

Rezūm water vapor thermal therapy for large-volume

Francesco Greco^{a,*}

^a Urology Unit, Centro Salute Uomo, Bergamo, Italy.

Benign prostatic hyperplasia (BPH) is a common, non-cancerous enlargement of the prostate in aging men, presenting with lower urinary tract symptoms (LUTS). For small and medium-sized glands, transurethral resection of the prostate (TURP) is considered a traditional and widely used surgery, recognized as the gold standard while open prostatectomy is considered the preferred surgery for larger prostates (> 80 grams). The innovation of BPH operation management aims to reduce the incidence rate of operation and shorten the operation time, while maintaining satisfactory relief of lower urinary tract symptoms caused by BPH. The recently updated guidelines of the American Urological Association (AUA) also reflect these changes. Rezum, as a minimally invasive transurethral steam therapy, exhibits fewer side effects and less invasiveness. This therapy represents a paradigm shift in the treatment of BPH, providing an alternative to drug therapy and traditional surgical intervention.

Due to the fact that most patients require a urinary catheter to assist in bladder drainage for 2 to 7 days and be removed during follow-up, mild discomfort, urgency to urinate, and hematuria are common in the first week, and may even worsen urinary tract symptoms. But usually improvement occurs within 2 to 6 weeks, with the maximum benefit evident within 3 months. Mynderse et al. demonstrated that after treatment with Rezum, the ablation volume decreased by 91.5% at 3 months and 95.1% at 6 months [1]. Kathrin et al. found that 92.4% of patients successfully removed the catheter after a median of 5 days. Postoperative urinary symptoms significantly improved, with IPSS decreasing by 54.3% and quality of life decreasing by 33% two months after treatment. The IPSS and quality of life of the patient have improved and remained good during the 4.5 year follow-up period.

The incidence of Clavien Dindo complications \leq type II is 11.8% [2]. In this issue of *Uro-Technology Journal*, Khaled et al. evaluated the efficacy of Rezum steam thermal ablation therapy in the conventional drug treatment of benign prostatic hyperplasia using tamsulosin. Research has shown that Rezum therapy has high efficacy in alleviating LUTS in BPH patients with fewer complications [3]. But the question still remains: Does Rezum have long-term treatment stability for patients with glandular sizes > 80 milliliters?

Basri reports a re-treatment rate of 2.1% at one year [4], consistent with the reported by Darson et al. [5] and 3.7% by Roehrborn et al. at two years [6]. Mohamed reported that in the large prostate group, 5 patients continued to take alpha blockers, 2 patients received repeated Rezum treatment, and 11 patients received B-TURP treatment, experiencing a higher rate of re treatment during long-term follow-up. Based on this, further prospective and comparative studies are needed, especially in the area of alternative surgical options for managing large prostate. BPH remains a significant clinical challenge due to its widespread occurrence and its profound effects on the quality of life in older men. Among the available treatment modalities, Rezum water vapor therapy has emerged as a valuable minimally invasive approach. Rezum provides substantial symptom relief while avoiding many of the risks associated with more invasive surgical options, such as TURP. Its favorable safety profile, including minimal adverse effects and the preservation of sexual function, makes it particularly attractive to patients seeking a balance between efficacy and quality of life. Given these characteristics, Rezum represents an important therapeutic option, positioned between long-term pharmacological management and traditional surgical interventions.

Future research will help clarify the optimal use of Rezum therapy, particularly regarding its role in managing larger prostate sizes and refining patient selection guidelines. Comparative studies against traditional surgical and emerging minimally invasive techniques will also help delineate its precise position within the treatment algorithm for BPH. Ultimately, “To Rezum or not to Rezum” is best decided through shared decision-making, where patient preferences, comorbidities, and anatomical factors guide

* Corresponding author: Francesco Greco

Mailing address: Urology Unit, Centro Salute Uomo, Bergamo, Italy.

Email: francesco_greco@ymail.com

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individualized treatment planning. In an era emphasizing both efficacy and quality of life, Rezūm's proven track record for sustained symptom relief, low complication rates, and sexual function preservation secures its place in the evolving landscape of BPH management.

Declarations

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