

AQUABLATION[®]

THERAPY

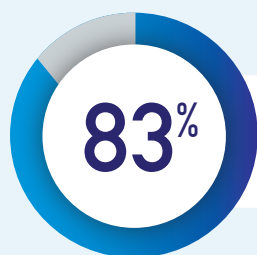
Aquablation therapy is clinically proven to provide significant, durable symptom relief with low rates of irreversible complications.^{1,2}



BPH is a common and burdensome condition

MILLIONS

of men living with BPH are waiting on the sidelines, unwilling to sacrifice sexual function or continence for symptom relief.



83%

of men are not willing to sacrifice sexual function for symptom relief³

Aquablation therapy is clinically proven to deliver significant, durable symptom relief while preserving sexual function and continence.^{1,2}

Traditional surgical BPH treatment options have limitations

Patients are not willing to face complications & prefer to sit on the sidelines

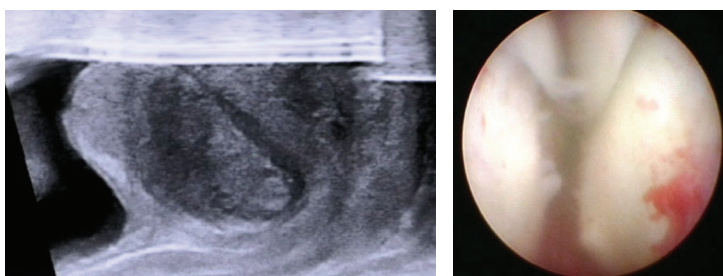
	TURP ^{4,5}	PVP ⁴	Enucleation ^{4,6}	Simple Prostatectomy ⁷
General Prostate Size Treated	<80 mL	<80 mL	>80 mL	>100 mL
Complications				
Incontinence	As high as 2%	As high as 2%	As high as 33%	As high as 8%
Erectile Dysfunction	As high as 14%	As high as 20%	As high as 8%	As high as 3%
Ejaculatory Dysfunction	As high as 89%	As high as 50%	As high as 77%	As high as 90%

Data reported in each category is not head-to-head.

PVP=photoselective vaporisation of the prostate.

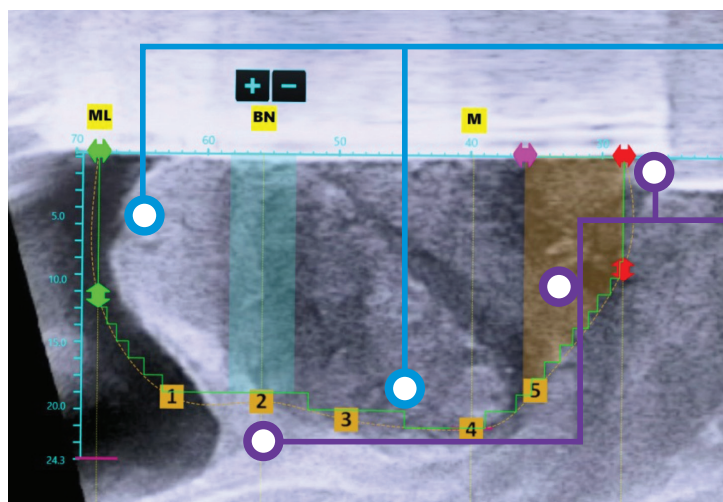
Experience the control and versatility of precise personalisation

Real-time Image Guidance



Intraoperative ultrasound imaging combined with cystoscopy enables identification of critical anatomy.

Personalised Treatment Planning



Resect

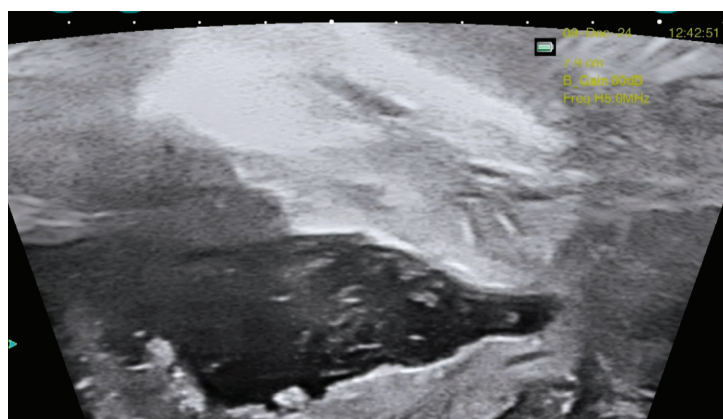
- Median lobe
- Lateral lobe

Protect

- Bladder neck
- Verumontanum
- External sphincter

Computer-assisted planning optimises tissue resection while sparing the bladder neck, verumontanum, and external sphincter.

Robotic-assisted Waterjet Resection



Robotic-assisted execution has been shown to deliver predictable tissue resection in prostates of all sizes and shapes with heat-free waterjet.

10+ Years of Aquablation therapy

Clinical Validation



WATER



WATER II



WATER III



FRANCAIS WATER



OPEN WATER

Contemporary Practice

150+
publications

75k+
patients treated

1,500+
surgeons trained

Proven Outcomes

Analysis of 18 Publications (Studied Internationally)^{1,2,8-23}



Total Patients: **3,834** Avg. Age: **67**

Patient Details



Size Range: **12-363**

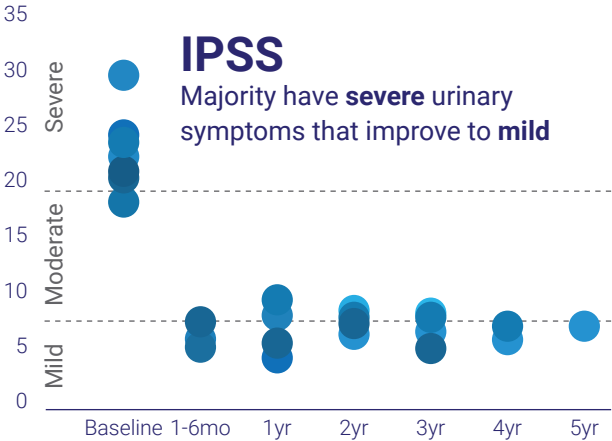
Median Lobe: **60%**

In Retention: **30%**

Efficacy – Dramatic & Sustained Improvement

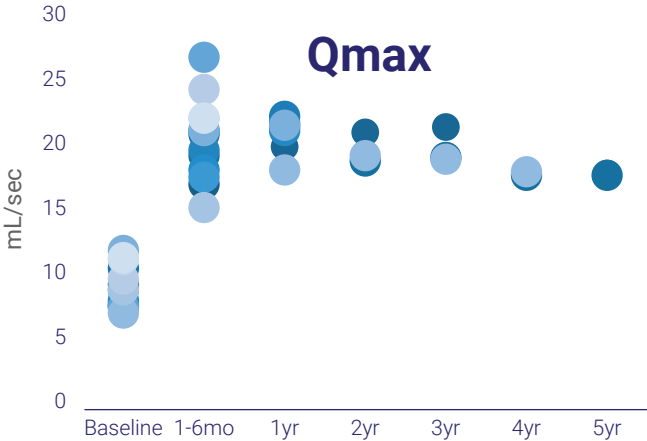
IPSS

Majority have **severe** urinary symptoms that improve to **mild**



Time Point	IPSS Range (approx.)
Baseline	18 - 30
1-6mo	5 - 8
1yr	4 - 10
2yr	5 - 9
3yr	4 - 8
4yr	5 - 7
5yr	6 - 7

Qmax



Time Point	Qmax Range (approx.) mL/sec
Baseline	6 - 12
1-6mo	15 - 28
1yr	18 - 23
2yr	18 - 21
3yr	18 - 22
4yr	17 - 18
5yr	17 - 18

Safety

Commonly Supports Day Case

Day Case	Outpatient
Surgery Center ~5hr Discharge	Hospital <23hr Discharge
	avg. med. (IQR)
Transfusion (%)	1.4 2(1-3)

Functional

Excellent Quality of Life

	avg.	med. (IQR)
Ejaculatory Dysfunction (%)	7.1	5(0-15)
Erectile Dysfunction(%)	0	0(0-0)
Incontinence (%)	0.2	0(0-0)

Durability

Long-Term Data & Low Intervention

	avg.	med. (IQR)
Annual Surgical Retreatment (%)	0.5	0(0-1)
Average Reported Follow-Up (Months)	29	12 (4.5-13.5)

Refer to the included Risk and Safety Information for additional information on potential side-effects associated with Aquablation therapy.

The latest randomized controlled trial WATER III: Aquablation therapy vs. Laser Enucleation²⁷

SUPERIOR FUNCTIONAL OUTCOMES



Lower ejaculatory dysfunction and lower stress incontinence

COMPARABLE SYMPTOM RELIEF



Results compared to LEP as measured by IPSS

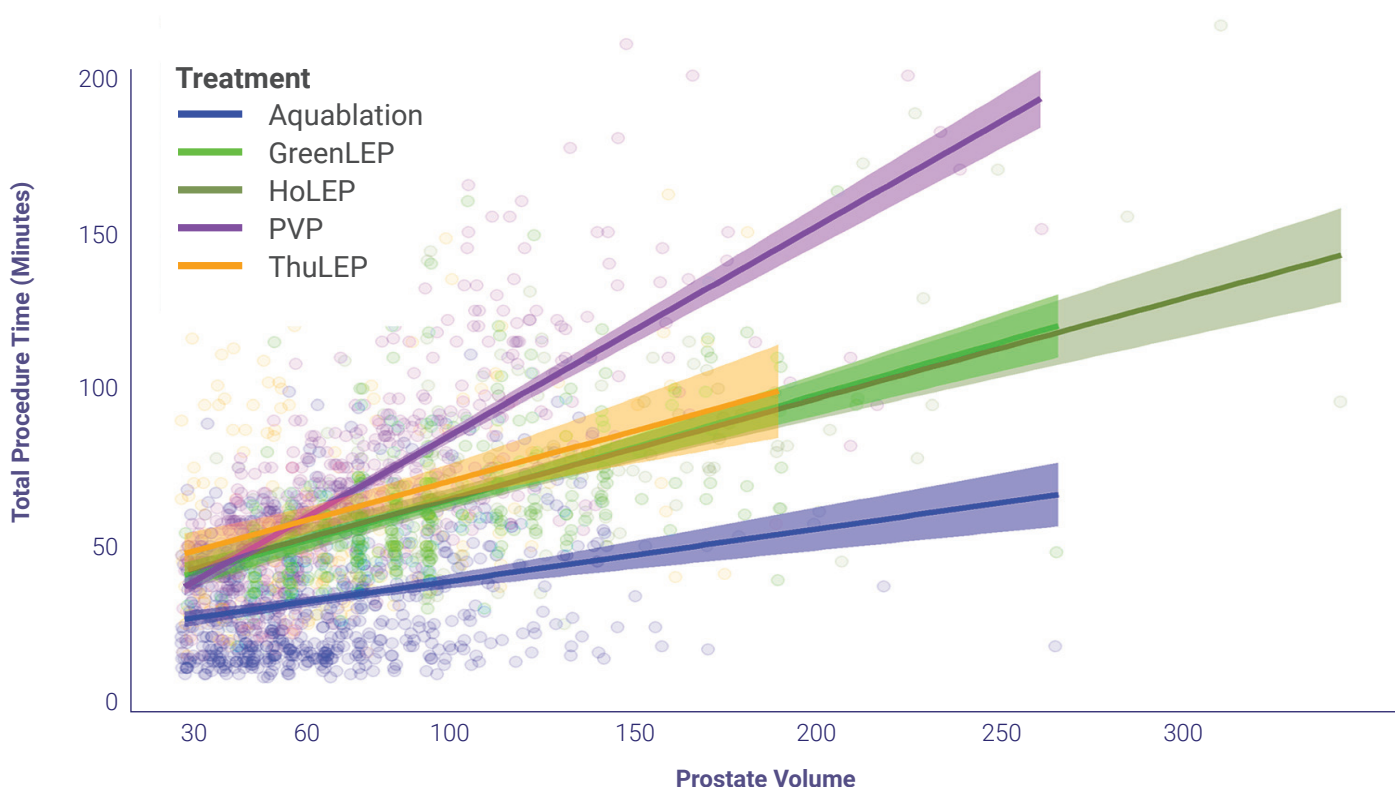
COMPARABLE TRANSFUSION RATES



0% transfusion with Aquablation therapy vs. 2.3% with LEP

ROBOTIC EXECUTION ENABLES CONSISTENT RESECTION TIMES REGARDLESS OF PROSTATE SHAPE, SIZE, OR SURGEON EXPERIENCE¹

Predictable and low operative times compared to other resective treatments²⁴



Aquablation therapy demonstrated safety in real-world evidence²⁵



>90%
Successful day-case procedures²⁶

In hospitals offering a day case programme, most men were able to go home the same day after treatment.²⁶

Criteria for same-day discharge were defined by the study investigators, including measures such as haematuria thresholds.²⁶

Aquablation therapy is rapidly being adopted by NHS and at private hospitals across the UK.

Real-world evidence²⁵

Number of procedures	N=32,000
Average prostate size (range size treated)	89.7± 43.3ml (657ml)
Rate of blood transfusion or takeback for fulguration	0.46%

“

Mr Neil BarberFrimley Park Hospital NHS
Foundation Trust

“Aquablation therapy is a safe and effective treatment for BPH, offering a high likelihood of preserving ejaculation, erectile function, and continence, regardless of prostate size. Growing evidence supports its use as a day-case procedure, reducing inpatient costs and helping to ease NHS bed pressures, making it a strong candidate for the gold standard in BPH treatment.”

”

“

Greg
Aquablation
Therapy Patient

“Aquablation therapy has been life-changing for me. Before the procedure, I struggled with frequent trips to the bathroom, disrupted sleep, and constant worry. Medication helped but wasn’t enough, and I was relieved to learn that Aquablation was an option—especially since preserving sexual function was important to me. Now, I feel free to enjoy life without planning around my symptoms. It’s been a real blessing.”

Not all patients will experience the same results.

”

Included in major guidelines

Aquablation therapy is covered by the majority of major private health insurers in the UK. It is also available as a self-pay procedure at many private hospitals and is offered in selected NHS hospitals. Costs may vary depending on the provider and access route – patients should contact individual centres for further information.

NICENational Institute for
Health and Care ExcellenceEuropean
Association
of UrologyAmerican
Urological
Association



Scan the QR code to learn more about Aquablation therapy and the AQUABEAM Robotic System.

References

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Clinical Data Summary Methodology: references 1, 2, 8-23

- Studies with distinct patient cohorts evaluating Aquablation therapy were included, abstracts and unpublished data were excluded.
- Studies with fewer than 30 patients were excluded.
- Data was pulled from 18 Aquablation therapy publications up to January 2025.
- Outcomes of interest were aggregated together, and subsequently weighted based on the studies sample size.
- Not all publications included all outcomes of interest, and thus were excluded from each respective analysis.

Risk and Safety Information

All surgical treatments have inherent and associated side effects. Individual's outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics and/or surgeon experience. 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 but are not limited to: anesthesia risk; sexual dysfunction, including ejaculatory or erectile dysfunction; injury to the urethra, such as false passage or stricture, or to the rectum, including rectal incontinence / perforation; bladder or prostate capsule perforation; infection, including the potential transmission of blood borne pathogens; bleeding; incontinence; embolism; electric shock/burn; transurethral resection (TUR) syndrome; bladder neck contracture; and bruising. 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.

For more information about potential side effects and risks associated with Aquablation therapy, speak with your urologist or surgeon.

Rx Only

Aquablation therapy is performed by urologists. Patients should talk to their doctor to determine if Aquablation therapy is right for them. Patients and doctors should review the potential benefits and limitations of treatment together.

Urologists should review the Instructions for Use, safety information and any accompanying documentation for a complete listing of indications, contraindications, warnings, precautions, and potential adverse events.

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PROCEPT
BIOBOTICS[®]

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