254

Schoenthaler M[1], Berges R[2], Miller F[3], Amend B[3], Gratzke C[4], Wetterauer U[1], Sievert K[5]
1. *University of Freiburg,* ***2.*** *Pan Clinic,* ***3.*** *University of Tubingen,* ***4.*** *University of Munich,* ***5.*** *University of Lubeck*

MINIMALLY INVASIVE PROSTATIC URETHRAL LIFT (PUL) EFFICACIOUS IN A LARGE PERCENTAGE OF POTENTIAL TURP CANDIDATES: MID-TERM RESULTS

Hypothesis / aims of study
Outcomes following prosthetic urethral lift (PUL) have been reported in a number of clinical trials. This investigation is unique because it follows the mid-term results in patients of five German centers who were treated in a normal clinical setting outside of clinical trial limitations. Previously reported studies rigorously selected subjects with mild-to-moderate obstruction. We report the prospective outcomes of patients treated by PUL (UroLift® implants) (PUL) in lieu of TURP after education concerning the less invasive therapy. The only exclusion criteria were a obstructive median lobe or high entrance into the bladder.

Study design, materials and methods
All patients were candidates for TURP were informed about PUL and given the choice of the two therapeutic options. No patients were refused PUL because of high post void residual (PVR) (7 pat. with PVR≥250ml), prostate volume (PV: 17-111ml (43±18.8). Seventy patients decided to undergo PUL and were followed for 0.5-18 (9.05± 5.55) months (n= 63/68) post operative. Prior to and after surgery, patients were evaluated using Qmax, PVR, IPSS, and QoL. Patient age was 38-85 (66 ±10.5) years; PV of 17-111 (43±18.8)ml. Unlike all previously reported papers, PUL candidates were not excluded for oral LUTS therapy, high PVR, PV or history of urinary retention.

Results
A total of 2-7 (3.9±1.4) implants were delivered over 42-90m (57.0±12.0) under general or local anesthesia. 37% of our more severely obstructed patients would have been denied PUL utilizing previously reported study criteria. 95.7% reported immediate symptom relief; mean Qmax, PVR, IPSS, and QoL significantly improved ($p<0.001$) within the first month and either remained unchanged or improved for up to 18 months. Sexual function including ejaculation was unchanged or even improved of those who reported sexual activity prior to surgery. Negligible adverse events were documented. Unsatisfactory improvement in 3 (4%) patients: 2 underwent TURP; 1 had successful repeat PUL.

Interpretation of results
PUL is a promising surgical technique and may alleviate symptomatic BPH, even in severely obstructed patients.

Concluding message
PUL is a realtively new and easy surgical technique which may alleviate symptomatic BPH, even in severely obstructed patients. PUL has been efficacious in candidates who would have undergone, until now, TURP or another equivalent therapy, thereby demonstrating higher levels of obstruction or previous urinary retention. Within the follow-up, these patients demonstrated a similar outcome to those of published studies.

Disclosures
Funding: None. **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** it is part of normal medical practice. **Helsinki:** Yes **Informed Consent:** Yes