

Reply to editorial comment on “does aquablation wash away holmium laser enucleation of the prostate (HoLEP)? a comparison of the techniques and outcomes.”

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(HoLEP)? a comparison of the techniques and outcomes.”. *Can J Urol* 2026;33(5):1161–1162.

We agree that careful interpretation of the available evidence is essential, and we appreciate the balanced perspective offered. Dr. Tanimoto is correct that HoLEP carries decades of accumulated experience and well-established long-term durability. We do not dispute that. Rather than framing these two technologies as competitors in which one must prevail, our intent was to highlight that the “new” gold standard surgical management of BPH is no longer a single choice, and that Aquablation has now earned a meaningful place within the contemporary armamentarium.

Aquablation has now been in clinical use for nearly a decade since its initial description in the WATER trial.¹ In that time, its utility and durability have been demonstrated across multiple prospective studies, and the procedure has been performed in >150,000 men worldwide. This represents a meaningful and rapidly growing body of real-world experience that is hard to dispute.

Aquablation is now more widely used than HoLEP in the United States where it received FDA clearance in 2017.² While HoLEP is performed more commonly across many European countries, it is too early to examine whether this trend will continue

across Europe and other parts of the world. The reasons for its increasing use, at least in part, to the fact that the learning curve of Aquablation is relatively short, ranging between 10–30 cases. As such, Aquablation has increasingly democratized access to effective surgical therapy for BPH across the urology community, independent of operator experience. However, since its original description in 1997, HoLEP adoption has remained limited, with well under 10% of practicing urologists having acquired the requisite skill set to offer it routinely. This narrow base of expertise contributes to prolonged surgical wait times for patients seeking enucleation-level outcomes.

Dr. Tanimoto stated that a comprehensive head-to-head cost analysis between Aquablation and HoLEP has not yet been published. We agree that this remains an important gap. However, any complete economic evaluation must account for the downstream costs associated with retreatment, stricture management, incontinence care, and the quality-of-life burden of ejaculatory dysfunction, costs that are not trivial and should not be omitted from the equation.

On this point, the functional outcomes data are particularly instructive for patient counseling. In the WATER III trial,³ persistent stress urinary incontinence occurred in 0% of Aquablation patients compared with 9.3% of laser enucleation patients, and persistent ejaculatory dysfunction was observed

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in 14.8% versus 77.1%, respectively. These are not marginal differences. For men who prioritize preservation of sexual function or who have concerns about stress incontinence, Aquablation offers a compelling and evidence-based option.

We are not yet prepared to claim that Aquablation has completely “washed away” HoLEP, nor was that truly the intent of our provocative manuscript title. Both techniques have demonstrated efficacy and have a role in contemporary BPH surgery. However, Aquablation has clear advantages for specific patient populations, particularly men who wish to minimize the risk of urinary leakage and sexual dysfunction, and that these advantages are now supported by prospective comparative data rather than conjecture.

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Author Contributions

Brian T. Helfand was responsible for the concept, literature review and writing of the manuscript. Alex P. Glaser and Kevin C. Zorn provided critical review of

the manuscript. All authors reviewed and approved the final version of the manuscript.

Availability of Data and Materials

Not applicable.

Ethics Approval

Not applicable.

Conflicts of Interest

Dr. Brian T. Helfand, Alex P. Glaser and Kevin C. Zorn are speakers for Procept Biorobotics. All authors have experience with both Aquablation and HoLEP.

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