

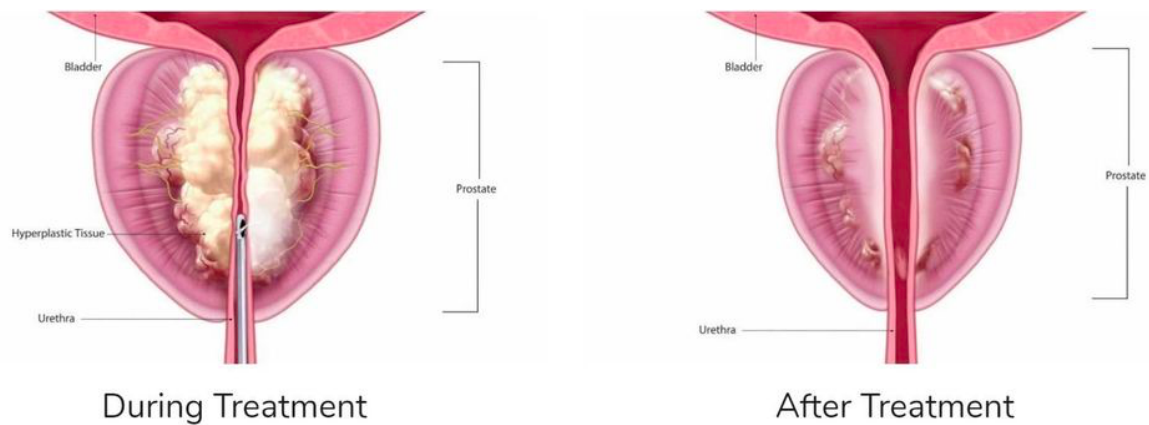
Water Vapor Therapy (Rezum)

What is Water Vapor Therapy

Water Vapor Therapy (WVT), sometimes referred to as Rezum, is a minimally invasive procedure that uses the natural energy stored in steam/water vapour to treat the excess prostate tissue causing symptoms due to the enlarged prostate.

Using a handheld device Dr Cozzi is able to insert sterile water vapour into the prostate gland. The length of the urethra (water pipe) in the prostate is measured and depending on the size of your prostate, he will inject between 2 to 15 steam treatments into the areas causing the obstruction.

After the steam has been injected, the treated prostate tissue will start dying and eventually will be reabsorbed by your body. This whole process can take up to 3 to 6 months.



Why is it done?

WVT is a minimally invasive procedure, with fewer side effects than traditional prostate surgery. There is little or no bleeding but there may be delayed bleeding and clots causing retention and a requirement for a catheter to be re-inserted to flush out clots. The WVT procedure in particular is very useful for treating the bothersome storage symptoms of urinary frequency, urgency and the requirement to get up at night to pass urine (nocturia). It is used to reduce all urinary symptoms caused by benign prostatic hyperplasia (BPH) including:

- Frequent and urgent need to urinate
- Difficulty starting urination
- Slow (prolonged) urine flow
- Increased frequency of urination at night

- Stopping and starting flow while urination
- Feeling of incomplete emptying of your bladder

Side Effects

WVT has demonstrated fewer side effects compared to those typically seen with surgical therapies, but as with any interventional procedure, you may experience some or all of the following side effects.

More Common Side Effects

- Painful urination (dysuria) approximately 17% of cases
- Blood in urine (haematuria) 12% of cases
- Blood in semen (haematospermia)
- Urinary tract infections 4% of cases
- Inability to urinate or completely empty the bladder which leads to the requirement to re-insert a catheter in 4% of patients
- Bladder spasms (sudden squeezes of the bladder muscle, without warning, causing an urgent need to release urine)
- Retrograde ejaculation (semen is released into the bladder rather than out of the penis)
 - Decreases in ejaculatory volume 4.4%
 - No ejaculation 2.9%

Rare and delayed Side Effects may include in around 1% of patients

- Bladder neck scarring (requiring further surgery)
- Bladder Stone formation (requiring further surgery)
- Scarring of the urethra (water pipe). (requiring further surgery)
- Uroexpsis - fever and temperature requiring re-admission to the hospital

Long term results 5 year follow results now indicate only 4.4 % of men require surgical re-treatment more than 5 years after treatment indicating that more than 95% are happy with their long-term symptom improvement (in contrast to other minimally invasive options which have much higher re-treatment rates: as an example the Urolift surgical retreatment rate is 14% at 5 years)

Before the surgery

- You must completely fast for at least 6 hours (this includes food or drinks of any kind). You will be contacted by one of our nurses the day before your procedure to inform your admission and fasting times. (In special cases Dr Cozzi is able to perform this procedure under local anesthetic. If this is your case you won't be required to fast)
- Please bring all your regular medications to the hospital so the nurses can administer them.

- You should inform the doctor or nurse if you take Warfarin, Aspirin, Plavix, anti-inflammatories, fish oil, krill oil, Omega 3 supplements or similar drugs as it might be necessary to stop these 4-7 days prior to the procedure.

During surgery

The procedure will be performed under general anesthetic. unless specified otherwise by Dr Cozzi.

The WVT device is inserted through the urethra (water pipe) and a needle is deployed into the prostate. Water vapour is then injected into the tissue for nine seconds. This vapour disperses between cells, then cools, releases heat, and gently disrupts the prostate's cells.

Because of the initial swelling, a catheter is inserted to help you empty your bladder. Depending on how many treatments you receive, the catheter can stay in from a couple of days up to 14 days and some rare instances up to a month.

Once the catheter has been removed there remains a small temporary risk of urinary retention and of a catheter needing to be reinserted due to swelling, blood clots or debris. For highly select and motivated patients with a prostate volume of less than 60mL who receive 6 or fewer steam injections, you may be given the option of being released from the hospital without a catheter and a "Trial of Void" scheduled the following day by removing the catheter at 6am.

However, this would pose a higher risk of urinary retention and re-catheterisation and is an option to consider carefully and to discuss at length with Dr Cozzi before the procedure.

After surgery

You will stay in the hospital overnight for observation. (In special cases Dr Cozzi is able to perform this procedure as a day surgery: notably in patients with smaller prostates and lower risk of complications).

The nurses in the hospital will teach you how to use your catheter and will give you all the supplies you will need at home including leg bags and night bags.

You will be discharged with a course of antibiotics. It is very important you complete the whole course to avoid infections.

Make sure you drink plenty of fluids (2-3 litres per day) to flush out your bladder and clear your urine.

If your procedure was performed as day surgery, please ensure you have a carer at home for the first 24 hours.

It is advised to avoid heavy lifting, cycling and any strenuous activity for up to 4 weeks as this can increase the prostate swelling and it can block your urine flow again if delayed bleeding occurs and clots form in the prostate.

You will be contacted by one of our nurses to arrange an appointment for the removal of your catheter. which will be performed in one of our rooms.

Once your catheter is removed you will experience similar symptoms such as: frequency, urgency, dysuria (stinging), incomplete emptying and slow now. This will improve after 4-6 weeks but keep in mind every patient is different so responses to the treatment can and will vary.

We recommend you take Ural for the burning sensation when you pass urine. You should take 3-4 per day for 7-10 days depending on the degree of discomfort.

You can expect to see some blood intermittently in the urine the first 3 months. Always make sure you increase your fluid intake to flush it out so that clots do not form. If you are concerned please don't hesitate to contact our rooms. After hours, if it is an emergency call the hospital you had the WVT procedure at and ask the staff to contact Dr Cozzi.

It is a requirement that you have a working thermometer to monitor your temperature and call the rooms if at all concerned.

Contact Doctor Cozzi if you develop a fever, are unable to urinate or you notice bright red blood or increase in clots in your urine that don't clear after drinking more fluids.

If you require urgent attention after hours, call an ambulance or go to the local emergency department and ask for the staff to contact Dr Cozzi for advice via the switchboard of the hospital you had your procedure at - the phone number will be provided in the discharge paperwork.

Problems or concerns after surgery

If you have any problem or concern, you are always able to contact us at our rooms, between 9am and 4pm, Monday to Friday on 02 95705510 where we have a nurse to take your call.

If you experience a problem after hours, on the weekend or on a public holiday, please call the hospital where you had your surgery and they will inform your surgeon, or surgeon on call.

If it is of extreme urgency, please call an ambulance and inform the hospital where you are taken, of your recent procedure and ask them to contact Dr Paul Cozzi.

Pre-admission Medication Information

Prior to your admission to hospital, it may be necessary for you to stop taking certain medications, which are known to affect blood clotting.

• IF YOU HAVE A CORONARY ARTERY STENT INSERTED, YOU MUST NOT STOP YOUR MEDICATION WITHOUT CONSULTING YOUR CARDIOLOGIST OR UROLOGIST •

It is also necessary for you to bring all your regular medications into the hospital with you, on the day of your admission. If you have any queries contact the practice nurse on **02 9570 5510**.

Natural Therapy Preparations

You should stop taking all Natural Therapy Preparations as these may interfere with the clotting ability of the blood including FISH OIL/KRILL OIL and OMEGA 3 supplements.