

Aquablation Therapy for Enlarged Prostate (BPH)



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Aquablation therapy is a new, minimally invasive surgical treatment for men with benign prostatic hyperplasia (BPH) — an enlarged prostate causing lower urinary tract symptoms (LUTS). It uses a high-velocity waterjet, guided by a robot and real-time imaging, to precisely remove prostate tissue.

□ How It Works

- A camera and ultrasound provide a real-time map of the prostate
- A robotic arm directs a waterjet to remove the excess prostate tissue
- The waterjet avoids heat damage, unlike TURP (transurethral resection of the prostate)

□ Who Should Consider Aquablation?

- Men with moderate to severe urinary symptoms due to BPH
- Men with larger prostates including median lobe
- Patients who want to preserve sexual function, especially ejaculation

□ Benefits of Aquablation

- Improves symptoms and flow rate (urine stream)
- Preserves ejaculation better than TURP
- Minimally invasive with robotic precision
- Suitable for both small and large prostates

□ What to Expect After the Procedure

- Usually done under anesthesia with overnight observation in the hospital
- A catheter is typically used for 1–3 days
- Most men return to normal activities within 1–2 weeks
- Improvements in symptoms are seen quickly and continue over time

□ How Aquablation Compares to TURP

- Similar or better symptom relief
- Fewer sexual side effects
- Less heat damage to surrounding tissue

□ Long-Term Results

- Clinical trials (WATER, WATER II) show strong symptom improvement for up to 5 years
- High satisfaction rates, even in men with very large prostates
- Ongoing studies continue to show safe and durable results

Aquablation is a promising option for men looking for long-term relief from BPH symptoms with better preservation of sexual function.





Resources

Chirag Dave, MD

Thank you for choosing me as your doctor. Please watch the video to learn more about me and my practice. I look forward to helping you on your journey to better health.

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For more information about Advanced Urology or Dr. Chirag Dave, please visit
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