diuretics, and selective serotonin reuptake inhibitors.) Measure serum sodium 3 days after the first dose. If serum sodium is reduced to below the normal range, stop desmopressin treatment.

Do not offer phosphodiesterase-5-inhibitors solely for the purpose of treating lower urinary tract symptoms in men, except as part of a randomised controlled trial.

Do not offer homeopathy, phytotherapy or acupuncture.

If lower urinary tract symptoms do not respond to drug treatment

If lower urinary tract symptoms do not respond to drug treatment, discuss active surveillance (reassurance and lifestyle advice without immediate treatment and with regular follow-up) or active intervention (conservative management or surgery).

Storage symptoms

If offering surgery for storage symptoms, consider offering only to men whose storage symptoms have not responded to conservative management and drug treatment. Discuss the alternatives of containment or surgery. Inform men that effectiveness, side effects and long-term risks of surgery are uncertain.

If considering offering surgery for storage lower urinary tract symptoms, refer men to a urologist to discuss:

- the surgical and non-surgical options appropriate for their circumstances **and**
- the potential benefits and limitations of each option, particularly long-term results.

Do not offer myectomy to manage detrusor overactivity.

Indication	Type of surgery
Detrusor overactivity	Consider offering: • Cystoplasty. Before offering, discuss serious complications (that is, bowel disturbance, metabolic acidosis, mucus production and/or mucus retention in the bladder, urinary tract infection and urinary retention). The man needs to be willing and able to self-catheterise • Bladder wall injection with botulinum toxin. (At the time of publication [February 2012], botulinum toxin A and botulinum toxin B did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented.) The man needs to be willing and able to self- catheterise • Implanted sacral nerve stimulation
Stress urinary incontinence	Consider offering: • implantation of an artificial sphincter • intramural injectables, implanted adjustable compression devices and male slings only as part of a randomised controlled trial
Intractable urinary tract symptoms if cystoplasty or sacral nerve stimulation are not clinically appropriate or are unacceptable to the man	Consider offering urinary diversion

6. Long-term catheterisation and containment

Consider offering long-term indwelling urethral catheterisation if medical management has failed and surgery is not appropriate, and the man:

- is unable to manage intermittent self-catheterisation **or**
- has skin wounds, pressure ulcers or irritation that are being contaminated by urine **or**
- is distressed by bed and clothing changes.