

## 4th Sept Webinar

### Aquablation

### Q & A

Question:	Response:	Vincent Misrai's Comments
1. What is the temp of the waterjet	Room Temp	
2. Chance of a urethral stricture	Mechanical injury only – no thermal injury	
3. During Ablation of median lobe – any reports of bladder injury	No – rectal injury.	Disagree. No evidence to state that
4. What about haemostasis if you have a vascular prostate	Many surgeons just use a monopolar loop for coagulation (this was discussed extensively in the presentation)	
5. Any long term fistula formation	None to date	This complication has not been reported in the literature with medium-term follow-up
6. What is the learning curve. As I see it – the experience of using TRUS is crucial for this BPH treatment	Good point – we felt confident after 25 cases – one may injure rectum with USS.	TRUS manipulation is standard as supported by the robotic arm and the tutorial provided by the System
7. What is the upper size limit	Mentioned in the presentation	So far, no clinical case of rectal injury has been reported in the literature during aquablation.
8. What is the incidence of rectal injury		The system is secured to avoid such an intra-operative complication, there are no recorded cases of rectal injury reported in the literature and none have been seen within the international aquablation team
9. Should allow presenter to finish then ask or comment	Thanx	

10. How much is the Aquablation equipment	€1500 for disposable costs but “cost implications vary according to different countries and healthcare systems so this question is deferred”.	
11. How can we control intra-op bleeding	Of course, yes we can: discussed in the presentation. Catheter traction, monopolar cautery, fluffy tissues removal	
12. 1 month post picture shows some BN stenosis	No. This is bladder neck preservation.	Planning allows for bladder neck preservation.
13. Is previous BPH surgery a contra-indication	No evidence based. No publications to support that – no TURP syndrome	
14. Thanks		
15. Stop interrupting please		
16. Any complications in both studies	They were not published	
17. Is there any superiority in order to prevent TUR Syndrome	TURP syndrome occurs with glycine. Ablation is performed with saline.	And resection time is very short (from 3 to 7 minutes)
18. Was aquablation compared to Rezum	Totally different	

	systems – no comparison as yet.	
19. How many cases can you do in a day	3 to 4 cases a day	
20. How about an asymmetrical gland eg bigger R lobe than L	You can set the resection to remove more tissue on the side of the prominent lobe	
21. Can a technician master the system and replace the urologist	No!!	Of course yes - Read the paper (published recently in Nature) <a href="https://www.nature.com/articles/d41586-019-02874-0">https://www.nature.com/articles/d41586-019-02874-0</a>
22. What about a significant anterior lobe – would Aquablation work	I do not understand “channel”. Aquablation is treating up to 270° of circumference with a 24mm depth with the first pass.	The system allows a second and a third pass at the surgeon discretion.
23. Mean bleeding in prostate vol 60 – 90 cc	Up to 2 point of Hb drop but not more	
24. Mean vol of intra-op blood loss	We don't know (was discussed in presentation)	
25. 3 cases of rectal injury in how many cases	2 in an institution doing 50 cases – 1 more in an institution of unknown no of cases	Unpublished – it is crucial to evidence base data, otherwise the scientific level of this report will drop.
26. Is there anatomopathological tissue for analysis	No one might have to do a Biopsy (this was discussed	A paper will be published shortly in the World Journal of Urology on this topic.

	in the presentation)	
27. Where exactly is the location of the rectal injury cases	Tip of the TRUS	Unpublished – important to evidence base comments
28. What is the % of preserved ejaculation	Roughly 80% of ejaculation preservation rate	
29. Any cases described of robotic RP after aquablation	No	
30. Is there a need for rpt aquablation in same patient	No robust data on the retreatment rate.	No robust data on the retreatment rate as there is no long-term follow-up with aquablation.
31. Is there a negative impact on erection	Not reported	
32. I spoke with their reps - their plan is to be always available	They are v supportive but can't be around every time.	Anyway, the live videocall is providing a 24/24h full support in case of technical problem.
33. In recovery are frequency and urgency more severe than a routine TURP	Comparable – in WATER study (aquablation versus TURP)	
34. Is there any PROM study	No	
35. Remaining questions were just comments saying thanks		