insurance system if included on a specific list of products and services qualifying for reimbursement. These MDs for urinary and fecal drainage and collection are included under a generic description corresponding to a class of products with the same indications. This coverage modality offered low resistance to unnecessary or wasteful spending. Furthermore, a periodic update of the list is required whereas it has not been done for more than 10 years.

METHODS:

In 2016, Haute Autorité de santé (HAS) assessed the actual clinical benefit of these MDs using a standard health technology assessment method (systematic literature review, opinions of health professionals and patients' representatives). Manufacturers were asked to provide technical specifications on their MDs.

RESULTS:

The lack of professional guidelines and well-conducted comparative clinical trials has to be pointed out; among 516 identified publications screened, only seven recommendations, one technological review and one randomized controlled study were selected. Despite this, HAS defined specifications for each generic description, based on users' experience (patients and caregivers). These included specific indications, minimum technical specifications and, when applicable, conditions of prescribing and use. This assessment took into account individual preferences, the role of the natural carers and the conditions, and opportunities for patients to improve and update their self-care and rehabilitation skills.

CONCLUSIONS:

The HAS assessment of MDs for urinary and fecal drainage and collection provides a cornerstone for the enhancement of the access to the necessary devices for homecare. The expected benefits are an improvement of the quality of life and a reduction of health expenditure due to misuse, complications or hospitalizations.

PP69 Prostatic Artery Embolisation For Benign Prostatic Hyperplasia

AUTHORS:

Keng Ho Pwee (Keng_Ho_Pwee@cgh.com.sg)

INTRODUCTION:

Prostatic artery embolization (PAE) was introduced in the 1970s to control major bleeding after prostate surgery. The procedure was noticed to improve the lower urinary tract symptoms of benign prostatic hyperplasia (BPH) and in 2010, PAE was first investigated as an alternative treatment for BPH. A rapid health technology assessment (HTA) was carried out to inform our hospital's decision on introducing this procedure.

METHODS:

The rapid HTA investigated the safety and clinical effectiveness of PAE for patients with BPH. The PICO elements were: Population- Patients with symptomatic BPH; Intervention- PAE; Comparator- Conventional management; Outcomes- Adverse effects, clinical outcomes. The NHS Centre for Reviews & Dissemination databases, Cochrane Database of Systematic Reviews, and PubMed (MEDLINE) were searched for systematic reviews and HTA reports.

RESULTS:

Eight systematic reviews from the most recent two years were found. The primary evidence base consists of two randomized controlled studies of PAE versus transurethral resection of the prostate (TURP), one matched pair analysis of PAE versus open prostatectomy in patients with large prostates, and several non-comparative studies. The comparative studies showed patients had better International Prostate Symptom score, quality of life and reduced prostate volume with TURP and open prostatectomy from 1 to 24 months. With respect to adverse events, embolized patients had more adverse events than controls, particularly acute urinary retention and post-embolization syndrome. However, controls had more abnormal ejaculation; and adverse effects from surgery naturally only occurred in controls.

CONCLUSIONS:

PAE appears to be a promising technology lacking long term outcomes. It has potential for patients who are not fit or not keen on surgery, or who may have large prostates, but who are still vascularly suitable for embolization. It would be suitable to carry out under clinical research conditions to clarify the incremental benefits of the technology and which patient groups are best served by the procedure.

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