

### Decision Summary

<b>Meeting Date</b>	Friday 19 December 2008		
<b>Application #</b>	09001V		
<b>Title of TCP</b>	KTP laser vaporisation of the prostate for benign prostatic obstruction		
<input checked="" type="checkbox"/> New TCP	<input checked="" type="checkbox"/> Substitute/replacement for existing	<input type="checkbox"/> Extended use of existing	<input type="checkbox"/> Other
Laser vaporisation of the prostate for benign prostatic hypertrophy has considerable advantages over the current procedure – transurethral resection of the prostate (TURP)			
<b>CONFLICT OF INTEREST DECLARATION</b>			
<b>Applicant</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No conflict of interest	
<b>Committee</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No conflict of interest from any TCPC members or invitees present	
<b>SAFETY</b>			
<input checked="" type="checkbox"/> Safer than current practice	<input type="checkbox"/> Equivalent to current practice	<input type="checkbox"/> Less safe than current practice	
There are no increased risks of side effects with KTP laser over TURP. There is a reduced incidence of perforation of prostatic capsule, clot retention requiring bladder washout, TUR syndrome and hyponatraemia, excessive bleeding and erectile dysfunction. Because bleeding problems are reduced, patients requiring anticoagulants do not need to cease them prior to surgery. Reactions to the bladder washout are reduced as normal saline is used. The time the patient needs to be catheterised is reduced from 2-3 days to less than 1 day.			
<b>EFFECTIVENESS</b>			
High quality evidence?	Moderate. Comparative but uncontrolled trials		
Consistent, clinically important benefit?	Similar effectiveness to TURP, increased safety, reduced hospitalisation rate, decreased length of stay. No long term outcome data available.		
Applicable to Southern Health?	Yes		
This procedure has been reviewed by UK National Institute for Clinical Excellence (NICE), Ontario Medical Advisory Secretariat and Alberta Health Technologies Decision Process Initiative. NICE guidance is ' <i>Current evidence on the safety and short-term efficacy of KTP laser vaporisation of the prostate for benign prostatic obstruction appears adequate to support the use of this procedure provided that the normal arrangements are in place for consent, audit and clinical governance. Clinicians undertaking this procedure should have specific training in this technique</i> '.			
<b>COST</b>			
Several economic evaluations have been published with common conclusions that laser treatment is less costly per case than TURP. Significant outlay for equipment and consumables is required. This application is proposed for external (VPACT) funding.			
<b>CLINICAL FEASIBILITY</b>			
Resource implications	Patients with this condition are already treated at Southern Health. The new procedure does not require any additional resources. Patients can be admitted to day procedure unit or 23 hour ward, freeing up surgical inpatient beds. Increasing number of urology theatre sessions to be explored for future expansion of the program. It is anticipated that the new procedure will enable reduction in numbers of patient on the waiting list for TURP and decrease waiting time.		
Credentialing and competency assurance undertaken	International reviewers of this technology note the requirement for adequate training. The general procedure and equipment is similar to current practice, upskilling is required in use of the laser. The manufacturer has a training facility in Sydney and provides a full day training session. A five-case learning curve has been found to produce adequate skills.		
This is feasible within current operational capacity. Capability will be addressed by appropriate training of urologists.			
<b>ISSUES RELATED TO ACCESS &amp; EQUITY AND LEGAL &amp; ETHICAL IMPLICATIONS</b>			
None noted. All eligible patients will have access to the new technology.			

Final decision by the Southern Health Technology/Clinical Practice Committee	
<input type="checkbox"/>	<b>Recommended:</b> Approved with no further need for assessment.
<input checked="" type="checkbox"/>	<b>Restricted Recommendation – Audit:</b> Approval subject to implementation under audit conditions. Conditions are specific to the technology.
<input type="checkbox"/>	<b>Restricted Recommendation – Clinical Trial:</b> Endorsed, however approval subject to implementation in clinical trial with Southern Health Human Research and Ethics Committee approval.
<input checked="" type="checkbox"/>	<b>Restricted Recommendation – Operational Restrictions:</b> Endorsed, however financial or operational restrictions apply.
<input type="checkbox"/>	<b>Not Recommended</b>
<b>Conditions</b>	
Audit	
<ul style="list-style-type: none"> <li>▪ Data collection tool (spreadsheet/database) to be forwarded to TCPC</li> <li>▪ Data to be collected on all patients and reports provided to TCPC at six monthly intervals for two years</li> <li>▪ Adverse events to be reported immediately to TGA and TCPC</li> </ul>	
Operational restrictions	
<ul style="list-style-type: none"> <li>▪ Approval is conditional upon availability of full funding for introduction of the new procedure (equipment and consumables)</li> </ul>	

SH Policy	Quality and Risk Management	ACHS	Leadership and Management
Reviewer	Director, Centre for Clinical Effectiveness	Last review date	January 2008
Authoriser	Chair, Technology/Clinical Practice Committee	Next review date	August 2010

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