

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Lower urinary tract symptoms in men, trans and non-binary people with a prostate: assessment and management (update)

This guideline will update the NICE guideline on lower urinary tract symptoms in men: management (CG97).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to update the [NICE quality standard](#) for lower urinary tract symptoms in men (QS45).

1 Why the update is needed

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

The update will include:

- specialist assessment with urodynamic investigations
- developments in drug treatments for managing lower urinary tract symptoms (LUTS)
- newer surgical treatments and minimally invasive alternative procedures to manage LUTS caused by benign prostatic enlargement (BPE) in people with a prostate
- sling surgery to treat stress urinary incontinence in people with a prostate or who have had a radical prostatectomy

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- tibial nerve stimulation to treat overactive bladder syndrome in people with a prostate
- sacral nerve stimulation to treat urinary retention in people with a prostate.

Why the guideline is needed

Key facts and figures

LUTS comprise storage, voiding and post-micturition symptoms affecting the lower urinary tract. Storage symptoms include urgency, frequency, urgency incontinence and nocturia. Voiding symptoms include weak or intermittent urinary stream, straining, hesitancy, terminal dribbling and incomplete emptying. Post-micturition dribbling is a common post-micturition symptom. In people with a prostate the most common cause is BPE, which obstructs the bladder outlet. BPE happens when the number of cells in the prostate increases, a condition called benign prostatic hyperplasia. Other conditions that can cause LUTS include detrusor muscle weakness or overactivity, prostate inflammation (prostatitis), urinary tract infection, prostate cancer and neurological disease.

Age is an important risk factor for LUTS and the prevalence of LUTS increases with age. Bothersome LUTS can occur in up to 30% of people with a prostate older than 65 years and this is a large group potentially needing treatment. Although LUTS do not usually cause severe illness they can have a major impact on the quality of life of the person and their partners, and may point to serious pathology of the urogenital tract.

Current practice

Voiding LUTS secondary to BPE is usually managed by drug treatment followed by surgery. Surgery may involve transurethral resection of the prostate (TURP), transurethral vaporisation of the prostate (TUVP) or laser endoscopic enucleation of the prostate with techniques such as HoLEP. New surgical techniques including Urolift, and other methods using steam (Rezum) or laser vaporisation (GreenLight) have been developed and are used in some centres but their place in therapy is not included in the current NICE guideline.

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In addition, some pharmacological therapies, including the use of combination drug treatment for overactive bladder is not covered by the current NICE guideline. There may also be newly recognised risks with anticholinergics, which are not described in the current NICE guideline.

Policy, legislation, regulation and commissioning

With a documented reluctance to come forward for medical treatment, many people may have LUTS but see it as a normal part of the ageing process so may not seek help, despite the adverse effect on their quality of life. There is currently no national strategy but the availability of more successful and less invasive treatments may encourage more people to request help and treatment for their symptoms.

There is currently a wide variation in the commissioning of LUTS procedures across England, with variation in procedures for LUTS, and unequal provision across the country of newer treatments such as Urolift and Rezum, with some centres already adopting them and others restricting treatment to TURP, TUVP or HoLEP only.

2 Who the guideline is for

This guideline is for:

- healthcare professionals in primary, secondary or tertiary care who treat people with a prostate who have LUTS
- commissioners and providers of NHS healthcare services for people with a prostate who have LUTS
- people with a prostate who have suspected or diagnosed LUTS, their families and carers and the public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

NICE guideline: Lower urinary tract symptoms in men, trans and non-binary people with a prostate: final scope (January 2023)

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- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to age, disability, gender reassignment, sex and people in under-served groups.

3 What the updated guideline will cover

3.1 Who is the focus?

Groups that will be covered

- People with a prostate including men, trans and non-binary people, aged 18 or older, with a clinical working diagnosis of LUTS.

No specific subgroups of people have been identified as needing specific consideration.

3.2 Settings

Settings that will be covered

- The guideline will cover all settings where NHS-commissioned treatment for LUTS in people with a prostate is provided, including primary, secondary and tertiary care.

3.3 Activities, services or aspects of care

Key areas that will be covered in this update

We will look at evidence in the areas below when developing this update. We will consider making new recommendations or updating existing recommendations in these areas only.

- 1 Specialist assessment.
- 2 Drug treatment.
- 3 Surgery for voiding symptoms.
- 4 Surgery for storage symptoms.
- 5 Treating urinary retention.

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Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Proposed outline for the guideline

The table below outlines all the areas that will be included in the guideline. It sets out what NICE plans to do for each area in this update.

Proposed outline for the guideline

Area of care	What NICE plans to do
1.1 Initial assessment	No evidence review: retain recommendations from existing guideline and align with new recommendations
1.2 Specialist assessment	Review evidence: update existing recommendations as needed
1.3 Conservative management	No evidence review: retain recommendations from existing guideline
1.4 Drug treatment	<p>Review evidence on phosphodiesterase-5 inhibitors and also on anticholinergics combined with beta-3 agonists: update existing recommendations as needed</p> <p>Recommendation 1.4.9 will be updated to cover changes to licensing of desmopressin for idiopathic nocturnal polyuria</p> <p>Cognitive function: The committee will discuss cognitive decline due to anticholinergics and review the relevant recommendations from the NICE guideline on urinary incontinence in women: update existing recommendations as needed</p>
1.5 Surgery for voiding symptoms	Review evidence: update existing recommendations as needed
1.6 Surgery for storage symptoms	Review evidence: update existing recommendations as needed
1.7 Treating urinary retention	Review evidence: update existing recommendations as needed
1.8 Alternative and complementary therapies	No evidence review: retain recommendations from existing guideline
1.9 Providing information	No evidence review: retain recommendations from existing guideline

Recommendations in areas that are being retained from the existing guideline may be edited to ensure that they meet current editorial standards, and reflect the current policy and practice context.

Related NICE guidance

Published

- [Transcutaneous electrical neuromuscular stimulation for urinary incontinence](#) (2022) NICE interventional procedures guidance 735
- [UroShield for preventing catheter-associated urinary tract infections](#) (2022) NICE medical technologies guidance 69
- [Axonics sacral neuromodulation system for treating refractory overactive bladder](#) (2020) NICE medical technologies guidance 50
- [Prostatitis \(acute\): antimicrobial prescribing](#) (2018) NICE guideline NG110
- [Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention](#) (2015) NICE interventional procedures guidance 536 (currently being updated, publication date to be confirmed)
- [Mirabegron for treating symptoms of overactive bladder](#) (2013) NICE technology appraisal guidance 290. This guideline will be updated with a cross-reference to the NICE technology appraisal guidance on mirabegron.
- [Percutaneous posterior tibial nerve stimulation for overactive bladder syndrome](#) (2010) NICE interventional procedures guidance 362
- [Laparoscopic augmentation cystoplasty \(including clam cystoplasty\)](#) (2009) NICE interventional procedures guidance 326
- [Sacral nerve stimulation for urge incontinence and urgency-frequency](#) (2004) NICE interventional procedures guidance 64

In development

- [Urinary tract infections in adults \(update\)](#) NICE quality standard. Publication expected February 2023.
- [Botulinum toxin injection into the urethral sphincter for idiopathic chronic non-obstructive urinary retention](#) NICE interventional procedures guidance. Publication expected May 2023.

NICE guidance that will be taken into account during the guideline update

- [GreenLight XPS for treating benign prostatic hyperplasia](#) (2022) NICE medical technologies guidance 74

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- [Prostatic urethral temporary implant insertion for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2022) NICE interventional procedures guidance 737
- [UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia](#) (2021) NICE medical technologies guidance 58
- [The PLASMA system for transurethral resection and haemostasis of the prostate](#) (2021) NICE medical technologies guidance 53
- [Rezum for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia](#) (2020) NICE medical technologies guidance 49
- [Transurethral water jet ablation for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2018) NICE interventional procedures guidance 629 (currently being updated, publication expected September 2023)
- [Transurethral water vapour ablation for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2018) NICE interventional procedures guidance 625
- [Prostate artery embolisation for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2018) NICE interventional procedures guidance 611
- [Insertion of prostatic urethral lift implants to treat lower urinary tract symptoms secondary to benign prostatic hyperplasia](#) (2014) NICE interventional procedures guidance 475
- [Laparoscopic prostatectomy for benign prostatic obstruction](#) (2008) NICE interventional procedures guidance 275
- [Holmium laser prostatectomy](#) (2003) NICE interventional procedures guidance 17
- [Transurethral electrovaporisation of the prostate](#) (2003) NICE interventional procedures guidance 14

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to lower urinary tract symptoms in men, trans and non-binary people with a prostate:

- [Shared decision making](#) (2021) NICE guideline NG197
- [Medicines optimisation](#) (2015) NICE guideline NG5

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.5 Key issues and draft questions

While writing the scope for this updated guideline, we have identified the following key issues and draft questions related to them:

1 Specialist assessment

1.1 What is the effectiveness and cost-effectiveness of urodynamic investigations in the diagnosis of bladder outlet obstruction or weakness for people with a prostate who have LUTS?

2 Drug treatment

2.1 What is the effectiveness and cost-effectiveness of phosphodiesterase-5 inhibitors for the treatment of LUTS secondary to BPE?

2.2 What is the effectiveness and cost-effectiveness of anticholinergics combined with beta-3 agonists for the treatment of overactive bladder in people with a prostate?

3 Surgery for voiding symptoms

3.1 What is the effectiveness and cost-effectiveness of surgical treatments (for example, transurethral resection of the prostate, laser endoscopic enucleation of the prostate or steam vapour treatment) for the treatment of LUTS secondary to BPE?

4 Surgery for storage symptoms

4.1 What is the effectiveness and cost-effectiveness of sling surgery in the treatment of stress urinary incontinence in people with a prostate or who have had a radical prostatectomy?

4.2 What is the effectiveness and cost-effectiveness of tibial nerve stimulation in the treatment of overactive bladder syndrome in people with a prostate?

5 Treating urinary retention

5.1 What is the effectiveness and cost-effectiveness of sacral nerve stimulation in the treatment of urinary retention in people with a prostate?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- validated measures of LUTS (for example, International Prostate Symptom Score [IPSS])
- incontinence episodes
- urinary flow measurements (for example, average flow, voided volume, voided time, maximum urinary flow rate, Qmax)
- side effects and adverse events (for example, erectile and ejaculatory dysfunction, decreased libido, gynaecomastia, antimuscarinic side-effects)
- length of hospital stay
- re-operation rate
- health-related quality of life.

4 NICE quality standards

NICE quality standards that may need to be revised or updated when this guideline is published

- Lower urinary tract symptoms in men (2013) NICE quality standard 45

Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in March 2024.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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