Twenty-four months failure rate and functional outcomes comparison after implantable nitinol device (iTIND) and prostatic urethral lift (Urolift): real world multicenter study

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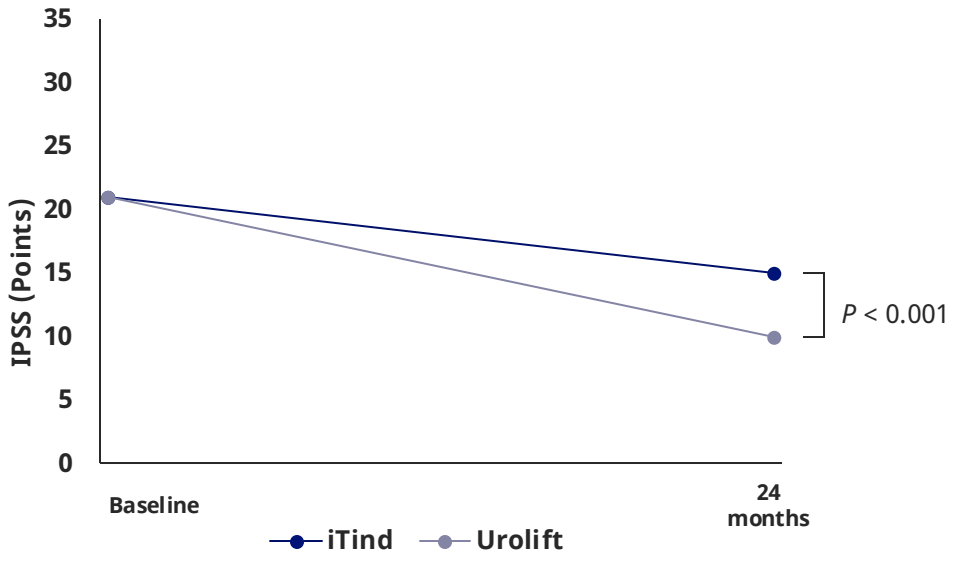
At 24 months, the reduction in IPSS (International Prostate Symptom Score) was significantly greater in the iTind group than in the Urolift group (15 vs 10 points, $P < 0.001$).



Objective

To compare two minimally invasive treatments for male lower urinary tract symptoms, iTind and UroLift, by evaluating their 2-year functional outcomes and rates of treatment failure.

Results

- A total of 134 patients were included: (iTind 92 (68.7%), 42 (31.3%) UroLift). Baseline characteristics were overall comparable; however, UroLift patients were significantly younger ($P = 0.006$), had larger prostates ($P < 0.001$), and more frequent median lobe enlargement ($P < 0.001$).
- At 24 months, both treatments showed similar improvements on uroflowmetry parameters and symptom scores, with a corresponding reduction in PVR volume.
- Retreatment rates were comparable between groups (13.0% vs 11.9%, $P = 0.8$). UroLift was associated with a significantly higher rate of same-day discharge (71.4% vs 48.9%, $P < 0.001$).
- There were no significant differences in terms of intraoperative and postoperative complications between the two groups. Ejaculatory function was preserved in all patients.

Conclusion

At two years, iTind and UroLift demonstrated comparable failure rates and similar objective urinary outcomes. UroLift offered the advantage of reduced hospitalization, whereas iTind achieved greater symptom relief. The clinical relevance of this difference requires further investigation.

This study was conducted using the iTind™ Procedure.

Link to Publication

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