

Comparative postoperative outcomes of Rezūm prostate ablation in patients with large versus small glands

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Limitations of this report include:

- This study was retrospective, limiting the ability to control for confounding factors.
- No comparator arm with alternative therapies (e.g., HoLEP, TURP).
- Some follow-up data were missing.
- Short follow-up period (3 months) limits insight into long-term outcomes.

Conclusion:

Rezūm therapy is an efficacious, minimally invasive treatment option for BPH even in men with prostates >80 cc. Significant improvements were seen in symptom scores, urinary flow, and bladder emptying. Outcomes in large glands were comparable to those in smaller glands. Among catheter-dependent patients with glands >80 cc, over 80% were catheter free after Rezūm. Our experience supports the consideration of Rezūm in patients with prostate glands >80 cc; further studies are warranted to confirm long-term outcomes.

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This study aimed to evaluate the efficacy and safety of Rezūm in men with prostate volumes >80 cc, focusing on short-term functional outcomes and complication rates compared to men with smaller prostate glands.

This single-institution retrospective review included 182 patients treated with Rezūm from July 2017 to April 2019. Patients were stratified by prostate volume into <80 cc and ≥80 cc groups. Primary outcomes measured at 3 months post-procedure included changes in American Urological Association Symptom Score (AUASS), peak urinary flow rate (Qmax), and postvoid residual (PVR). Subgroup analysis was performed in catheter-dependent patients. Complications were also assessed. Statistical analyses used Wilcoxon signed-rank and chi-squared or Fisher's exact tests via RStudio.

Table 2. Pre- and postoperative clinical outcomes following Rezūm prostate ablation

Outcome variables	Gland <80 g, mean	p	Large gland, mean	p
AUASS (SD)				
Preoperative	22.1 (6.0)	0.0005	22.0 (5.3)	0.04
Postoperative	12.1 (5.4)		13.4 (6.7)	
Peak flow, mL/second (SD)				
Preoperative	9.2 (4.5)	0.001	7.7 (3.8)	0.002
Postoperative	12.9 (6.8)		12.7 (8.7)	
PVR, mL (SD)				
Preoperative	301 (252)	<0.001	305 (209)	0.05
Postoperative	157 (135)		149 (132)	

Table 3. Post Rezūm prostate ablation complication rates

Complications	Gland <80 g (N = 135), n (%)	Large gland (N = 47), n (%)	p
Catheter irrigation	7 (5.2)	7 (14.9)	0.06
Cystoscopic clot evacuation	1 (0.7)	2 (4.3)	0.17
Transfusion	0	2 (4.3)	0.07
Urinary tract infection	21 (15.6)	4 (8.5)	0.33
Required inpatient admission for IV antibiotics	4 (3.0)	1 (2.1)	0.72

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