Aquablation (Waterjet Prostate Surgery)

Patient Information · Image-guided waterjet surgery for an enlarged prostate

WARWIKI

Aquablation is a newer surgery for an enlarged prostate (BPH) that blocks urine flow. A strong jet of salt water, guided by an ultrasound picture, removes the blocking tissue through the urethra. There is no cut on the skin. Flow results are similar to TURP, and men are more likely to keep their ejaculation.

About This Procedure

The surgeon uses a scope and a live **ultrasound** picture of your prostate to map exactly which tissue to remove. A **robot-guided waterjet** then removes that tissue. The waterjet itself uses no heat. Afterward, the surgeon controls bleeding with a catheter balloon and, when needed, a short step that uses heat.

Benefits and Risks in Numbers

1 in 10
sexually active men who ejaculated before surgery had no semen come out at 6 months, vs about 1 in 3 after TURP

19 in 20
did not need another prostate operation within 5 years

2 in 100
had new urine leakage at 1 year (large prostates)

Numbers are averages from published studies. Your own risk may differ; ask your team.

Is It Right for Me?

- It is used for small to large prostates, and it can treat a middle lobe.
- **Bleeding is the main early risk.** It is higher in large prostates, and some men need a blood transfusion.
- A rare but serious risk is injury to the **rectum**, which lies just behind the prostate.
- It is newer, so data beyond 5 years are still growing.

Learn the Terms

Aquablation
Removing prostate tissue with a waterjet to treat BPH.

BPH
An enlarged prostate that is not cancer.

Ultrasound
A live picture made with sound waves. It lets the surgeon map what to treat.

Middle lobe
A part of the prostate that can bulge into the bladder and block flow.

Retrograde ejaculation
Semen goes back into the bladder instead of out.

Transfusion
Getting donated blood through a vein.

Catheter
A soft tube that drains the bladder for a short time after surgery.

How is it different from TURP? TURP trims tissue with an electric wire loop. Aquablation removes it with a waterjet guided by ultrasound. Urine flow improves about the same with both. Aquablation is more likely to **keep ejaculation**. The trade-offs: it is newer, and bleeding can be more of a concern.

First day or two
Catheter. Most men go home the next day.

First few weeks
Pink urine, burning and urgency. Drink fluids. No straining or heavy lifting.

Follow-up visit
Your team checks your flow and how well you empty.

How to Get Ready

- Follow your instructions about eating, drinking and which medicines to stop, including blood thinners.
- A **urine test** checks for infection first.
- You may have a scan to measure your prostate.
- Arrange a ride home.

What Happens

1. You get **general or spinal anesthesia**, so you feel nothing, and antibiotics.
2. Ultrasound maps the prostate. The surgeon plans the area to treat.
3. The waterjet removes the tissue. Then bleeding is controlled.
4. A catheter is placed. It often comes out within 1–2 days, sometimes later after a very large prostate.

Call the office that did your surgery if you have:

- A temperature of **100.4 °F (38 °C)** or higher, or chills
- Bleeding or burning that gets worse instead of better

Go to an emergency department if:

- You cannot urinate for several hours and your bladder feels full or painful
- Your urine looks like red wine or has clots, or the catheter stops draining
- You cannot reach the office and are worried

Three Things to Remember

1. Aquablation removes blocking prostate tissue with a waterjet guided by ultrasound.
2. Flow results are close to TURP, with a better chance of keeping ejaculation.
3. Bleeding is the main early risk. Ask your team about your own risk.