[Curr Urol Rep.](https://www.ncbi.nlm.nih.gov/pubmed/27432380) 2016 Sep;17(9):63. doi: 10.1007/s11934-016-0619-x.

**Urolift: a New Face of Minimally Invasive Surgical Technique for Benign Prostatic Hyperplasia?**

[Tsui JF](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tsui%20JF%5BAuthor%5D&cauthor=true&cauthor_uid=27432380)1, [Dixon CM](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dixon%20CM%5BAuthor%5D&cauthor=true&cauthor_uid=27432380)2,3.

**Abstract**

The management of clinical benign prostatic hyperplasia (BPH) remains a common problem in daily urologic practice. Recently, a new minimally invasive procedure for BPH, the Urolift System, has been introduced. This article reviews the current literature discussing the technique, efficacy, adverse events, limitations, and possible concerns. The existing data which includes a 3-month, sham-controlled multicenter trial with a subsequent 3-year follow-up indicates significant improvements in the outcome measures in particular urinary symptoms. The adverse event profile and reoperation rates are acceptable. A particular benefit includes the lack of negative effects on erectile or ejaculatory function. The procedure can be performed with minimal anesthesia, but is limited to lateral lobe enlargement as it is unsuitable for median lobe or central zone obstruction. Another potential drawback is the placement of permanent implants into the prostatic urethra. The adoption of this procedure will ultimately be determined by multiple factors including ease of use, patient satisfaction, durability, and reimbursement.