

Rezūm therapy for ≥80-mL benign prostatic enlargement: a large, multicentre cohort study

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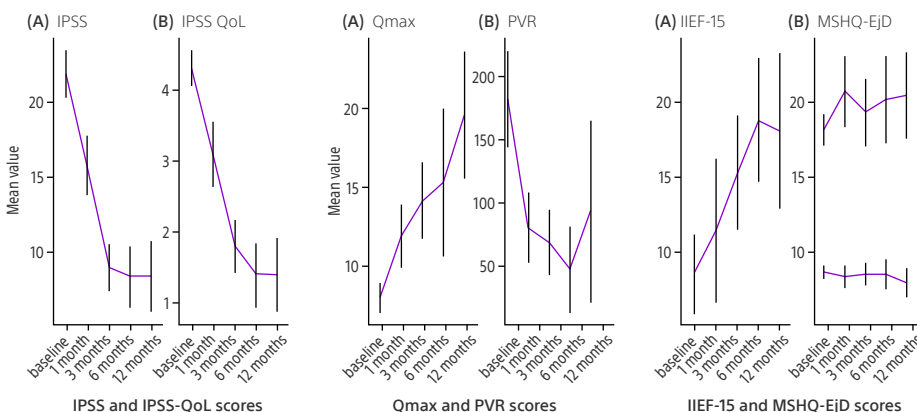
Limitations of this report include:

- Some patients had missing outcome data over time, requiring complete case analysis, which may limit statistical power or introduce bias.
- Treatment allocation was not blinded.
- Outcomes were measured over 12 months; longer-term durability beyond a year remains unknown.
- The study was conducted at two high-volume centers with experienced operators, which may not reflect outcomes in community or lower-volume settings.

To evaluate the efficacy and safety of Rezūm therapy in benign prostatic hyperplasia (BPH) patients with prostates ≥80 mL, a prospective registry was established at two high-volume Canadian centres.

A cohort of 83 patients with a large prostate (median prostate volume 100 mL) were included and followed for 12 months with assessments of urinary function, symptoms, and sexual health.

- IPSS score decreased by 24%, 57%, and 59% at 1 month, 3 months, 12 months, respectively ($p < 0.001$).
- IPSS-QoL decreased by 27% and 70% at 1 month and 12 months, respectively ($p < 0.001$).
- Qmax increased by 38%, 55%, and 59% at 1 month, 3 months, 12 months, respectively.
- Post-void residual decreased by 62% at 12 months.
- IIEF-15 increased by 15% at 6 months.
- Ejaculatory function improved initially, with 22.4% gain at 1 month, and only 3.6% of patients reported reduced or absent ejaculation.
- Re-catheterization was needed in 12 patients (14.5%) after an initial failed voiding trial, but all patients were voiding spontaneously within a month.



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This is the first prospective, real-world study demonstrating that Rezūm therapy is safe and effective in large prostates (≥80 mL). Improvements in the above outcomes occurred as early as 1 month and up to 12 months after surgery. Overall, Rezūm therapy was shown to be a safe and effective procedure for patients with large prostate glands.

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