

## **UroLift® Transprostatic Implant Treatment for Enlarged Prostate**

**Description of Procedure:** The UroLift® transprostatic implant procedure is a minimally invasive surgical treatment for benign enlargement of the prostate gland (also known as benign prostatic hyperplasia, or BPH). The treatment involves the delivery of small permanent implants into my prostate. During this treatment, a cystoscope probe will be inserted into my urethra after application of an anesthetic jelly. This probe contains the implant delivery device. The treatment time will be approximately one hour. I understand that pain medications may be given as required before, during, and after treatment. My physician has discussed contraindications and precautions with me concerning this procedure.

**Anticipated Benefit:** I understand that the anticipated benefit of having the transprostatic implant treatment is to relieve my bladder outflow obstruction and associated symptoms. I realize there is no guarantee that this treatment will relieve my symptoms and I may need to undergo another treatment at a later date.

**Risks / Possible Complications:** I understand that the risks of this procedure to be hematuria (blood in the urine), post treatment urinary retention which could require catheterization for a period of time, bleeding from the urethra / penis, urinary tract infection, increased urgency or urge incontinence, pain when urinating or pelvic ache. I understand that I may have a post treatment urethral discharge or could sustain some injury to the urethra. In addition, I understand that although the risk is small, I may have decreased sexual function and /or impotence.

**Alternative to Procedure:** I understand there are alternative methods for the treatment of benign prostatic hyperplasia (BPH). These include: 1) a procedure known as transurethral resection of the prostate (TURP), which involves surgical removal of part of the prostate; 2) laser and vaporization therapy, which also removes prostate tissue; 3) transurethral needle ablation of the prostate (TUNA) or microwave (TUMT) that heat the prostate; 4) drug therapy with specific medications; and 5) insertion of a urethral stent. These therapies may or may not be considered advantageous alternatives based on my particular condition. They may have greater risks and other complications that are greater or lesser in nature than the transprostatic implant procedure. My physician has discussed the alternatives with me and answered any questions I have about these alternative treatments.

**Consent for Treatment:** The above information has been explained to me. I certify by my signature below that I have read (or have had read to me) this Informed Consent and that I understand it. Any questions that I asked have been answered in language that I understand. I voluntarily consent to this procedure.

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Signature of Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Patient

\_\_\_\_\_

Signature of Physician

\_\_\_\_\_

Date