Aquablation (Waterjet Prostate Surgery)

Patient Information · Heat-free, image-guided treatment for an enlarged prostate

WARWIKI

Aquablation is a newer surgery for an enlarged prostate (BPH) that uses a **heat-free, high-pressure waterjet**, guided by ultrasound imaging and delivered through the urethra, to precisely remove the tissue blocking urine flow. It aims to relieve the obstruction while better preserving sexual function — in studies it caused **less retrograde ejaculation** than TURP.

About This Procedure

Using a scope plus a real-time **ultrasound** picture of your prostate, the surgeon maps exactly which tissue to remove. A **robot-controlled waterjet** then removes that tissue precisely, without heat. A brief cautery step controls bleeding, and a catheter is placed afterward.

Why Choose Aquablation

- **Image-guided and precise**, and works across a range of prostate sizes (including larger glands)
- Flow improvement **comparable to TURP**
- Designed to **preserve ejaculation** better than TURP

It is a relatively newer option, so very long-term data are still growing.

LEARN THE TERMS

Aquablation
Waterjet removal of prostate tissue for BPH.

BPH
Benign (non-cancer) prostate enlargement.

Heat-free
Uses water pressure, not heat, to remove tissue.

Ultrasound-guided
A live image lets the surgeon map exactly what to treat.

Retrograde ejaculation
Dry orgasm — less common after Aquablation than TURP.

Catheter
A tube draining the bladder for a day or two afterward.

HOW IS IT DIFFERENT FROM TURP? It removes prostate tissue with a **precise, heat-free waterjet guided by ultrasound** rather than an electric loop. Urine-flow results are similar to TURP, but it is more likely to **preserve ejaculation**. The trade-offs are that it's newer with less long-term data, and bleeding is managed with a brief cautery step.

How to Get Ready

- Done under **general or spinal anesthesia** — follow fasting and medicine instructions (hold blood thinners as told).
- A **urine test** to rule out infection first.
- Arrange a ride; plan for a short catheter time.

What Happens & After

1. You're asleep or numb; antibiotics are given.
2. Ultrasound maps the prostate and the surgeon plans the area to treat.
3. The waterjet removes the tissue; a brief step controls bleeding.
4. A catheter is placed, usually removed in about **1–2 days**; often one night in hospital.

Expect **blood-tinged urine** and some burning/urgency for a couple of weeks; drink fluids and avoid straining and heavy lifting.

Call your care team or seek care if you have:

- You **cannot urinate** after the catheter is removed
- **Heavy bleeding or clots** blocking flow
- A fever or chills
- Bleeding that worsens rather than improves

THREE THINGS TO REMEMBER

1. Aquablation removes obstructing prostate tissue with a precise, heat-free, ultrasound-guided waterjet through the urethra.
2. Flow results are comparable to TURP, with a better chance of **preserving ejaculation**; it's newer, so long-term data are still growing.
3. Catheter time is short. Call for inability to urinate, heavy bleeding, or fever.