

Side-effects

- Ejaculation will not be affected as with medication, TURP and TUVF, therefore no retrograde ejaculation, thus preserving sexual function
- Infertility should not be an issue as there is no retrograde ejaculation. Don't do it if you still want children.
- No Stress incontinence especially in the elderly and the diabetic patients
- May experience a slower stream initially due to swelling
- Some urgency and dysuria for 6 weeks
- Possible infection due to avascular tissue
- May require resection of infected tissue
- Further enlargement of prostate lobes within 3-5 years requiring a definite procedure.
- NB! Each person is unique and for this reason symptoms vary!

Remember

You still have a peripheral zone of your prostate and regular PSA reviews are required up to the age of 75.



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Specialist Urologist

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Rezum Water Vapor Therapy

Minimal invasive management for the relief of LUTS (lower urinary tract symptoms)

Why is it done?

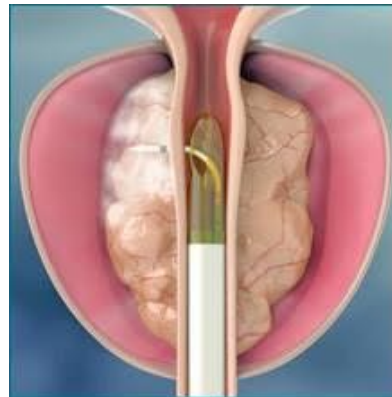
- This procedure is performed when the prostate gland is causing LUTS and you want an alternative to medication without the complications of a permanent procedure.
- Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, **(LUTS)** kidney failure due to the obstruction, bladder stones, recurrent bladder infections.
- Medication such as Flomaxtra, Urorec Minipress etc. should always be given as a first resort.
- This is alternative to medication where ejaculatory function is to be preserved.
- Prostate cancer first needs to be ruled out by doing a PSA, and when indicated, with a 3T MRI scan of the prostate with an abnormal PSA with a possible prostate biopsy of any suspicious lesions.
- **Prostate sizes up to 80-90 cc even midlobes are acceptable.**

REMEMBER

It is going to get worse before it gets better!

How is it done?

- patients will receive a general anaesthesia, unless contra-indicated.
- A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant jelly and an irrigant (fluid).
- The inside of the bladder is viewed for pathology. If any suspicious lesions are seen, a biopsy will be taken.
- The device is placed through the cystoscopic sheath.
- Prostate lobes are injected with water vapor, 2-6 injections 10 seconds each
- Prophylactic antibiotics will be given to prevent any infections.



What can go wrong?

- Any anaesthesia has its risks and the anaesthetist will explain this to you.
- You may in extreme cases experience some blood loss.
- You will require an indwelling urinary catheter for 5-10 days depending on the size of your prostate, occasionally 3 weeks
- Lower abdominal discomfort for a few days
- Could have an inflammatory response requiring antibiotics. Lasting 6 weeks or more
- **Discomfort in urination and frequency and urgency can last 6 weeks or more**
- NB! Each person is unique and for this reason symptoms vary!

What next?

- You will have day procedure.
- You will be discharged with a catheter.
- A trial of void (removal catheter) will be scheduled 5-10 days later as soon as the major swelling has gone down
- Suprapubic pain will improve over the next 7 days.
- Allow for 6 weeks for stabilization of symptoms there after.
- There may be some blood in your urine for up to 4 weeks post op. You can remedy this by drinking plenty of fluids until it clears.
- A follow-up appointment will be scheduled for 6 weeks.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

