

Author	N	Urinary Results	Erectile function	Follow up
Woo et al. 2011 <sup>10</sup>	19	IPSS: -6.6 Qmax: +2.5 mL/s PVR: +1.6 mL		12 months
Chin et al. 2012 <sup>11</sup>	64	IPSS: -9.2 Qmax: +2.9 mL/s PVR: +35 mL	SHIM: +1.1	24 months
McNicholas et al. 2013 <sup>12</sup>	102	IPSS: -12.1 Qmax: +3.1 mL/s PVR: +3 mL		12 months
Catwell et al. 2014 <sup>13</sup>	53	IPSS: -10.5 Qmax: +2.6 mL/s PVR: +1.4 mL	HED: -0.9	12 months
Rukstalis et al. 2016 <sup>14</sup>	83	IPSS: -9.8 Qmax: +4.18 mL/s PVR: +1.8 mL	SHIM: +0.77	24 months
Savikoski et al. 2015 <sup>15</sup>	45	IPSS: -11.3 Qmax: +3.1 mL/s PVR: +7.4 mL	SHIM: -0.9	12 months
Gratzke et al. 2017 <sup>16</sup>	37	IPSS: -9.2 Qmax: +2.5 mL/s PVR: -10.6 mL	SHIM: -0.1	24 months
Rosdborn et al. 2013 <sup>17</sup>	140	AI: -13.7 Qmax: +4 mL/s PVR: +1.4 mL	SHIM: +0.4	12 months
McVary et al. 2014 <sup>18</sup>				
Rosdborn et al. 2015 <sup>19</sup>	140	IPSS: -8.83 Qmax: +5.47 mL/s PVR: +1.4 mL	SHIM: +0.54	3 years
Rosdborn et al. 2016 <sup>20</sup>	140	IPSS: -8.8 Qmax: +3.2 mL/s PVR: +1.4 mL	SHIM: +0.3	4 years
Rosdborn et al. 2017 <sup>21</sup>	140	IPSS: -7.56 Qmax: +3.48 mL/s	HED: -0.37	5 years

AI=AUA score; American Urological Association score; HED=international index of erectile function; IPSS=international Prostate symptom score; PVR=post-void residual volume; Qmax=peak urinary flow; SHIM=social health inventory for men

**IPSS: better (10)  
Q<sub>max</sub>: faster (3,6 mL/s)**

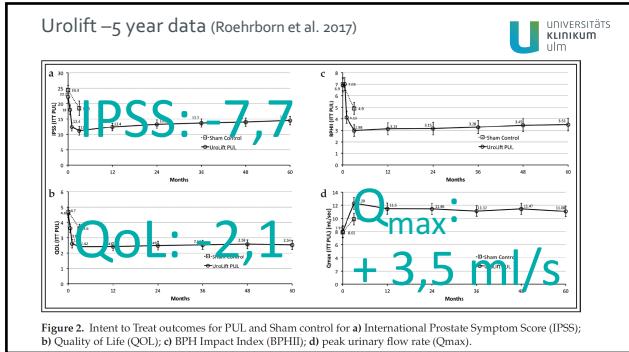
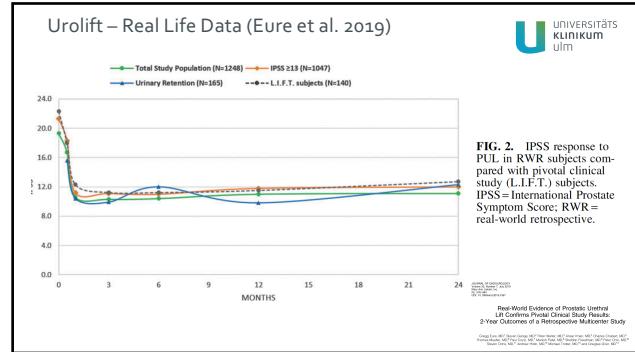
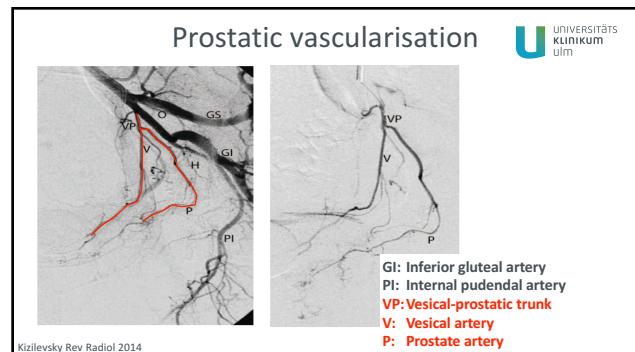
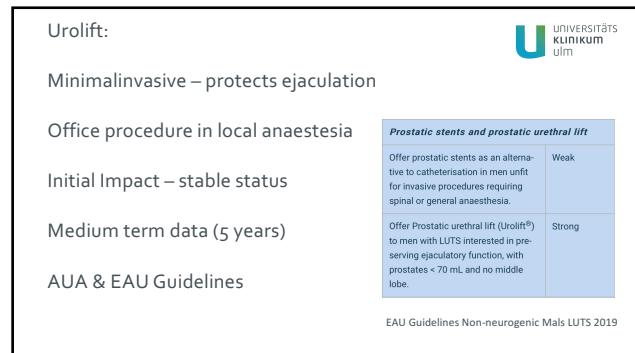
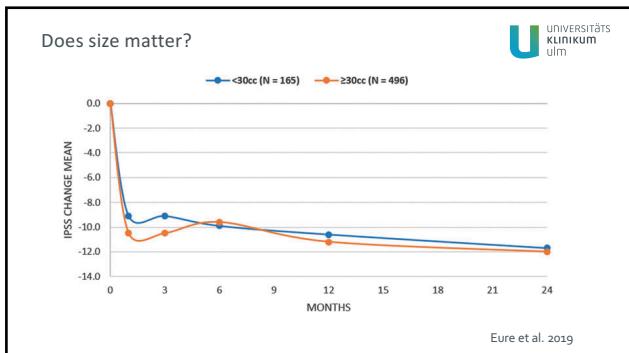
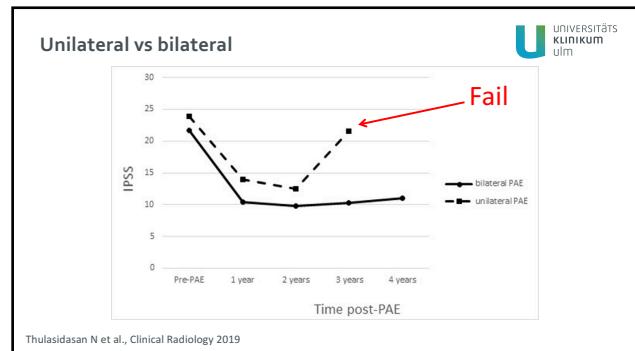
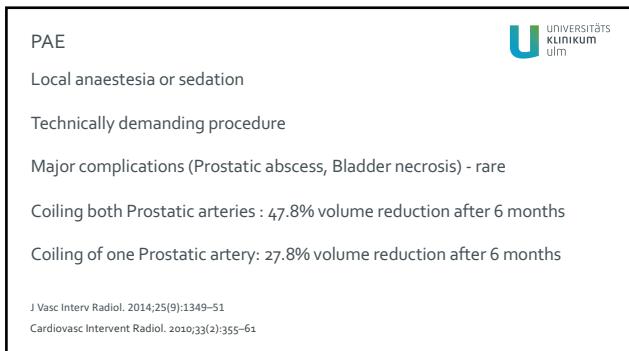
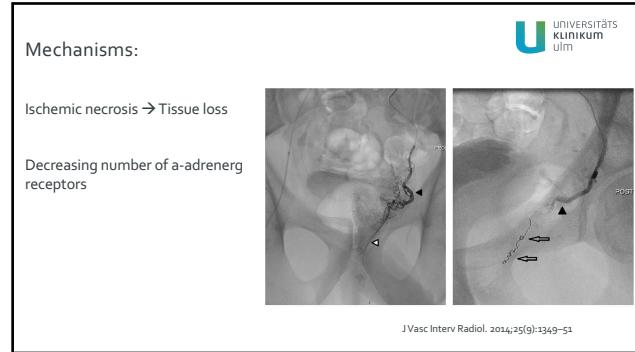
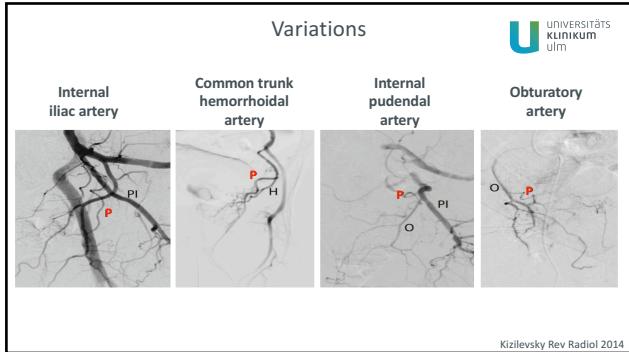


Figure 2. Intent to Treat outcomes for PUL and Sham control for a) International Prostate Symptom Score (IPSS); b) Quality of Life (QOL); c) BPH Impact Index (BPHII); d) peak urinary flow rate (Qmax).



**FIG. 2.** IPSS response to PUL vs RWR subjects compared with pivotal clinical study (L.I.F.T.) subjects.  
IPSS = International Prostate Symptom Score; RWR = real-world retrospective.





**Functional Data**

Author	Mean IPSS						Mean QoL						Mean IIEF					
	B	1 mos	3 mos	6 mos	12 mos	24 mos	B	1 mos	3 mos	6 mos	12 mos	24 mos	B	1 mos	3 mos	6 mos	12 mos	24 mos
Bagla et al. (20)	27.2	14	11.9	15.9	N/A	N/A	5.0	3.2	3.1	3.1	N/A	N/A	15	14.7	N/A	17.5	N/A	N/A
Bagla et al. (20)	25.6	17.2	16.3	13.5	N/A	N/A	4.9	3.2	3	2.1	N/A	N/A	14.8	14.4	N/A	16.9	N/A	N/A
Bagla et al. (20)	26.5	15.6	12.5	13.6	N/A	N/A	4.7	2	1.8	1.7	N/A	N/A	13.2	13.2	N/A	16.4	N/A	N/A
Bilhim et al. (21)	22.4	11.8	N/A	10.9	10.2	8.1	4.2	2.5	N/A	2.4	2.3	2.4	16.6	16.8	N/A	18.1	18.4	18.8
Gahr et al. (22)	22.3	12.9	11.6	11.5	N/A	N/A	4.2	2.8	2.9	2.9	N/A	N/A	15.8	16.5	16.6	16.6	N/A	N/A
Li et al. (23)	27	12	7	8	7.5	N/A	4.5	2.5	2	2	2	N/A	20	18	19	18	17	N/A
Pisco et al. (12)	24	12.2	11	11.5	10.4	9	4.4	2.5	2.3	2.2	1.9	1.8	18.9	20.6	20.9	20.5	20.1	18.7
Wang et al. (24)	26	9.5	8.5	7.5	8	9	5	2.5	3	3	2.5	3	11	11	10	12	13	10

B, baseline; mos, months; IPSS, International Prostate Symptom Score; QoL, quality of life; IIEF, International Index of Erectile Function; N/A, not available.

**4y, real life data, N = 159**

	Baseline	6 months	1 year	2 years	3 years	4 years
IPSS	22	9.5	10.7	10	11.3	11
QoL	4,6	2	2.2	2.4	3.1	2.5
IIEF	14.8	14.4	16.3	19	18	15

Thulasidasan N et al., Clinical Radiology 2019

PAE

**Effective treatment 4y follow up**

Low complication rate

Coiling both prostatic arteries is more effective

Petrillo et al. Gland Surg. 2018 Apr; 7(2): 188–199.  
Benign prostatic hyperplasia: prostatic arterial embolization versus transurethral resection of the prostate--a prospective, randomized, and controlled clinical trial. Gao YA et al. Radiology. 2014 Mar; 270(3):920-8.

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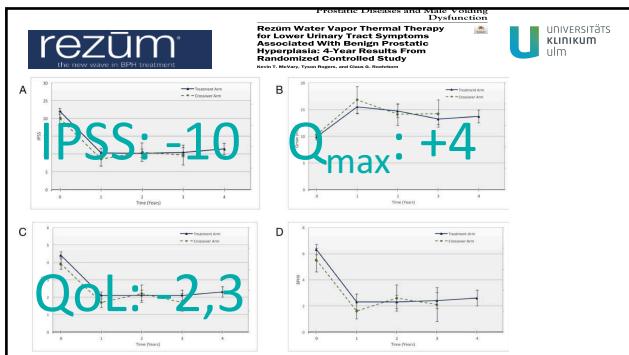
0.3 Seconds

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**Table 1** All studies reporting on Rezūm with outcome measures and follow-up (IPSS International prostate symptom score, QoL quality of life, Qmax maximum urinary flow rate, PVR postvoid residual urine, IIEF-EF international index of erectile function)

Year	Type of study	Authors	Number of participants	Duration of follow-up (months)	IPSS (% reduction)	QoL (% reduction)	Qmax (mL/s)	PVR (%) (% improvement)	IIEF-EF (% improvement)
2016	Pilot study	Dixon et al.	65	24	55.7 (n = 43)	59 (n = 43)	44.5 (n = 39)	19.8 (n = 38)	30.5 (n = 31)
2017	Cross-over study	Roeber et al.	53	12	56 (n = 45)	55 (n = 45)	53 (n = 45)	17.0 (n = 44)	18 (n = 26)
2017	Retrospective study	Darson et al.	131	12	45.2 (n = 87)	37.8 (n = 74)	51.4 (n = 7)	34.9 (n = 35)	n/a
2017	Retrospective study	Mohr et al.	129	6	60 (n = 89)	n/a	71.7 (n = 43)	32.3 (n = 99)	n/a
2019	Randomised control trial	McVary et al.	197	48	46.7 (n = 81)	42.9 (n = 90)	49.5 (n = 81)	38 (n = 89)	7.6 (n = 58)

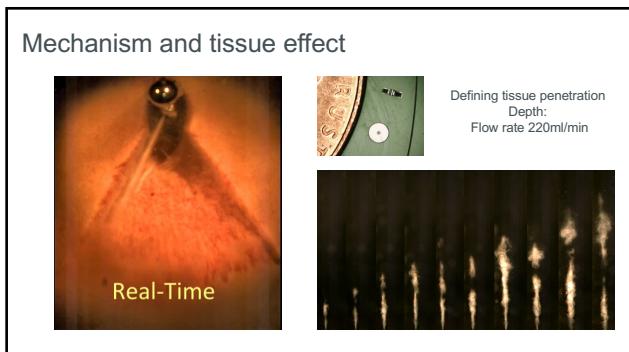
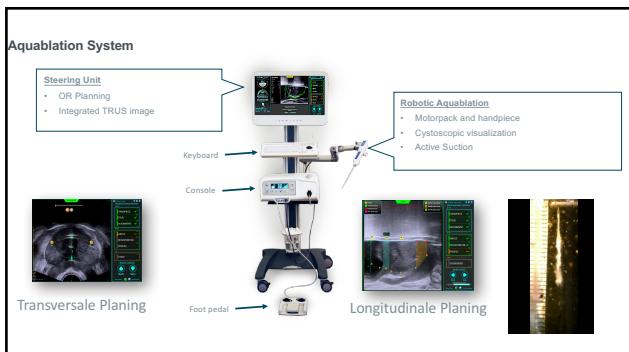
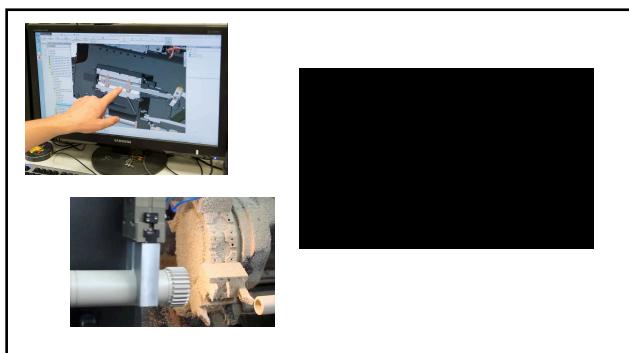


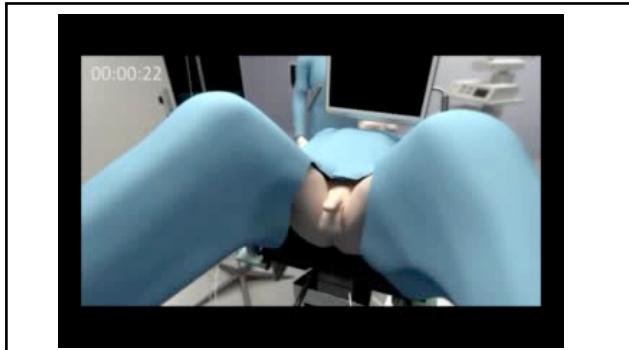
**Rezum:**

Minimalinvasive  
Office Procedure  
Initial Impact  
Medium term data 4y  
AUA Guidelines listed

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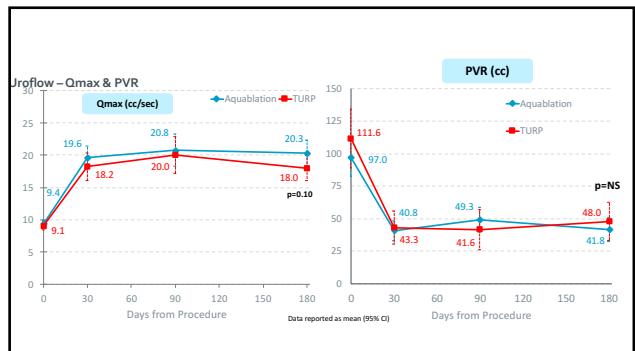
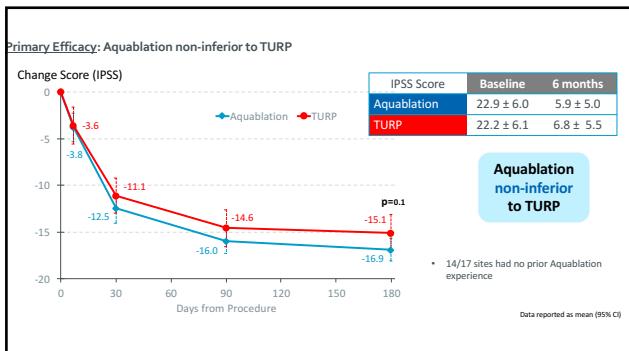


**WATER**  
—STUDY—

*Aquablation vs. Transurethral Resection of the Prostate (TURP) for Moderate-to-Severe Benign Prostatic Hyperplasia (BPH)*

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Tauranga Hospital, Bay of Plenty District Health Board, Tauranga, New Zealand

**Dr. Claus Roehrborn**  
Department of Urology, UT Southwestern Medical Center Dallas, TX USA



Are there adverse events?

Mainly bleeding

E.g. Bach Series  
Cautery: 8  
Transfusion: 3  
Return Bleeding: 2 (no interv.)  
HB-drop: 14.1 – 12.3

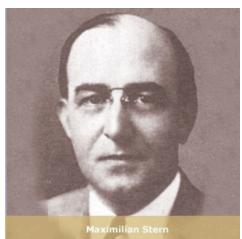
Ejakulation (3 month): 66%

**Office Procedures vs. TUR-P**

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	PAE	Aquaablation	Uro Lift	Rezüm	TUR-P
IPSS	-10	-15	-7,7	-10	-15
QoL	-2,6	n.a.	-2,1	-2,3	-3,4
Qmax	+4,4	+10	+3,5	+4	+8,6
Day case%	71	30	98	99	20

## Conclusions



Rezum, Urolift & PAE – Day based office procedures – mid term data

Initial impact – stable phase

Aquaablation non inferior to TUR-P with lower OR times but bleeding complications

All new procedures provide better ejaculation preservation than TUR-P