

PATIENT GUIDE

Comparing treatments for an enlarged prostate

A decision guide to medicines, Rez■m, UroLift, Aquablation, TURP and GreenLight laser.

For men with lower urinary tract symptoms attributed to benign prostate enlargement.

Prepared by Birmingham Advanced Urology

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Begin with the cause, not the procedure

Weak flow, hesitancy, urgency, frequency and night-time urination may reflect prostate obstruction, bladder behaviour, medication, infection or a combination. A treatment comparison is most useful after the problem has been characterised.

Assessment commonly considers

- Symptom pattern, severity and effect on daily life.
- Urine test, PSA where appropriate, flow rate and bladder emptying.
- Prostate size and shape, including whether a middle lobe is present.
- Previous retention, infections, bladder stones or kidney effects.
- Medicines, other health conditions and anaesthetic fitness.
- Priorities around ejaculation, erections, catheter use and recovery.

Clinical approach: the “least invasive” option is not automatically the best option. The right balance depends on anatomy, expected symptom benefit, durability, side effects and what matters most to the patient.

Options at a glance

Option	How it works	Typical strengths	Points to discuss
Observation / lifestyle	Monitoring plus fluid, caffeine and timing changes.	Avoids treatment when symptoms are manageable and no complication requires intervention.	Symptoms may persist or progress; follow-up matters.
Medicines	Relax the prostate/bladder neck, shrink prostate tissue, or treat storage symptoms.	No procedure; can improve symptoms relatively quickly depending on the drug.	Daily treatment, side effects, interactions and variable benefit.
Rez m	Water-vapour energy treats selected prostate tissue.	Minimally invasive; sexual-function preservation is an important attraction for suitable men.	Improvement develops during healing; catheter and irritative symptoms may occur.
UroLift	Implants retract prostate tissue to open the channel.	Rapid recovery for selected anatomy; aims to preserve ejaculation.	Not suitable for every prostate; durability and retreatment should be discussed.
Aquablation	Image-guided, robotically controlled waterjet removes tissue.	Can treat a range of prostate sizes and provides substantial tissue removal.	Hospital procedure, bleeding considerations, catheter and recovery.
TURP	An electrical loop removes obstructing tissue through a telescope.	Established operation with substantial symptom and flow improvement.	Bleeding, hospital recovery and retrograde ejaculation are key considerations.
GreenLight laser	Laser vaporises obstructing prostate tissue.	Effective tissue removal with good haemostasis in selected patients.	Anatomy, prostate size, irritative symptoms and ejaculatory change.

How the choices differ

Decision factor	Why it changes the choice
Prostate anatomy	Prostate volume, obstruction pattern and a middle lobe affect which procedures are technically suitable.
Bladder function	A weak bladder may not recover fully even when prostate obstruction is relieved.
Speed of improvement	Tissue-removing surgery often improves flow promptly; Rezūm improvement develops over weeks during healing.
Catheter expectations	Some procedures routinely involve temporary catheterisation; duration varies by procedure and individual recovery.
Sexual priorities	Effects on ejaculation differ between treatments. Erectile function and fertility goals should be discussed explicitly.
Bleeding and medicines	Anticoagulants, antiplatelets and other conditions influence preparation and procedural risk.
Durability	Longer-established tissue-removing operations and newer minimally invasive approaches have different evidence horizons and retreatment profiles.
Recovery constraints	Work, caring duties, travel and access to support can affect what is practical.

No comparison table can determine suitability. Cystoscopy, ultrasound or other assessment may be needed before a recommendation is made.

A practical decision pathway

1. Confirm the problem

Clarify whether symptoms are predominantly voiding, storage or mixed, and identify infection, retention or other causes requiring a different pathway.

2. Decide whether intervention is needed

Observation or medicine may be reasonable when symptoms are acceptable and there is no concerning complication. Intervention becomes more relevant when symptoms remain troublesome, medication is ineffective or unacceptable, or complications occur.

3. Shortlist suitable procedures

Use prostate anatomy, flow, bladder emptying, health and priorities to remove unsuitable options before comparing preferences.

4. Compare trade-offs

Discuss likely symptom improvement, recovery, catheterisation, sexual effects, bleeding, retreatment and the experience of the treating team.

5. Plan follow-up

Agree how symptoms, flow and bladder emptying will be assessed and what to do if recovery differs from expectations.

This is an illustrative pathway, not an individual recommendation. Urinary retention, infection or kidney impairment may change the urgency and sequence.

Questions for your consultation

- What is my prostate size and is there a middle lobe?
- How much of my problem appears to be prostate obstruction versus bladder function?
- Which options are unsuitable for me, and why?
- What improvement is realistic for my most troublesome symptom?
- How likely is a temporary catheter and for how long?
- What are the likely effects on ejaculation, erections and fertility?
- How long before driving, work, exercise and sexual activity?
- What is known about durability and retreatment for my shortlisted choices?
- What happens if I continue medication or choose no procedure now?

My three priorities

1. _____
2. _____
3. _____

Sources and important information

Authoritative sources

NICE guideline CG97. Lower urinary tract symptoms in men: management.

nice.org.uk/guidance/cg97

NICE health technology guidance. Rezūm for lower urinary tract symptoms secondary to benign prostatic hyperplasia.

nice.org.uk/guidance/htg482

NICE Medtech innovation briefing MIB315. Aquablation robotic therapy.

nice.org.uk/advice/mib315

NHS. Benign prostate enlargement.

nhs.uk/conditions/prostate-enlargement/

About this guide

This guide supports shared decision-making but does not replace individual assessment. Availability, hospital protocols and suitability vary. Mentioning a treatment does not mean it is recommended for you.

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Reviewed September 2026. Review again by September 2027, or sooner if relevant national guidance changes.