

## REZUM® PROSTATE STEAM ABLATION

### Introduction

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Benign prostate enlargement is a common problem that affects more than half of men aged 50 years and above. Symptoms include slow stream, intermittent flow, straining to pass urine, frequent toilet visits (especially at night), and difficulty holding urine. Most patients can be managed with medication; however, some decide to have surgery for the following reasons: (1) side-effects of medication (2) lack of response to medication (3) prefer a permanent fix instead of lifelong medication.

### What does the procedure involve?

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Rezum® is an alternative to standard prostate surgery for mild-moderate symptoms in medium sized prostate glands 30-80cc. It is a quick 15 minute minor day procedure that lasts an average of 5 years, with faster return to normal activities and minimal sexual side-effects.

Steam is injected into obstructing prostate tissue through a telescope passed into the urethra. The prostate tissue swells temporarily, then shrinks over the next 3 months. This opens up the channel in the middle of the prostate gland without burning or removing any tissue. Ejaculation and sexual function is usually preserved. At the end of the operation, a catheter is placed in the urethra for 3-5 days to prevent retention during the swelling phase.

Rezum® video (0:57 mins) <https://www.youtube.com/watch?v=9wH0FevikA4>

### What are the alternatives?

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Medications or herbal supplements

Prostate clips (UroLift) or temporary implantable device (iTind)

Transurethral resection (TURP), Green light or Holmium laser prostatectomy

Prostate artery embolization - suitable for large prostates in medically unfit patients

### What are the risks of surgery?

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#### Occasional (5-20%)

Infection

Urine retention

Temporary urgency, difficulty hanging on, burning and penile tip pain

#### Uncommon (1-5%)

Bleeding

Persistent urinary symptoms

Sexual dysfunction

Stricture or urethral scarring

### Rare (<1%)

Anaesthetic or cardiorespiratory problems - intensive care

Chest infection, clots in the legs and lung, stroke, heart attack, death

### What should I do before surgery?

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- Do not eat, drink or chew gum for 6 hours before surgery
- If you are on blood thinning medication, discuss this with your surgeon
- If you smoke, quitting makes anaesthesia safer and reduces complications

### What should I expect after surgery?

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You can go home after the surgery after the nurses have taught you how to manage your catheter at home. The catheter is removed in 3-5 days and your symptoms will slowly improve over the next few weeks as the prostate shrinks.

### Discharge information

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- Drink 2L of fluid each day and have a normal diet
- Take Ural sachets every 4 hours to relieve stinging or burning when passing urine

Continue using BPH medication during the next four weeks as the flow may temporarily worsen due to prostate swelling. If you take blood-thinning medications, please check with Dr Ooi when to restart them.

Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, difficulty emptying your bladder, fever or feel unwell. General advice is also available on our website in the Procedures section.

### Appointments

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Dr Ooi will see you four weeks after surgery to check on your progress. If you live remotely and things are going well, you may prefer to have a telephone call instead of a face-to-face consultation.

**Perth** - please come with a full bladder so you can do a flow test

**Albany** - please do not come with a full bladder as there is no flow machine