

Integrating Rezūm™ Water Vapor Therapy in your practice

Editorial Commentary by Petar Bajic, M.D., Jonathan Clavell, M.D., FACS, and Arpeet Shah, M.D.

While there is clinical data showing the safety and effectiveness of [Rezūm™ Water Vapor Therapy](#) for the treatment of [benign prostatic hyperplasia](#) (BPH), there can still be some uncertainty as to how to implement this technology into one's practice.^{1,2}

In this article, urologists from different types of practice settings, such as hospital-based, large urology group practice and private practice, offer their perspectives on why they use Rezūm Therapy and how they've successfully integrated it into their practices.

Why Rezūm Therapy?

The common themes among the three urologists as to the benefits they feel Rezūm Therapy offers their practice include the positive clinical outcomes and the fact that it is a straightforward, efficient procedure that can be done in the office.¹ They said they find Rezūm Therapy is an effective solution to treat lower urinary tract symptoms (LUTS) for their patients while also benefiting their practices, as the procedure in their opinion, can be done efficiently with quick turnover regardless of the setting.¹

Hospital setting

Petar Bajic, M.D., an academic urologist in Cleveland, Ohio, says that many of his patients seek a BPH treatment that will have minimal impact on their sexual function.

"Rezūm Therapy is basically one of my favorite tools that I have in my toolbox for a treatment that preserves ejaculatory function, which obviously is something we commonly see with surgical procedures," Dr. Bajic said.^{1,3} He also likes that Rezūm Therapy can be used with various prostate sizes and shapes.¹

One of the primary appeals of Rezūm Therapy for Dr. Bajic in particular is that he can offer it as a hospital-based outpatient procedure performed in the urology suite without general anesthesia, whereas the alternative treatments for those patients are typically done in a surgery setting. That's a potential benefit to the patient who wants to avoid invasive surgery, and to Dr. Bajic, because it offers him more flexibility and efficiency.¹

"It's just a better experience for them and for me," Dr. Bajic said.

Private practice

Dr. Jonathan Clavell, M.D., FACS, is a urologist in a private practice focused mostly on men's sexual and reproductive health. He likes Rezūm Therapy due to the clinical efficacy and versatility of being able to perform it in his office.¹

"I don't have to take patients to the operating room to give them something that is efficient and has similar long-term effects to more invasive procedures," Dr. Clavell said.^{1,4}

“Rather than waiting for an operating room to be available, the Rezūm Therapy procedure can be incorporated into the clinic flow and be done in the office in minutes,” he said.¹

Large urology group practice

Arpeet Shah, M.D., is a urologist with a large practice in Homewood, Illinois. He conducts procedures in all areas of urology, including urological oncology and more advanced surgical cases. He likes Rezūm Therapy because of the ability to quickly perform it in the office (less than 10 minutes).¹ He also cites Rezūm Therapy’s positive five-year outcomes and its low 4.4% surgical re-treatment rate compared to other MISTS.^{1,5,6}

For Dr. Shah, “Nothing has personally given me more job satisfaction than implementing Rezūm Therapy into my practice.” He said that in his practice, “Weeks or months after a Rezūm Therapy procedure, many of my patients are happy and satisfied, which is very gratifying to hear.” Also, he appreciates that “a Rezūm Therapy procedure can be done in less than 10 minutes, while a more invasive surgical procedure would take closer to an hour.”^{1,3,7}

“That frees up your time to see patients, perform surgeries, or have time with your family, which is very important in my opinion to prevent physician burnout,” Dr. Shah said.

Workflow impact

No matter the type of practice, the physicians state that, in their opinion, the Rezūm Therapy procedure can benefit workflow again, through its previously mentioned efficiency. The clinicians describe the overall impact of the Rezūm Therapy procedure and offer a step-by-step description of what happens before, during and after the procedure.

Hospital setting

Dr. Bajic has a procedure suite at the main campus clinic with relatively unrestricted access to procedure rooms and many nurses and medical assistants.

“As far as workflow management, Rezūm Therapy has been a really great addition for me,” Dr. Bajic said.

Dr. Bajic sets aside half of a day to perform outpatient procedures, with one Rezūm Therapy procedure scheduled every hour, all of them done in the same room. Dr. Bajic’s team ensures that the doctor’s time is optimized and streamlined while the patients get the support and care they need.

On the day of the procedure, the patient is checked in and signs the previously discussed consent form and then a nurse gives him antibiotics and prepares for the anesthesia block. During that hour, Dr. Bajic typically has two or three other procedures he’s doing at the same time. He does anywhere from one to four Rezūm Therapy procedures in that half day.

“I basically just pop in and do the block and then go and see another patient while the nurses and medical assistants reposition and get them all prepped and draped,” Dr. Bajic said. “And then I come in and do the treatments, and then I’m out of there.”

Once Dr. Bajic performs the procedure, he inserts the catheter and submits the patient’s prescriptions and discharge instructions. The nurse talks to the patient about the catheter and walks him back to the waiting room. The staff then turns the procedure room over to get ready for the next Rezūm Therapy patient. Dr. Bajic estimates that he spends about 10 minutes tending to the patient.

Following the procedure, Dr. Bajic only sees the patient if there are issues. The patient’s first return visit is with a nurse to have the catheter removed. The next visit is a six-week check-in with a nurse or nurse practitioner, in which a urine flow test is done, a questionnaire is filled out, oral medications are discontinued, and recovery expectations are reiterated. A similar visit occurs at three months; if there are still issues, medications may be prescribed, or a cystoscopy

scheduled. Dr. Bajic appreciates that he can be very hands off and spend his time on other things because the staff are all well aware of the process and how to manage Rezūm Therapy patients.

Private practice

Dr. Clavell's practice has eight rooms set aside for seeing patients.

On the day of procedure, Dr. Clavell does a transrectal ultrasound to measure the prostate and to do a prostate block. As the pain block kicks in, Dr. Clavell sees other patients in his clinic. Dr. Clavell then returns after the patient is ready for Rezūm Therapy, performs the procedure, and then can continue seeing other patients.

"While one of my medical assistants is setting up a patient to undergo Rezūm Therapy, I can be doing a vasectomy, or a new patient consultation, or a follow-up," Dr. Clavell said. "I can go in, do the Rezūm Therapy procedure, and as soon as I'm done, that same medical assistant is going to turn over that room while I'm seeing other patients in the office."

In fact, Dr. Clavell typically has two Rezūm Therapy rooms set up, one with the ultrasound and the other with the Rezūm Therapy device. This helps streamline the procedure room and then the patient can be moved from room one to room two while he sees other patients around the practice.

Additionally, the ability to do the procedure in the office allows Dr. Clavell to treat a patient's BPH without having to interrupt the clinic flow. He is able to do as many as five Rezūm Therapy procedures in half of a day.

Large urology group practice

"For Rezūm Therapy patients, on the day of the procedure they are in the office for about 30 minutes or so," Dr. Shah said.

Rezūm Therapy allows him to do the procedure in the middle of his clinic days. Dr. Shah notes that a typical Rezūm Therapy patient will require only about 10 minutes of Dr. Shah's time.¹

On the day of the procedure, the office staff checks them in, and a nurse or medical assistant gets them ready for the procedure. Then Dr. Shah performs the procedure, talks with the patient afterwards and moves on to do other clinic work.

"In my opinion, it's also efficient for the patient, as they receive a durable treatment in a matter of minutes versus having a longer procedure for a more invasive surgery."^{1,3}

Following the procedure, the patient will typically follow up with an advanced practice provider, such as nurse practitioners or physician assistants, about two to three days later to have the catheter removed. Then the patient will be seen again in about six weeks by an advanced practice provider for a bladder scan and to see if they can be titrated off of their BPH medications.

At the three-month mark, Dr. Shah will typically see them to ensure that their symptoms are improving and that they're happy with the outcome of their procedure.

Counseling patients about Rezūm Therapy

The three clinicians agree that it's important to describe the procedure, present the alternatives, and set expectations every step of the way in the process.

In fact, how they counsel patients about Rezūm Therapy depends on the patient's situation. If they've failed medical therapy, they discuss minimally invasive, office-based treatments and surgeries and review the risks and potential side effects, including urinary and sexual dysfunction.

"I always try to prepare them for the worst possible scenario because I'm definitely somebody that likes to under promise and over deliver," Dr. Bajic said.

Dr. Clavell agreed, "It's important to set expectations for the patient early on because that can reduce the anxious telephone calls later." When patients come in for a cystoscopy and appear to be good candidates for Rezūm Therapy, Dr. Clavell shows them a [short video prepared by Boston Scientific](#) that reviews a spectrum of treatment options including the risks and benefits of each, and eventually covers the process of Rezūm Therapy so that patients are aware of what to expect.

"I tell them, 'Hey, watch this video. I'll be right back,'" Dr. Clavell said.

When Dr. Clavell returns, he discusses treatment options and the risks and expectations of each, cautioning the patient that resolving BPH issues with Rezūm Therapy is a slow process in which symptoms can get worse before they get better.

Dr. Shah explains to patients, "Whichever BPH procedure you pick, there's a period of time where you're going to be healing, where things might be a little bit worse before they get better."

For example, it may take one to two weeks before Rezūm Therapy patients see improvement.¹ They also explain the temporary need for a catheter, "which can be a big concern for some patients," Dr. Clavell said. "While younger patients and those with smaller prostates may have the catheter in for only a few days, patients with a large prostate or older patients with a weak bladder may need the catheter for up to one to two weeks," he said.

"I try to remind them that the catheter is there to help avoid potential problems," Dr. Clavell said.

They all agree that, in their experience, the benefit of avoiding a more invasive procedure outweighs the trouble of having a catheter for a few days. This may be especially attractive for patients with comorbidities such as heart disease who may need clearance from their cardiologist before undergoing general anesthesia or pausing blood thinners.

They also counsel patients that symptoms following the procedure may include frequent and urgent urination with blood and burning for the first couple weeks, possibly longer.¹ By four to six weeks, "patients should see improvement," Dr. Bajic said. And at six weeks, medications will probably be discontinued. "It may take three months for full improvement to be achieved," he tells his patients.⁸

Dr. Clavell also offers patients a document to explain what to expect before the surgery, on the day of the procedure, and after the procedure. In addition, both Drs. Clavell and Shah provide patients with a series of pre-recorded videos in which they explain what to expect at various points before, during, and after the procedure.

"They are constantly getting information from me explaining to them what to expect," Dr. Clavell said.

They all agreed that this constant communication can help calm patient fears and can reduce the staff burden of follow-up calls and questions.

Implementing Rezūm Therapy

"To reduce the post-procedure call volume, practices need to set expectations early on and communicate throughout the process. Everyone on staff should be able to answer patient questions after the procedure instead of the physician

and that requires an educated staff. And practices should set expectations for Rezūm Therapy patients on a weekly basis,” Dr. Bajic said.

Dr. Clavell said “a big hurdle practices face in introducing Rezūm Therapy is to ensure everyone on the staff, from the people on the front desk to the medical assistants and nurses, know what they need to do. That can help avoid situations such as a patient showing up without knowing if the procedure will be covered by insurance or what to expect the day of the procedure. Patients need to be provided with adequate instructions before they show up on the procedure day,” he said.

Dr. Shah thinks that the biggest hurdle to introducing Rezūm Therapy to the office is the mindset of the physician. “Once we started doing Rezūm Therapy, we realized introducing it was fairly easily done and patients liked it,” Dr. Shah said. “To physicians who are a little hesitant or reluctant about implementing Rezūm Therapy in the office, I would just say, ‘Try it.’ I think there is enough clinical evidence out there for Rezūm Therapy to tell you that you should probably offer it to your patients.”⁹

Conclusion

Regardless of practice size or setting, the physicians agreed that [Rezūm Therapy has clinical data](#) to support the safety and efficacy of the treatment, has a positive impact on workflow, and, ultimately, has the potential to benefit many patients. With tools, resources, and product support for practices and staff provided by Boston Scientific, along with a variety of patient-facing resources and education materials, Rezūm Therapy can be seamlessly implemented into practice to help countless men address their BPH.

The Rezūm System is intended to relieve symptoms, obstructions, and reduce prostate tissue associated with BPH. It is also indicated for treatment of prostate with hyperplasia of the central zone and/or a median lobe.

US: Rezūm is indicated for men ≥ 50 years of age with a prostate volume $30\text{cm}^3 \leq 150\text{cm}^3$.

Potential risks include but are not limited to dysuria, hematospermia, decrease in ejaculatory volume, suspected urinary tract infection (UTI), and retention. Refer to the Instructions for Use for complete list of contraindications and adverse events.

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9. Data on file with Boston Scientific.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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