

# Prostatic water vapour therapy

## What is water vapour therapy?

Water vapour therapy is a minimally invasive treatment for benign prostate enlargement.

It uses the thermal energy from water vapour to ablate prostate tissue, resulting in a reduction in the size of the prostate.

## Why is water vapour therapy required?

Water vapour therapy is used for the treatment of urinary symptoms which are due to enlargement of the prostate.

These symptoms may include:

- Waking through the night to void.
- Needing to pass urine frequently throughout the day.
- Having to pass urine urgently.
- Reduced urine flow.
- Difficulty starting urination.
- Stop-start flow.
- Dribbling after passing urine.
- A feeling of incomplete bladder emptying.

Water vapour therapy is an option for you if:

- You do not want to take or are unable to take medications for prostate enlargement (such as prazosin, tamsulosin, silodosin, dutasteride or finasteride).
- You do not want to have a more invasive procedure such as transurethral resection of the prostate (TURP) or Greenlight laser prostatectomy.
- Your prostate is between 30 and 80 grams. (A normal sized prostate is less than 25 grams.)

## What does water vapour therapy involve?

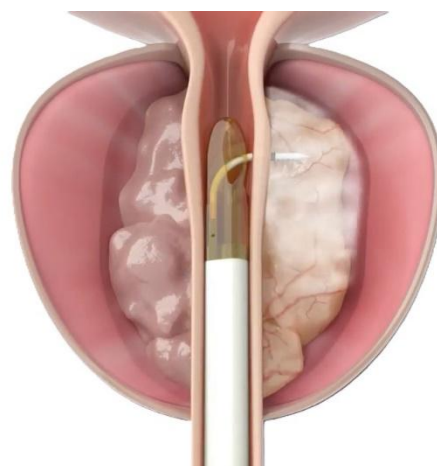
We perform water vapour therapy in hospital as a day surgery, under general anaesthetic.

We pass a telescope through the urethra into the prostate. We use the Rezūm device to pass a needle under vision into the enlarged prostate tissue.

Radiofrequency energy is used to heat water to create water vapour. The water vapour is dispersed into the prostate tissue via the needle. We usually repeat this process between two and eight times depending on the size of your prostate.

The heat from the water vapour travels through the enlarged prostate tissue causing the cells to die. In the weeks to months following the procedure the body reabsorbs the cells which have died, causing the prostate to shrink. This relieves the bladder obstruction which is causing your urinary symptoms.

At the end of the procedure, we place a catheter in the bladder. The catheter is usually removed seven days after the procedure.



Rezūm water vapour therapy

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## What is the recovery after water vapour therapy?

You will have a catheter after the procedure. The catheter will drain urine into a bag. The bag can be secured to your leg and can be concealed under your trousers. The catheter will be removed in our office seven days after the procedure.

After water vapour therapy, the body creates an inflammatory response which will initially make your urinary symptoms worse. For around four weeks after the procedure, it is common to have burning and stinging when passing urine. It is also common to have slow urine flow, urgency and frequency which is worse than it was before the procedure.

You may need to take medications to manage your urinary symptoms for around six weeks after the procedure.

You should notice your urinary symptoms gradually improving between four and twelve weeks after the procedure.

Depending on your job, you may be able to return to work around three days after the procedure, although some men prefer to wait until the catheter has been removed.

You will not be able to drive for at least 24 hours after the procedure. Some men prefer not to drive until the catheter has been removed.

## What are the risks of water vapour therapy?

Water vapour therapy is a new surgical technology which has only been available overseas since 2015 and in Australia since 2018. As such we do not have as much data with water vapour therapy as we do with other surgical techniques for the treatment of prostate enlargement.

Currently there are no studies which have looked at the long-term outcomes from water vapour therapy. It is possible that the benefits of the treatment will decrease over time. For some men it may be necessary to have further treatment for prostate enlargement in the future.

The improvement in your urinary symptoms after water vapour therapy may not be as marked as the improvement seen with other prostate surgeries such as transurethral resection of the prostate (TURP) or Greenlight laser prostatectomy.

The risks of this procedure include (but are not limited to):

### Very common risks (most patients)

- Burning and stinging when passing urine for several weeks after the procedure.
- Urinary frequency, urgency and reduced urine stream for several weeks after the procedure.
- Blood in the urine for several weeks after the procedure.
- Blood in the semen for weeks to months after the procedure.

### Occasional risks (1/10 – 1/50)

- Urinary tract infection.
- An inability to pass urine after the catheter is removed (urinary retention), requiring the catheter to be replaced.
- Failure to improve your urinary symptoms.
- Prolonged or persistent urinary frequency, urgency, or burning and stinging when passing urine.
- Scarring in the urethra (urethral stricture).

### Rare risks (1/50 – 1/250)

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- Scarring at the neck of the bladder (bladder neck contracture).
- Retrograde ejaculation (~4-6% risk)

## Theoretical risks

While there are no reports of these complications occurring with water vapour therapy, it is theoretically possible that the procedure could cause:

- Erectile dysfunction.
- Urinary incontinence.
- Injury to the rectum.

## Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

## What are the alternatives to water vapour therapy?

- Surveillance – no treatment.
- Lifestyle changes.
- Medications.
- Transurethral resection of the prostate (TURP).
- Greenlight laser prostatectomy.
- Prostatic urethral lift treatment (Urolift).
- Holmium laser enucleation of the prostate (HoLEP).
- Open or robotic simple prostatectomy.
- Prostate artery embolisation.
- Other treatments are available but are not currently recommended.

