HoLEP or Aquablation?

Two ways to treat obstructive urinary symptoms

Both techniques remove the part of the prostate that causes the obstruction and are done through the urethra, with no cuts in the skin. This table helps you compare them. You will make the decision together with your urologist.

	HoLEP	Aquablation (HYDROS)
How it works	A laser separates and removes the obstructing tissue.	A waterjet, directed by the HYDROS robot, removes the tissue. No heat.
Prostate size	Any size, including very large.	Medium and large. Very large ones, case by case.
Duration	Somewhat longer (1-2 hours).	Shorter: the robot automates part of the work (1 hour).
Bleeding	The lowest.	Low, slightly higher than with HoLEP.
Hospital stay	1 or 2 nights.	1 or 2 nights.
Catheter	1 or 2 days.	1 or 2 days.
First few weeks	Small, temporary urine leaks.	Temporary burning or urgent need to pass urine.
Permanent urine leakage	Low risk.	Very low risk.
Ejaculation	Most men lose it (around 8 or 9 out of 10).	Most men keep it (around 9 out of 10).
Insurance	Usually covered.	NOT yet covered by insurers.

HoLEP may be better if...

- Your prostate is very large.
- Bleeding as little as possible is your priority.
- You want the treatment covered by your insurance.

Aquablation may be better if...

- Keeping your ejaculation is important to you.
- Your prostate is medium-sized or large.
- You prefer a technique with no heat and less risk of leakage.

In summary

HoLEP is a very well-established and effective technique, especially for large prostates. **Aquablation** is newer and has less risk of effects on urination and ejaculation, but it may not be the best option for extremely large prostates.

This leaflet summarises general information about the technique. It does not replace your urologist's explanation or the informed consent form, which we will give you before the operation.

Any questions? We are here to help

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