

**Worcestershire Clinical Policy Collaborative Brief Technology Assessment:
The TURis system for Transurethral Resection of the Prostate (NICE MTG23)**

Background	<p>Worcestershire Clinical Commissioning Policy Collaborative considered the Medical Technologies Guidance (23)ⁱ published by NICE in February 2015 for use of the TURis system for transurethral resection of the prostate. This guidance supports the transurethral resection in saline (TURis) system using bipolar diathermy for resection of the prostate.</p> <p>The TURis system is indicated as an alternative intervention (to monopolar Transurethral resection of the prostate) for appropriate patients with benign prostate enlargement. Surgery for benign prostatic enlargement is only considered appropriate if voiding lower urinary tract symptoms are severe or if drug treatment and conservative management options have been unsuccessful or are not appropriate.</p>
Evidence to support the Technology	<ul style="list-style-type: none"> ➤ There is clinical equivalence of TURis and monopolar TURP for prostatic resection. The evidence shows that the TURis system reduces the risk of TUR syndrome and reduces patients' need for blood transfusion as compared with monopolar TURP. ➤ TURis may result in shorter hospital stays, but trial data is inconclusive. ➤ TURis may result in lower readmission rates, although the evidence is not definitive. ➤ There are no statistically significant differences between TURis and monopolar TURP in procedure time, time to catheter removal, the incidence of clot retention and incidence of urethral stricture or bladder neck contracture.
Future Pathways of Care	No changes to the current pathway and no additional system resources anticipated.
Financial implications arising from new pathway of care	<p>Using the TURis system instead of monopolar TURP:</p> <ul style="list-style-type: none"> ➤ Estimated saving of £71 per patient where Olympus monopolar system currently used; additional costs of £20 per patient elsewhere. ➤ Further savings may arise from a reduction in readmissions, should they materialise, in the order of £375 - £285 per patient.
Implications	This technology appears to be at least equivalent to comparative procedures undertaken. There is potential for further gains both clinically and financially. Funding of interventions of this nature would be included within national tariff rates; the decision to use the new procedure and any outcomes arising from introduction are therefore the responsibility of the provider.
CCPC Recommendation	Commissioners support introduction and use of this new technology but do not expect it to attract any additional cost.
Approved by Worcestershire CETs: September 2015	Review Date: 8th September 2018

ⁱ NICE Guidance MTG23: The TURis system for Transurethral Resection of the Prostate. February 2015