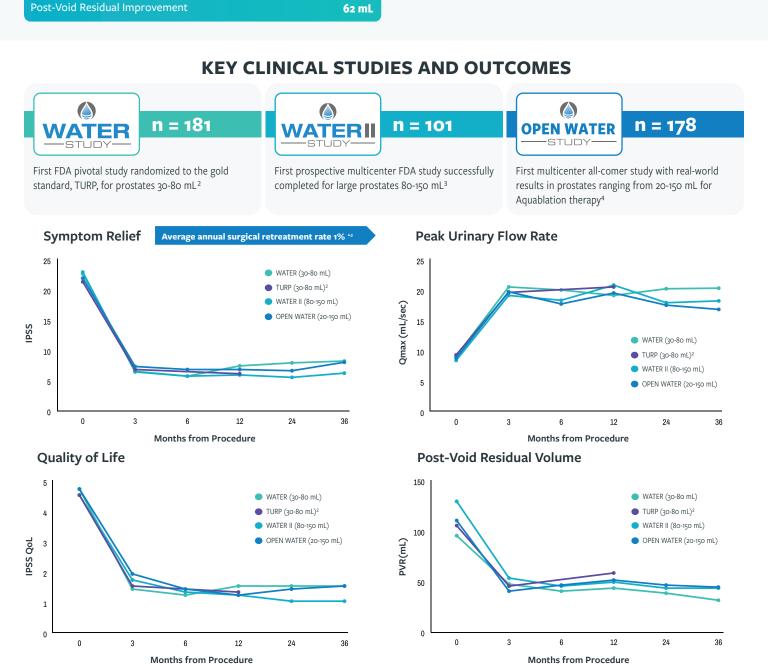


# THE BPH TREATMENT OF CHOICE FOR ALL PROSTATES

Aquablation therapy is clinically proven to consistently remove prostate tissue independent of prostate size, prostate shape, or surgeon experience, with a low risk of irreversible complications. 1,2,3,4

# **CLINICALLY VALIDATED EFFICACY, SAFETY, DURABILITY**

# Average results from 1 year post operative follow up across 425 patients with prostate volumes 20150 mL where 62% had an obstructive median lobe.¹ EFFICACY SAFETY IPSS Improvement 16 points Ejaculatory Dysfunction 10.8% Quality of Life Improvement 3.3 points Erectile Dysfunction 0% Peak Urinary Flow Rate 20.5 mL/sec Incontinence 0.5%



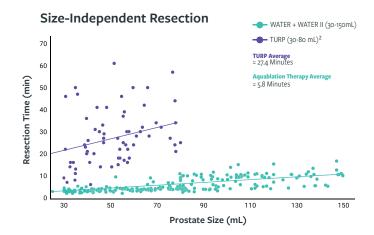
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# **STANDARDIZATION**

### **RESECTION TIME**

Consistent total resection time of 5.8 minutes regardless of prostate size or shape.2,3



### **HEMOSTASIS**

The focal bladder neck cautery method results in 0.8% transfusion rate across 2,089 patients with prostates ranging 20-363 mL.5

	FOCAL BLADDER NECK CAUTERY
N	2,089
Prostate size median (range)	87 (20-363)mL
Transfusion rate	0.8%

## **KEY OUTCOMES**

- Superior to TURP in symptom relief for prostates 50-80 mL<sup>2</sup>
  - Superior safety driven by ejaculatory dysfunction compared to TURP for prostates 30-80 mL<sup>2</sup>
- Significant symptom relief across prostates ranging 20-150 mL<sup>1,2,3,4</sup>
- Only treatment for prostates 80-150 mL with low rate of irreversible complications<sup>3</sup>
- Consistent resection times across prostates ranging 30-150  $mL^{2,3}$
- Safety, efficacy, and efficiency outcomes maintained in realworld setting4
- 1. Elterman D. et al. Meta-analysis with individual data of functional outcomes following Aquablation for lower urinary tract symptoms due to BPH in various prostate anatomies BMJ Surg Interv Health Technologies Jun 2021
- 2. Gilling P. et al. Three-year outcomes after Aquablation therapy compared to TURP: results from a blinded randomized trial. Can J Urol. 2020 Feb
- 3. Zorn K. et al. Aquablation therapy in large prostates (80-150 cc) for lower urinary tract symptoms due to benign prostatic hyperplasia: WATER II 3-year trial results BJUI Inter 2021 Oct
- 4. Bach T. et al. First Multi-Center All-Comers Study for the Aquablation Procedure. J Clin Med. 2020 Feb
- 5. Elterman D. et al. Focal Bladder Neck Cautery Associated with Low Rate of Post Aquablation Bleeding. CJU 2021 Apr

Risk & Safety Information: All surgical treatments have inherent and associated side effects. The most common side effects are mild and transient and may include mild pain or difficulty when urinating, discomfort in the pelvis, blood in the urine, inability to empty the bladder or a frequent and/or urgent need to urinate, and bladder or urinary tract infection. Other risks include ejaculatory dysfunction and a low risk of injury to the urethra or rectum where the devices gain access to the body for treatment. For more information about the potential side effects and risks associated with Aquablation therapy for Benign Prostatic Hyperplasia (BPH) treatment, speak with your urologist or surgeon. No claim is made that the AQUABEAM Robotic System will cure any medical condition, or entirely eliminate the diseased entity. Repeated treatment or alternative therapies may sometimes be required.

### Indications for Use: United States and Hong Kong:

The AquaBeam® Robotic System is intended for the resection and removal of prostate tissue in males suffering from lower urinary tract symptoms due to benig prostatic hyperplasia

### Indications for Use: Rest of World



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