Communications with GPs and Patients on new MIST options

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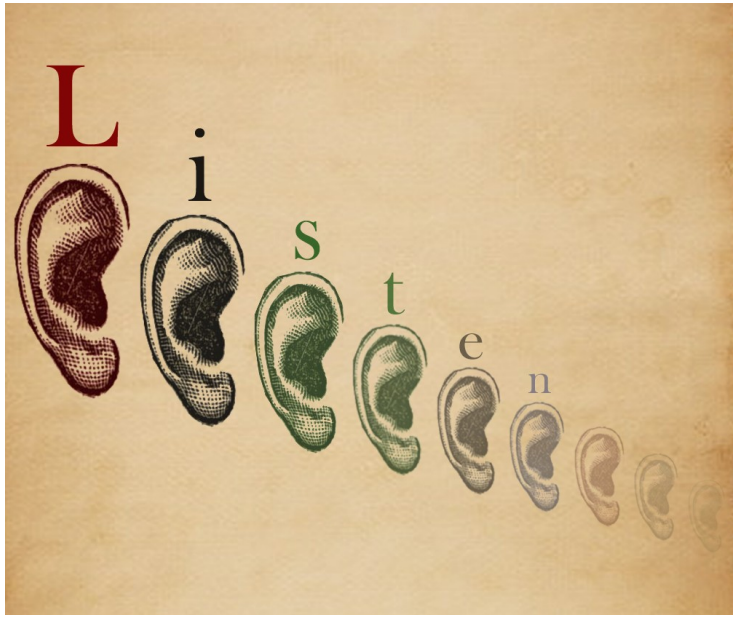
Why Communicating with Patients Is Important?

- Early intervention benefits
- Ideal alternative to medications
- Awareness about this innovative procedure
- Detailed conversations are critical to ensure that patients understand their options
- No sexual dysfunction
- No foreign body implant or injection into prostate
- Showing efficacy - iTind has been Proven with Randomize control trials
- Worldwide usage with some 4 year data
- Build trust with the patient and give them assurance that you are supporting them along their treatment journey

How to communicate effectively with Patients?

- Detailed conversations are critical to ensure that patients understand their goals
- Explain the available options
- Introduction of technology early in consultation phase with information (pamphlet) given to patients who are managing conservatively or are on medical therapy
- Patients will maintain ejaculatory and sexual function as well as continence. They will usually have a quick recovery with immediate results without a catheter. There is no cutting or burning of tissue.



How to communicate effectively with Patients cont.,

- Explanation on variable discomfort while iTind is insitu (material handed to patients to further explain)
- Pain Management - expectation
- Explain that prostate is reforming/reshaping during the period of 5-7 days

Effective communication with General Practitioners: Why Does It Matters

Communicate Effectively

- Most GPs are not aware of this technology
- GPs initially place patients on medications with variable follow-up
- Explain to GPs benefits of early intervention for patients such as improved QOL and reducing damage to the bladder(include info on MIST in GP correspondence)
- MIST procedures are, quick, effective and safe with short recovery time and patient will go back in the GP care
- Simple day procedure, no blood loss, no cutting, minimal bleeding
- Show video of procedure or demonstration of device when possible

Communicate Effectively

- First Line for interventional Therapy (FIT)
- Although medical therapy for the treatment of BPH and LUTS has proliferated over the past two decades, studies that showed their minimal adverse effects may have been undersold.
- 30-40% of patients discontinue medications.
- Recent studies suggest that alpha-blockers, 5-ARIs, and anticholinergics may negatively affect mental and psychological status, sexual function, and overall health.

Communicate Effectively

- Patient regret post prostate surgery (some studies suggest up to 15% of patients regret having TURP mainly due to long recovery time & sexual dysfunction
- Up to 10% of patients undergoing TURP will experience erectile dysfunction
- iTind® device provided significant and durable symptom reduction and improved IPSS-QoL for >48 months post treatment. Surgical re-treatment rate at 79 months was 11.1%.

References for clinical data & sources

- (https://www.health.harvard.edu/blog/new-study-investigates-treatment-associated-regrets-in-prostate-cancer-202201062665#:~:text=Results%20showed%20that%20after%20five,radiation%20instead%20of%20active%20surveillance.
- Temporary implantable nitinol device for benign prostatic hyperplasia-related lower urinary tract symptoms: over 48-month results - Daniele AMPARORE1, Sabrina De CILLIS 1 *, Claude SCHULMAN 2, gregor KadNer 3, Cristian Fiori 1, Francesco porpiglia 1
- https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0309222
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Open Forum

Pre-selection screening – ideal cases

1. Initial cases – Patients with smaller prostate <60CC
2. Patient desire for MIST and acceptance to innovative new treatment
3. High priority to preserve sexual function and ejaculatory function
4. Assess Patients tolerability to discomfort while iTind is in position
5. Extensive counseling and education on procedure with emphasis on expectations

Pre-selection screening – ideal cases

1. Ultrasound to assess Prostate volume
2. Proven bladder outflow obstruction
3. Max flow rate less 15ml/s or uro-dynamically proven
4. No previous prostate surgery
5. No infection
6. Perform flexible cystoscopy – exclude strictures, significant middle lobe(less than 5mm Intra prostatic protrusion), Bladder pathology.
7. IPSS

Implantation – Anesthesia, Pre- and Post- Operation Management

	OR Setting (light Sedation / GA)
Pre-operative (at the discretion of the physician)	
Medications	IV antibiotics
Intraurethral	Xylocaine gel X 2
Intravesical*	Option: local anesthetic
At discharge (at the discretion of the physician)	
Medications	Predinsolone 10-25mg (Optional) Palaxia (Tapentadol) Flowmaxtra (Tamsulosin) Ditropen (Oxybutynin) Antibiotics Panadol NSAIDS Coloxyl Ural

*Optional

Removal – Anesthesia, Pre- and Post- Operation Management

	OR Setting (Sedation / GA)
Pre-operative (at the discretion of the physician)	
Medications	Sedation
Intraurethral	Gel x 3
At discharge (at the discretion of the physician)	
Medications	Ural 2-3 days antibiotics

. *Optional