Henry Mayo Newhall Hospital

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Indications for Transurethral Waterjet Ablation of the Prostate

Patient Name:____ DOB:_______________________

Treatment for LUTS/BPH treatment will be considered reasonable and necessary when performed **ONCE** in patients with indications including ALL of the following:

Indications: All must be met

#				Indication
1				Age $\leq$ 80 Age:______
2				Prostate volume of 30-150 cc by transrectal ultrasound (TRUS) Prostate Volume: _________cc Date of latest TRUS?:_________________
3				Persistent moderate to severe symptoms despite maximal medical management including **ALL** of the following:
	3a			International Prostate Symptom Score (IPSS) $\geq$ 12 IPSS:_____________________
	3b			Maximum urinary flow rate (Qmax) of $\leq$15 mL/s (voided volume greater than 125 cc) Qmax measurement:___________________ Date: ___________________
	3c			Failure, contraindication or intolerance to at least three months of conventional medical therapy for LUTS/BPH. **Indicate Medical Therapies attempted:**
				Alpha blocker
				PDE5 Inhibitor
				Finasteride/Dutasteride
				Other (specify):

Exclusions/Limitations: The following are considered not reasonable and necessary:

Check all that apply

#		Exclusion
1		Body mass index $\geq$ 42kg/m2 BMI:_____________
2		Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines) or a prostate specific antigen (PSA) >10 ng/mL unless the patient has had a negative prostate biopsy within the last 6 months.
3		Bladder cancer, neurogenic bladder, bladder calculus or clinically significant bladder diverticulum
4		Active urinary tract or systemic infection
5		Treatment for chronic prostatitis
6		Diagnosis of urethral stricture, meatal stenosis, or bladder neck contracture
7		Damaged external urinary sphincter
8		Known allergy to device materials
9		Inability to safely stop anticoagulants or antiplatelet agents preoperatively.

The patient and the treating physician(s) have concluded that the patient has exhausted all conservative measures at this time and now will benefit from Transurethral Waterjet Ablation of the Prostate. This treatment is necessary for the patient to return to a functional and manageable condition.

Physician Signature: _______________________________ Date: ________ Time: ________