Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 5826

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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to HOLEP prostate reduction surgery.

You asked:

1. In 2018, how many people underwent HOLEP prostate reduction surgery at Maidstone hospital to alleviate symptoms of frequency and urgency and bladder leaks.

2. Of these people, how many subsequently reported improvements in their condition, how many reported no change, and how many reported an increase in frequency and urgency and/or an increase in the number or volume of bladder leaks.

Trust response:

1. 247 HOLEPs were done in 2018

2. In order to answer this question the Trust would need to recall all the patient notes and manually audit each one. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.

However, a study was undertaken by the Urology Consultants in March 2019 which include some HOLEP procedures undertaken in 2018.

A copy of the poster relating to this study is below.

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Outcomes of holmium laser enucleation of the prostate in acute-on-chronic urinary retention with high residual volumes

EAU19 BARCELONA 15-19 March 2019

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Background & Aims

- HoLEP is a safe and effective method of bladder outflow obstruction surgery
- Studies looking at TURP have shown that patients with acute urinary retention (AUR) with high residual volumes have poorer outcomes than those not in retention or those with lower residual volumes
- The aim of this study was to compare functional outcomes of HoLEP between patients with acute-on-chronic urinary retention with high residual volumes (RV) vs. those not in AUR with low post-void residual volumes (PVR)

Methods

- A prospectively collected database of all patients undergoing HoLEP under the care of a single consultant urological surgeon between January 2004 and August 2018 was analysed retrospectively
- Patients were identified in 2 groups – those without AUR with PVR <300ml (**Group 1**) and those with AUR with RV ≥1200ml (**Group 2**)
- Outcome measures including post-operative flow rate (FR) and PVR were compared between the groups using the Mann-Whitney U Test. Paired pre- and post-operative PVR in the AUR group was also compared using the Wilcoxon Signed-Rank Test

Results

- 1,155 patients underwent HoLEP:
  - 437 without AUR + PVR <300ml (**Group 1**) and 95 with AUR + RV ≥1200ml (**Group 2**)
- Patients did not undergo urodynamic studies prior to HoLEP
- Median values and ranges for each outcome measure in both groups are shown in *Table 1*
- There was no statistically significant difference in post-operative FR (p=0.58) between the two groups
- Post-operative PVR was significantly higher in Group 2 (p<0.00001)

Table 1: Post-Operative Outcome Measures

	Non-AUR + RV <300ml Median [Range]	AUR + RV ≥1200ml Median [Range]	
FR (ml/sec)	19.8 [3.1 – 64.3]	19.1 [3.4 - 60.0]	*p=0.58*
PVR (ml)	51 [0 – 442]	110 [0 - >999]	*p<0.00001*

- As shown in *Table 2*, a significant improvement in PVR following surgery was identified among individuals in Group 2, with an average RV reduction of 1,622 ml (p<0.00001)

Table 2: Pre- and Post-Operative RV in Group 2

Pre-Op RV (ml) Median [Range]	Post-Op RV (ml) Median [Range	
1700 [1200 - 5000]	110 [0 - >999]	*p<0.00001*

- All patients in Group 2 remain catheter-free and none have required long-term intermittent self-catheterisation.

Conclusion

HoLEP is an effective treatment for bladder outflow obstruction, even in the poor prognosis group of patients with acute-on-chronic urinary retention with high residual volumes. Patients are still able to void post-operatively with acceptably low PVR. By converting a high pressure system into a low pressure system, it is possible to leave patients catheter-free, improving overall quality of life.