

# EchoLaser®

## SYSTEM COMPONENTS

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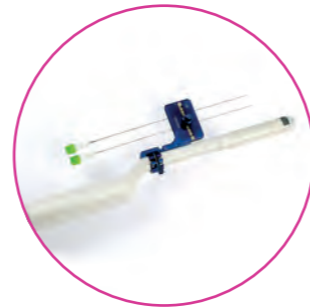
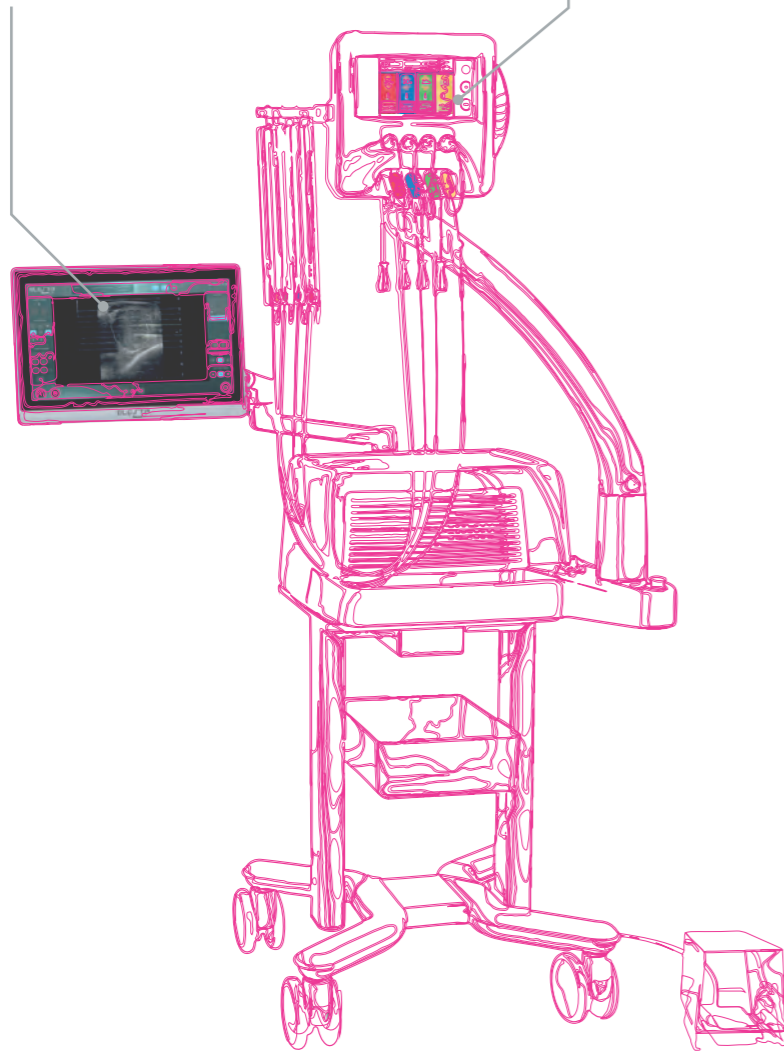
ROCAMED

### Integrated Echolaser Smart Interface (ESI)

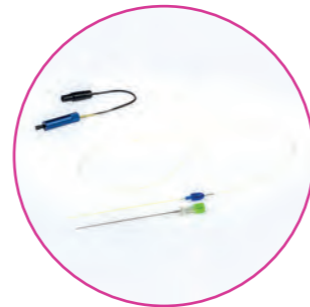
- Dedicated software for urology treatments.
- For real-time user assistance in performing the procedure.
- Can be paired with most of Ultrasound systems.

### EchoLaser X4

- 4 channels laser module for the delivery of laser radiation



Multi-needle guiding systems



Disposable fiber optics kit  
 • Fiber Optic  
 • Chiba Introducer needle (21G)



## EchoLaser® TPLA™

Transperineal Laser Ablation

A unique Micro-Invasive Ultrasound guided **BPH Solution**

Reference	EchoLaser® system	Quantity / box
MEL01	EchoLaser®	1
Reference	EchoLaser® Fiber Kits	Quantity / box
ROEL_KITX20	Laser Thermal Therapy Kit LE	20

MK-G-FY-ECHOLASER-EN-02  
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For more information, visit [www.rocamed.com](http://www.rocamed.com)

 Rocamed SAM  
 9, Avenue Albert II  
 MC 98000 Monaco

 +377 97 98 42 32

 [info@rocamed.com](mailto:info@rocamed.com)

 [www.rocamed.com](http://www.rocamed.com)

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## APPLICATION

### WHAT IS ECHOLASER?

#### Micro-Invasive technique with fine needles:

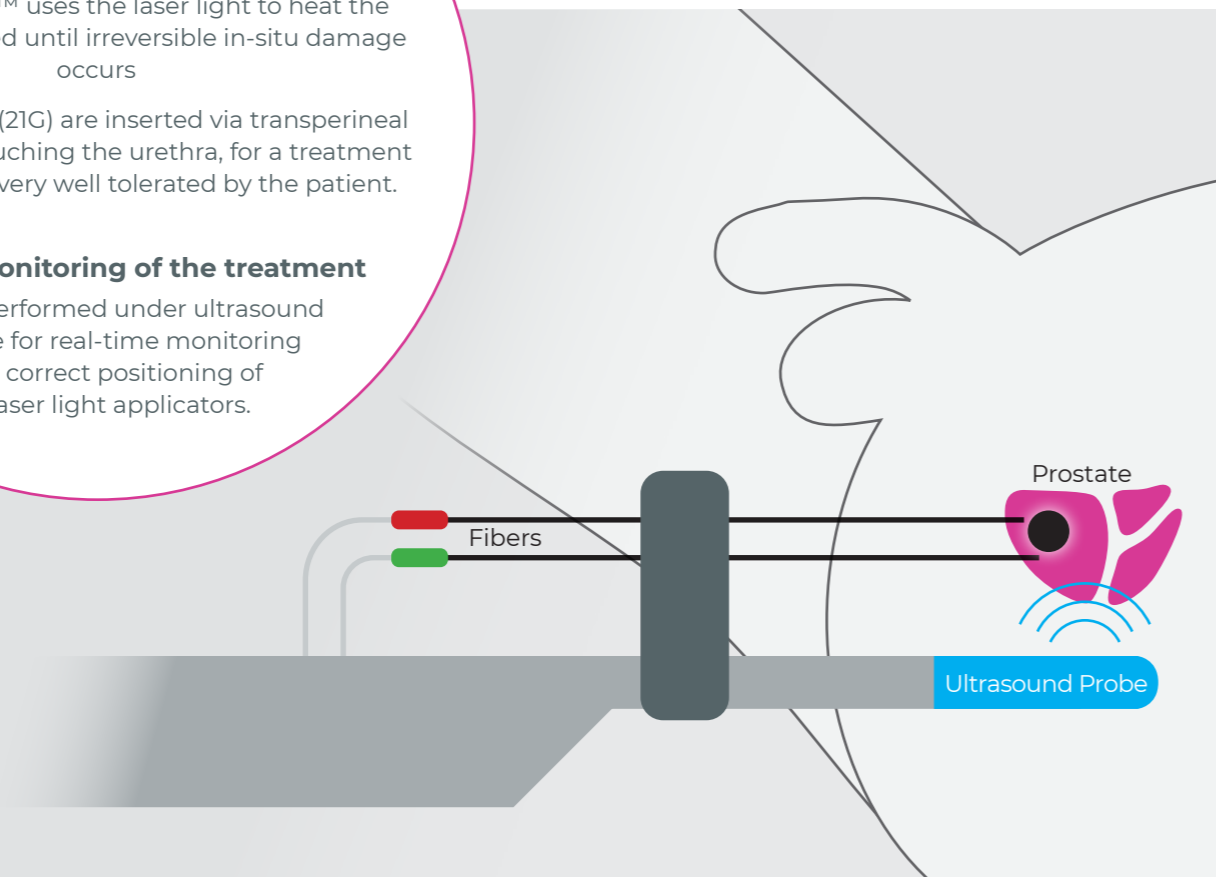
EchoLaser TPLA™ uses the laser light to heat the tissue to be treated until irreversible in-situ damage occurs

Very fine needles (21G) are inserted via transperineal access without touching the urethra, for a treatment a-traumatic and very well tolerated by the patient.

#### Real-time monitoring of the treatment

It can be performed under ultrasound guidance for real-time monitoring of the correct positioning of the laser light applicators.

EchoLaser is indicated in the case of patients suffering from **Benign Prostatic Hyperplasia (BPH), with lower urinary tract symptoms.**



## BENEFITS

### EchoLaser® TPLA™

- Ejaculation preservation (96%)
- Erectile function preservation
- Continence preservation
- Micro-invasive approach (thanks to the extremely fine needles)
- No need for a general anaesthesia
- Also suitable for high-risk patients
- Short duration of treatment (few minutes)
- No risk of urethral strictures/stenosis
- No or reduced post-op pain
- No or reduced hospitalisation
- Fast recovery times

## MAIN BIBLIOGRAPHY

- **Transperineal Laser Ablation of the Prostate for Symptomatic Benign Prostatic Hyperplasia: Long-Term Follow-Up in 40 Patients.** Patelli G, Altieri VM, Ierardi AM, Carnevale A, Chizzoli F, Baronchelli G, Trimarchi R, Carrafiello G. Journal of Vascular and Interventional Radiology, 2024, ISSN 1051-0443, <https://doi.org/10.1016/j.jvir.2024.04.023>
- Transperineal laser ablation of the prostate as a treatment for benign prostatic hyperplasia and prostate cancer: The results of a Delphi consensus project. Cacci A et al. Asian Journal of Urology, 2023, ISSN 2214-3882, <https://doi.org/10.1016/j.ajur.2023.07.001>.
- Three years outcomes of transperineal laser ablation of the prostate. Minafra P, DE Rienzo G, Gerbasi S, Cindolo L, Battaglia M, Ditunno P. Minerva Urol Nephrol. 2023 Jun 14. doi: 10.23736/S2724-6051.23.05270-9. Epub ahead of print. PMID: 37314812.
- Transperineal Laser Ablation for Benign Prostatic Enlargement: A Systematic Review and Pooled Analysis of Pilot Studies. Tafuri A, Panunzio A, De Carlo F, Luperto E, Di Cosmo F, Cavaliere A, Rizzo M, Tian Z, Shakir A, De Mitri R, Porcaro AB, Cerruto MA, Antonelli A, Cormio L, Carrieri G, Karakiewicz PI, Abreu AL, Pagliarulo V. J Clin Med. 2023 Feb 26;12(5):1860. doi: 10.3390/jcm12051860. PMID: 36902647; PMCID: PMC10003190.
- Ejaculatory Function following Transperineal Laser Ablation versus TURP for Benign Prostatic Obstruction: A Randomized Trial. Bertolo R, Iacovelli V, Cipriani C, Carilli M, Vittori M, Antonucci M, Maiorino F, Signoretti M, Petta F, Travaglia S, Panei M, Bove P. BJU Int. 2023 Mar 14. doi: 10.1111/bju.16008. PMID: 36917033.
- Trans-Perineal laser ablation of the prostate in high surgical risk patients affected by severe lower urinary tract symptoms related to benign prostatic obstruction. Destefanis P, Sibona M, Vitiello F, Vercelli E, Micai L, Montefusco G, Mangione C, Bracco F, Colucci F, De Nunzio C, Gontero P. Prostate Cancer Prostatic Dis (2023). <https://doi.org/10.1038/s41391-023-00736-5>
- Office-Based Transperineal Laser Ablation for Benign Prostatic Hyperplasia Under Local Anesthesia: 2-Year Results from a Dose Range Confirmatory Trial. Bianco FJ, Luna E, Lopez-Prieto A, González P, Gheiler EL, Kaufman AM, Avila L, Maiolino G. JU Open Plus 2(2):e00007, February 2024. | DOI: 10.1097/JU9.000000000000105.

## ECHOLASER TPLA™ PROCEDURE

### STEP 1

#### BEFORE THE PROCEDURE

- Position the patient in **gynecological position**
- Insert a bladder catheter to visualize the urethra
- **Measurement of the prostate volume**
- Transperineal **local anesthesia** (skin + periprostatic block)

### STEP 2

#### NEEDLE INSERTION WITH TRANSPERINEAL APPROACH

- Definition of the positioning strategy for needles and fibers with **ESI (EchoLaser Smart Interface)** based on the morphology of the prostate
- **Insertion of the needles:** one or two 21G introducer needles for each lobe, according to the prostate dimensions and shape
- Removal of the inner part of the needle to allow the fiber insertion

### STEP 3

#### FIBER INSERTION

- Insert the 300-µm optical laser fiber into each needle
- Check safety distance of the fibers from the surrounding anatomical structures and verify it with ESI
- Energy supply (5-10 min)
- Pull-back : if necessary based on the volume of the adenoma (5-10 min)
- Removal the needles + fibres

### STEP 4

#### PATIENT DISCHARGED

Usually the same day of the procedure.