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A single cluster early experience in Rezum

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Objective: To evaluate the efficacy and safety of Rezum on patients with benign prostatic hyperplasia.

Patients & Methods: We have retrospectively reviewed patients with Rezum done in 2022 in New Territories West cluster (NTWC). Data is retrieved from electronic patient database of hospital authority. Patient demographics, transrectal ultrasound (TRUS) prostate size, operation time, length of stay, success rate to wean off catheter (TWOC), morbidity and mortality are evaluated.

Results: A total of 24 patients with benign prostatic hyperplasia underwent Rezum in NTWC during May to August 2022. Mean age of patients is 68.5 years old (52-91). Mean TRUS prostate sizing is 59.9ml (40.9-83.2 ml). 12/24 patients presented with refractory retention, while 8/24 patients presented with obstructive uropathy. Other indications for surgery included history of retention of urine or poorly-controlled LUTS. Success rate of TWOC at 2-week post-op is 16/24, or 67% while at 4wk post op is 23/24 or 92%. The last patient successfully weaned of catheter at 3month post-op. For morbidity, only one case was complicated with post operative haematuria, requiring admission for bladder irrigation for one day. Otherwise, there was only one unplanned readmission for urinary tract infection. Mean operation time was 25minutes (7-58). All cases were done as day-procedure. No mortality was reported.

Conclusion: Rezum is a newly developed procedure. Early results on Rezum are promising with extremely high success rate in dealing with patients with BPH. The beauty of Rezum lies on that it can be done as an office-based, day procedure under local anaesthesia. In other terms, even patients that were unable to tolerate transurethral resection of prostate (TURP) under spinal or general anaesthesia, there is now a reliable alternative. It can also help reduce admission rates and bed occupancy. Moreover, for young patients with BPH, sexual function and incontinence are often their major concerns. This is the time when Rezum shines. However, as a relatively new procedure, long term data is yet to be verified, in contrast to TURP, which has been done for decades already. There are also limitations on the procedure, for instance, it may not be possible for patients with penile implants, very large prostate or bleeding tendency. Nevertheless, given the promising results, we believe that the use of Rezum will exponentially increase and that more data will be available in the near future. In the meantime, Rezum remains a great alternative to traditional treatment such as TURP in certain situations, and should be considered whenever appropriate.

