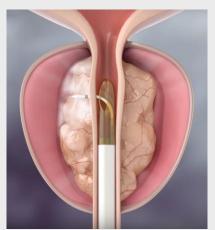
Long-Term Outcomes of REZUM Therapy for BPH: One-Year Prospective Audit

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Background

- BPH affects up to 90% of men >90 yrs; major cause of LUTS & BOO.
- TURP is the gold standard, but with high complications
- REZUM: FDA-approved in 2015, minimally invasive watervapour therapy to ablate prostatic tissue with minimal anaesthesia and outpatient facility.
- Effective for prostate <80cc, gaining global traction for its safety and efficacy.
- Aim: Post-operative outcomes of REZUM at our centre.



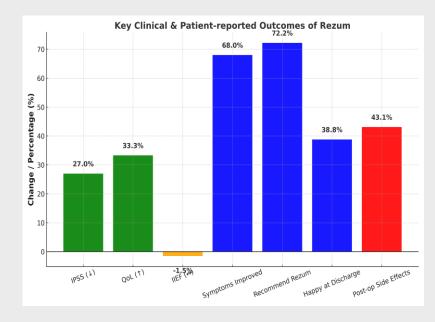


Results

- IPSS: Improved from 22.6 \pm 7.5 to 12.8 \pm 9.4 (\uparrow 68%)
- QoL \uparrow 33.3% (most improved from score 5 \rightarrow 3)
- Erectile function ↓ 1.5% (minimal)
- Symptoms improved (LUTS): 68%
- Satisfaction: 72.2% would recommend, 38.8% satisfied at discharge
- Adverse events: UTI 15.3%, AUR 8.3%
- Retreatment rate: 10% at 1 year, Re-do REZUM 5 patients, TURP 1 patient.
- 82% Discharged with no ongoing LUTS
- <u>Anesthesia</u>: GA (58.3%), Local (37.5%), Spinal (2.8%).

Methods

- ✓ Design: Prospective Cohort Study
- ✓ Setting: Leicester General Hospital (Aug 2023–Aug 2024)
- √ N=73 (Age>40, BOO from BPH, patients who wanted to preserve their sexual function, unsuitable for long anaesthesia due to co-morbidities)
- ✓ Excluded: Prostate cancer, prostatitis, abscess
- ✓ Analysis: IBM SPSS v23



Implications

REZUM provides durable symptom relief with fewer complications Suitable for patients unfit for TURP or prolonged anaesthesia Minimal impact on sexual function Outpatient feasibility makes it cost-effective

Two LTC patients became catheter-free post-REZUM; catheter duration should be tailored to individual factors (e.g., retention history, prostate size).

Limitations: small sample size, single-center design, short followup; future studies should include **urodynamic data** and **long-term outcomes**