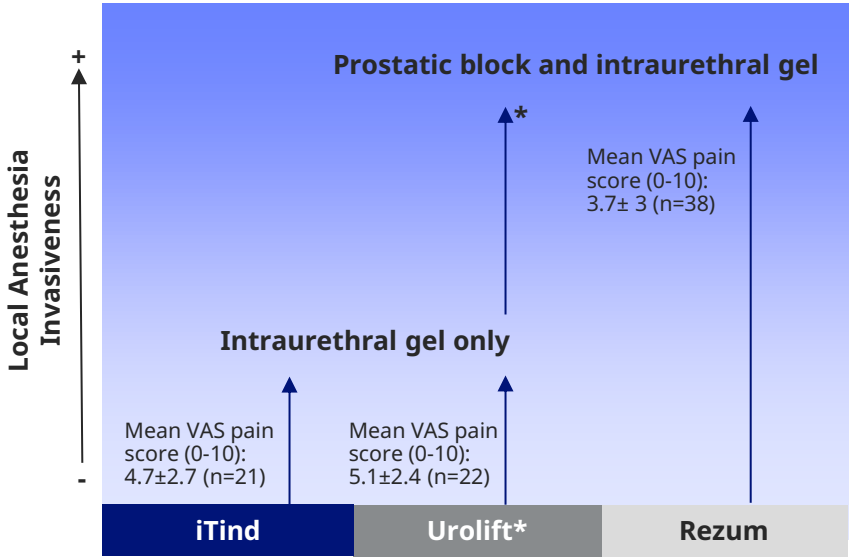
One-Year Outcomes of a UK Center Delivering Minimally Invasive Surgery for Bladder Outflow Obstruction Using Local Anesthetic Without Sedation in the Office Setting.

Khadhouri S, Turnbull M, Drummond L et al. Journal of Endourology. 2025;39(11):1189-1194.

MIST procedures were performed under various local anesthesia methods per center-specific practice: Rezum with a prostatic block and intraurethral gel, and iTind and Urolift with intraurethral gel only.



*Authors reported a change in clinical practice for Urolift after this audit, now combining intraurethral gel with a prostatic block.

Objective

To assess whether minimally invasive surgical therapies (MISTs) like iTind, Rezum, and UroLift can be effectively and safely performed for bladder outflow obstruction (BOO) using only local anesthesia, without sedation, in an outpatient clinic.

Results

- A total of 81 procedures were completed: Rezum (46.9%), UroLift (27.2%), and iTind (25.9%). The median patient age was 68 years which was similar across groups (interquartile range 63 – 74).
- During the procedure the mean patient pain visual analogue score (VAS) was 4.3 ± 2.8 out of 10 across all procedures, indicating good tolerability. The immediate complication rate was 11.1%, all below Clavien-Dindo grade III.
- At 3-month follow-up the International Prostate Symptom Score (IPSS) decreased to 11.3 ± 7.1 (44.1% reduction, $P < 0.01$); Quality of Life (QOL) improved to 2.4 ± 1.5 (47.8% reduction, $P < 0.01$); Maximum Urinary Flow Rate (Qmax) increased to 13.1 ± 5.5 mL/s (22.4% improvement, $P < 0.01$).

Conclusion

Performing MIST procedures for BOO under local anesthesia alone, without sedation, in an outpatient setting is both feasible and well-tolerated. The approach yields significant improvements in urinary symptoms and flow rates, with low complication rates. This model can reduce inpatient demand and optimize urological service delivery.

Link to Publication

OLYMPUS EUROPA SE & CO. KG
Postbox 10 49 08, 20034 Hamburg, Germany
Wendenstrasse 20, 20097 Hamburg, Germany
Phone: +49 40 23773-0, Fax: +49 40 233765
www.olympus-europa.com

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