

Versatility of GreenLight™ Laser Therapy

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The treatment approach of benign prostatic hyperplasia (BPH) should consider the patient's gland size, clinical symptoms, goals for durability and other quality of life factors. It's important to have treatment options that can address all of your patient's needs and it is advantageous if one product can address all of your needs. Numerous published studies have shown GreenLight™ Laser Therapy to be safe and effective in a wide range of patients.¹⁻⁵

Adaptable to Challenging Anatomy and Gland Size

There's a reason urologists have relied on GreenLight Laser Therapy to treat more than 1 million patients with this versatile technology.⁶ First, we can address a wide range of prostate sizes and patient types with a single platform. We have the ability to perform classic vaporization of the prostate (PVP), vapor resection or GreenLight Laser Enucleation of the Prostate (GreenLEP) with one platform. Vaporization and enucleation techniques can even be utilized in the same prostate; for example, a physician is attempting an enucleation and gets lost or has difficulty; they can convert to a standard vaporization approach to complete the case without having to change equipment.

Also, using a standardized technique with GreenLight Therapy, as described [here](#), you can graduate from more standard prostates to larger prostates.

Fewer Unplanned Health Encounters

Numerous clinical studies suggest that GreenLight Laser Therapy remains a very effective, durable and safe procedure—especially for the typical patient who presents for a transurethral resection of the prostate (TURP), who is not in retention but is unhappy with urinary symptoms and is looking for more alleviation of symptoms.¹⁻³

The reason to consider PVP in this typical case is that you have all of the benefits of TURP in terms of alleviating symptoms and improving flow rate, but you also have a better safety margin with less risk of clinically significant bleeding that would require reintroduction of the catheter, admission for continuous bladder irrigation and clot irrigation that would require taking the patient back to the operating room. This is particularly relevant in the immediate post-operative period where providers and hospitals are paid for a 90-day global period.

GreenLight Therapy offers the advantage of having fewer unplanned health encounters. GOLIATH, a prospective, randomized, multicenter study reported lower statistically significant early intervention rates due to adverse events with GreenLight Laser Therapy vs. TURP in the early post-operative period (2-30 days), particularly bleeding events.²

High-Risk Patients

In addition to patients who would qualify for a TURP, GreenLight Laser Therapy allows us to treat patients who are a higher risk, including those who are on anticoagulants. The American Urological Association (AUA) and the European Association of Urology (EAU) Clinical Guidelines both support the use of GreenLight Laser Therapy as the primary therapy in men who have obstructed BPH and are high risk or medically complicated such as those who are anticoagulated.^{7,8} In a recent retrospective analysis comparing the adverse event profiles of GOLIATH with men classified as high medical risk (HMR), the outcomes were similar. Despite these patients' older age, greater comorbidity, and

significant use of anticoagulants, HMR men who underwent PVP benefited from symptom improvement and showed no clinical difference in adverse event profiles.⁹

Ejaculatory Hood Sparing

For men who are interested in preserving ejaculation, there are multiple options. In addition to office-based procedures, such as Rezūm™ Water Vapor Therapy, intraoperative options using laser are also possible. Depending on the approach of the ejaculatory hood preserving modifications, the risk of retrograde ejaculation can vary. In my personal practice, if I'm doing ejaculatory hood sparing, I preserve the tissue 1 cm proximal to the verumontanum and along the perifollicular sulci and discuss with patients an approximation of 85% chance of not having retrograde ejaculation at the six-month standpoint.¹⁰

If the prostate is small and bladder neck is high, transurethral incision of the prostate with one or two incisions will also have less risk of retrograde ejaculation compared to traditional TURP.

Conclusion

GreenLight Laser Therapy offers a versatile surgical BPH treatment platform, providing you with one technology you can count on for all classes of your BPH patients, including those on anticoagulation therapy, those interested in preserving ejaculation and those with large prostates.

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