

Urology department

# iTind<sup>®</sup> (temporary inserted nitinol device) prostate surgery

## Information for patients, relatives and carers

### Introduction

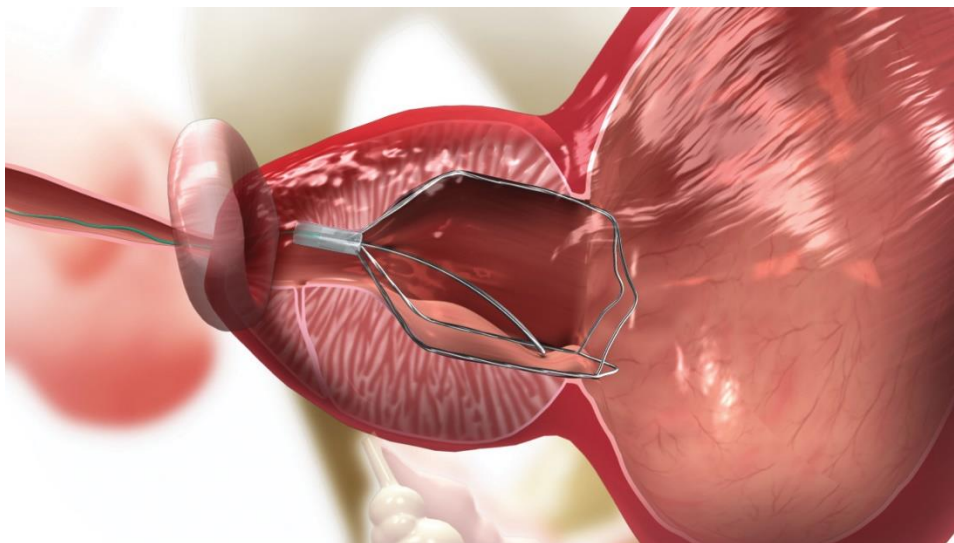
This leaflet has been designed to give you information about iTind<sup>®</sup> prostate surgery. We hope it will answer some of the questions that you or those who care for you may have at this time. This leaflet is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, contact us using the details on the back page.

### What is iTind<sup>®</sup>?

iTind<sup>®</sup> is a treatment for men with benign (non-cancerous) enlargement of their prostate gland causing problems with urination. This condition is called benign prostatic hyperplasia (BPH).

The prostate sits below the bladder and the urethra – the tube or water pipe that carries pee out of the body – runs through it. When enlarged, the prostate presses on the urethra and can slow the flow of urine, causing symptoms.

The iTind<sup>®</sup> device is made of nitinol, which is a nickel titanium alloy with properties that mean it can be used in medicine.



iTind<sup>®</sup> device being implanted

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## How does iTind<sup>®</sup> work?

The iTind<sup>®</sup> device is put in place using a cystoscope (miniature camera), which offers direct vision of the urethra. The device then opens inside the prostate. This widens the channel in your urethra.

The edges of the device put pressure on the sides of the urethra. Over time this helps to create drainage channels to improve the flow of urine. This should gradually improve your symptoms over the following 6 to 12 weeks.

## What are the benefits of iTind<sup>®</sup>?

- the insertion and removal of the iTind<sup>®</sup> device are minimally invasive, which means the procedures are less risky and you are likely to recover more quickly.
- it can be done as a day surgery procedure
- it has minimal sexual side effects

## What are the alternatives?

There are several alternative treatment options at our Trust for benign enlargement of the prostate, listed below. Not all are suitable for all patients.

- **conservative treatment:** reducing fluid, caffeine, fizzy drink, and alcohol intake to improve urinary symptoms
- **drug treatment:** using medications like tamsulosin, which relax the muscles in your prostate, or finasteride, which shrinks your prostate
- **transurethral resection of the prostate (TURP):** an operation under general or spinal anaesthetic where a miniature camera is inserted into the urethra (water pipe), and the enlarged parts of the prostate are cut out with an electrical current
- **holmium laser enucleation of the prostate (HoLEP):** an operation under general anaesthetic where a miniature camera is inserted into the urethra (water pipe) and the prostate is removed with a laser
- **Rezūm:** an operation under general or local anaesthetic where a miniature camera is inserted into the urethra (water pipe), and steam is injected into the prostate, causing it to shrink over time
- **UroLift:** an operation under general or local anaesthetic where a miniature camera is inserted into the urethra (water pipe). Implants are inserted that pull the enlarged parts of the prostate away from the urethra to improve the flow of urine

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- **prostatic artery embolisation:** an intervention under local anaesthetic where a tube is passed into a blood vessel in the groin, then passed into the blood vessels of the prostate. Special material or coil is then injected to block the blood supply to the prostate, causing it to shrink over time.

## What happens before the procedure?

You will first have a pre-operative assessment clinic appointment, either by telephone or in-person. This is to assess your fitness for the surgery. It is important that you bring a list of medications that you take with you.

At the appointment, you will have some tests performed including blood tests, giving a urine sample, and a swab for MRSA bacteria. You will also be given some advice to prepare for the surgery, which may include stopping certain medications.

## Eating and drinking

As you are having a general anaesthetic, you should not eat or drink for a period before your procedure. This is because of the risk of vomiting under the anaesthetic.

- you should not eat any food for six hours before your operation. This includes drinks containing milk
- you may drink clear fluids (black tea or coffee) up until two hours before your operation

## What happens on the day of the procedure?

You will arrive at the hospital on the day of your procedure.

The procedure is usually performed under a general anaesthetic or heavy sedation.

A urologist will talk with you further about the operation, including the risks and benefits, and answer any questions you may have. If you are willing to give your permission to proceed with the operation, you will both sign an operation consent form.

You will also be seen by an anaesthetist to discuss the anaesthetic options.

## What does the procedure involve?

A cystoscope is inserted into the urethra then passed the prostate and into the bladder.

Using the camera, the iTind<sup>®</sup> device is opened in the part of the urethra that passes through the prostate (the prostatic urethra).

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The iTind<sup>®</sup> expands, which widens the prostatic urethra and bladder neck to improve the flow of urine. The device also has struts that will create slits in the side of the prostatic urethra and bladder neck that should permanently improve the flow of urine once the device is removed.

Finally, the cystoscope will be removed.

The iTind<sup>®</sup> device is left in position for five to seven days. It will be secured in place by a suture or thread that is taped to the outside of the penis.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

You will typically go home within a few hours of the procedure, after being asked to eat and drink and empty your bladder.

## What are the side effects?

- **temporary bleeding in your urine:** about 12 in 100 (12%)
- **needing to pass urine more frequently, or having a more sudden urge to pass urine,** or both: about 11 in 100 (11%)
- **mild pain or discomfort in your pelvic area:** about 10 in 100 (10%)
- **temporary burning and stinging on passing urine:** about 7 in 100 (7%)
- **urinary tract infection:** ranges from 3 in 1000 to 6 in 100 (3-6%)
- **inability to pass urine** (urinary retention): about 4 in 100 (4%)
- **erection or ejaculation issues:** no cases (0%)
- **possible need for further prostate treatments in the future:** unknown
- **risks from the general anaesthetic** (these include but are not limited to chest infection, clots in the lungs, clots in the legs, heart attack, and death): ranges from less than .5 in 100 to 2 in a hundred (0.4-2%)

## What happens after the procedure?

You may have some minor pain or discomfort after the procedure, which may worsen on passing urine.

You may also notice that you are feeling the need to go to pass urine more often, that the urge comes on more suddenly, and that your urine may be pink-coloured or have some blood in it.

These are expected side effects, and we encourage all our patients to:

- drink enough water

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- use simple painkillers like paracetamol and ibuprofen.

However, if you experience heavy bleeding, have severe or worsening pain, or feel feverish then you should seek emergency care immediately.

## iTind<sup>®</sup> care and removal

For the five to seven days the iTind<sup>®</sup> is in place, you will have a thread running from the device out of your penis. The thread will be taped to your penis.

Please do not cut or damage the thread. It will be used to remove the device.

Until the iTind<sup>®</sup> device has been removed, you should not:

- engage in any sexual activity
- do any strenuous exercise
- work with vibrating equipment like a lawnmower

This is because these activities may dislodge the iTind<sup>®</sup> device.

You will be asked to return to the hospital five to seven days later for a further procedure. The iTind<sup>®</sup> device is removed under local anaesthetic, using an open-ended tube (catheter).

Most patients will start to feel improvement in their urinary symptoms immediately after the device has been removed. These should continue to improve over the next 6 to 12 weeks, which is the time taken for the treatment to reach full effect.

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## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on 020 3312 7777 (10.00 – 16.00, Monday to Friday). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: 020 3312 1337 / 1349

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

Urology department  
Published: January 2024  
Review: January 2027  
Reference no: 918  
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