

TREATMENT OPTIONS FOR MALE STRESS URINARY INCONTINENCE (SUI)

Nearly 1 in 10 American men have urinary incontinence with rates rising in men over 60 years old.¹ Incontinence, also known as bladder leakage, can stop you from living the active life you once lived and make you feel alone and isolated. For many men, leaking urine leads to feelings of embarrassment and depression.¹

With a thorough evaluation of your bladder leakage symptoms, your doctor may recommend changes to your daily routine, such as avoiding caffeine and alcohol. You may modify your fluid intake and follow a voiding schedule to try to train your bladder. Your doctor may also recommend pelvic floor exercises to tighten the sphincter muscles.

If bladder leakage persists, some men cope by using absorbent pads and protective undergarments. Others use special devices, such as catheters or penile clamps, to try to prevent urine leakage. If bladder leakage becomes a burden and affects your happiness, you can talk to a urologist specializing in male stress incontinence about options to restore bladder control.

TAKE THE NEXT STEP

Don't let stress urinary incontinence (SUI) stop you from living your best life. Learn more about the treatments available at www.FixIncontinence.com.

Talk with a urologist who specializes in SUI and offers the full range of treatment options. Use the "Find a Specialist" feature at www.FixIncontinence.com or contact a patient education coordinator at **1-844-433-2873**.

Talk with a patient who has found a successful treatment for his SUI. Email MHPatientEducation@bsci.com or call **1-844-433-2873**.

Because each type of treatment option offers unique features, potential risks and benefits, talk to your doctor about which option is best for you.

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*Patient satisfaction rates reflect research results with use of the AdVance Male Sling.
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Your treatment options for Stress Urinary Incontinence (SUI)








A PATIENT OVERVIEW



OVERVIEW OF TREATMENT OPTIONS FOR MALE STRESS URINARY INCONTINENCE (SUI)

(Individual results may vary. Consult with your doctor to decide the option most suited for you.)

		SOLUTION SATISFACTION AND ATTRIBUTES	SOME POSSIBLE SIDE EFFECTS	CHARACTERISTICS	TYPICAL DURATION OF USE
	MALE SLING A sling made of soft mesh implanted inside the body to reposition the urethra and provide support to surrounding muscles. This can help to keep the urethra closed, especially when coughing, sneezing and lifting.	<ul style="list-style-type: none">• 92%* ideal patient satisfaction²• 94% would recommend the sling procedure to a friend³• More than 10 years of clinical use⁴• Assists natural continence function⁵• Surgical solution	<ul style="list-style-type: none">• Device failure⁵• Urinary retention⁵• Postoperative pain⁵• Irritation at the wound site⁵• Foreign body response⁵	<ul style="list-style-type: none">• Long-term treatment option• Minimally invasive surgery• Sling acts as a “hammock,”⁶ repositioning and supporting the urethra to help restore normal bladder control⁷• Made of synthetic mesh• Placed entirely inside the body, making it undetectable to others• No mechanical components that require operation	<ul style="list-style-type: none">• Permanent implant• Maintained success rate of up to 89.4% at 3 years⁸• All alternate options still available if the sling loses effectiveness
	ARTIFICIAL URINARY SPHINCTER The artificial urinary sphincter (AUS) is placed inside the body. A saline-filled cuff keeps the urethra closed and a pump in the scrotum allows urination on demand. The AUS is designed for all levels of SUI following prostate procedures and is considered the gold standard treatment. ⁹	<ul style="list-style-type: none">• 90% patient satisfaction⁹• 96% would recommend the AMS 800™ Urinary Control System procedure to a friend⁹• More than 45 years of clinical use and 200,000 implanted worldwide⁴• Placed entirely inside the body, it is undetectable to others¹¹• Natural-acting elimination¹⁰• Surgical solution• Functions all day and night	<ul style="list-style-type: none">• Device malfunction or failure, which may require revision surgery¹⁰• Erosion of the urethra in the cuff area¹⁰• Urinary retention¹⁰• Postoperative pain¹⁰	<ul style="list-style-type: none">• Long-term treatment option• Three-part urinary control system contained completely in the body¹¹• The control pump is implanted in the scrotum• The inflatable cuff is placed around the urethra• The saline-filled pressure regulating balloon (PRB) is usually implanted in a natural, open space next to the bladder• Designed to treat male SUI following prostate procedures¹⁰• Mimics a healthy sphincter, allowing patients to urinate when desired¹⁰• Requires good cognitive ability and manual dexterity¹⁰• The gold standard treatment for male SUI⁹	<ul style="list-style-type: none">• Ongoing, with device replacement only as needed• At 7 years, 77% remained satisfied⁹
	ABSORBENT PRODUCTS Incontinence pads are commonly used to help absorb urine leakage, protect the skin and block odor. Other absorbent products include diapers and undergarments. These products can offer odor control; some are disposed after a single use; others may be cleaned and reused.	<ul style="list-style-type: none">• Appropriate for everyday activities¹²• Comfortable when dry¹²• Good for overnight¹²• Easy to use¹²	<ul style="list-style-type: none">• Requires changing, up to several times per day¹²• Can leak¹²• Uncomfortable when wet¹²• Expensive over time¹²	<ul style="list-style-type: none">• Pads, liners or undergarments typically have a waterproof backing¹³• Some products contain a breathable plastic film that helps reduce skin irritation¹³	<ul style="list-style-type: none">• Requires frequent changing on an hourly/daily basis
	EXTERNAL COLLECTION DEVICES Condom catheters or a penis pouch are placed on the penis so urine can flow into a drainage bag. Urine collection bags are strapped to the body underneath clothing during the day and may rest bedside at night.	<ul style="list-style-type: none">• Discrete option for long periods of time¹²• Keeps skin dry¹²• Avoids odor issues¹²• Convenient for storage and travel¹²	<ul style="list-style-type: none">• Device can move or loosen resulting in leaks• Irritative or allergic reactions can occur based on material¹⁴• Long-term use may result in urinary tract infections¹⁵	<ul style="list-style-type: none">• Typically made of silicone or latex¹⁶• Uses adhesive to stay in place¹⁶	<ul style="list-style-type: none">• Designed to be worn 24/7 and changed daily¹⁶
	PENILE CLAMP A penile clamp uses a hinged, rigid frame that supports two pads and a locking mechanism. It controls leakage by applying constant pressure upon the penis.	<ul style="list-style-type: none">• Can stop leaking• Simple to remove• Can be washed and reused	<ul style="list-style-type: none">• Can only be worn for short periods of time^{12,17}• Often described as uncomfortable and painful^{12,17}• Swelling^{12,17}• Strictures of the urethra^{12,17}• Development of skin breakdown^{12,17}	<ul style="list-style-type: none">• Most have a padded, flexible soft interior of foam that conforms to fit the penis¹⁸• Exterior of the clamp may be metal or plastic¹⁸	<ul style="list-style-type: none">• MUST be removed every 1–2 hours to allow for urination¹⁷• Should not be worn 24 hours, 7 days a week¹⁷

TREATMENT OPTIONS FOR ED

More than half of men over 40 have erectile dysfunction (ED).¹ ED can be equally devastating for a man and for his partner. There is hope for every man with ED to regain the confidence, control and wholeness to enjoy an active, satisfying sex life.²

Oral medications (e.g., Viagra™, Cialis™, Levitra™ and Stendra™) are often the first step; however, 30% of men with ED do not respond adequately to pills and require a different option.³⁻⁶

It’s important to know there are treatment options beyond medications that are easy to use, safe and effective. Each option has varying degrees of success and reliability, and some may be more effective or satisfying for you than others.

A penile implant is a unique, permanent solution because it allows you to have intimacy wherever, whenever and for as long as you want. It allows you to be spontaneous again and is reliable with no medication side effects or ongoing costs. It’s entirely contained inside the body and doesn’t typically interfere with ejaculation or orgasm.^{7,8}

Penile implants have been in clinical use for over 40 years and have helped hundreds of thousands of patients return to an active, satisfying sex life.^{9,10}

TAKE THE NEXT STEP

Erectile Dysfunction (ED) can limit your intimacy, affect your self-esteem and impact your relationship with your partner.⁶ But there’s good news – today, nearly every case of ED is treatable. Learn more about the treatments available at **www.EDCure.org.***

- Talk with a urologist who specializes in ED and offers the full range of treatment options, including implants. Need help finding an experienced doctor near you? Visit our “Find a Specialist” feature at www.EDCure.org or contact a Patient Education Coordinator at MHPatientEducation@bsci.com or 1-844-4ED-CURE (1-844-433-2873).
- Talk to someone who's been there:
 - Watch real patient stories at www.EDCure.org* or
 - Email us at MHPatientEducation@bsci.com or call 1-844-4ED-CURE (1-844-433-2873) and talk to a patient who found a successful treatment for his ED

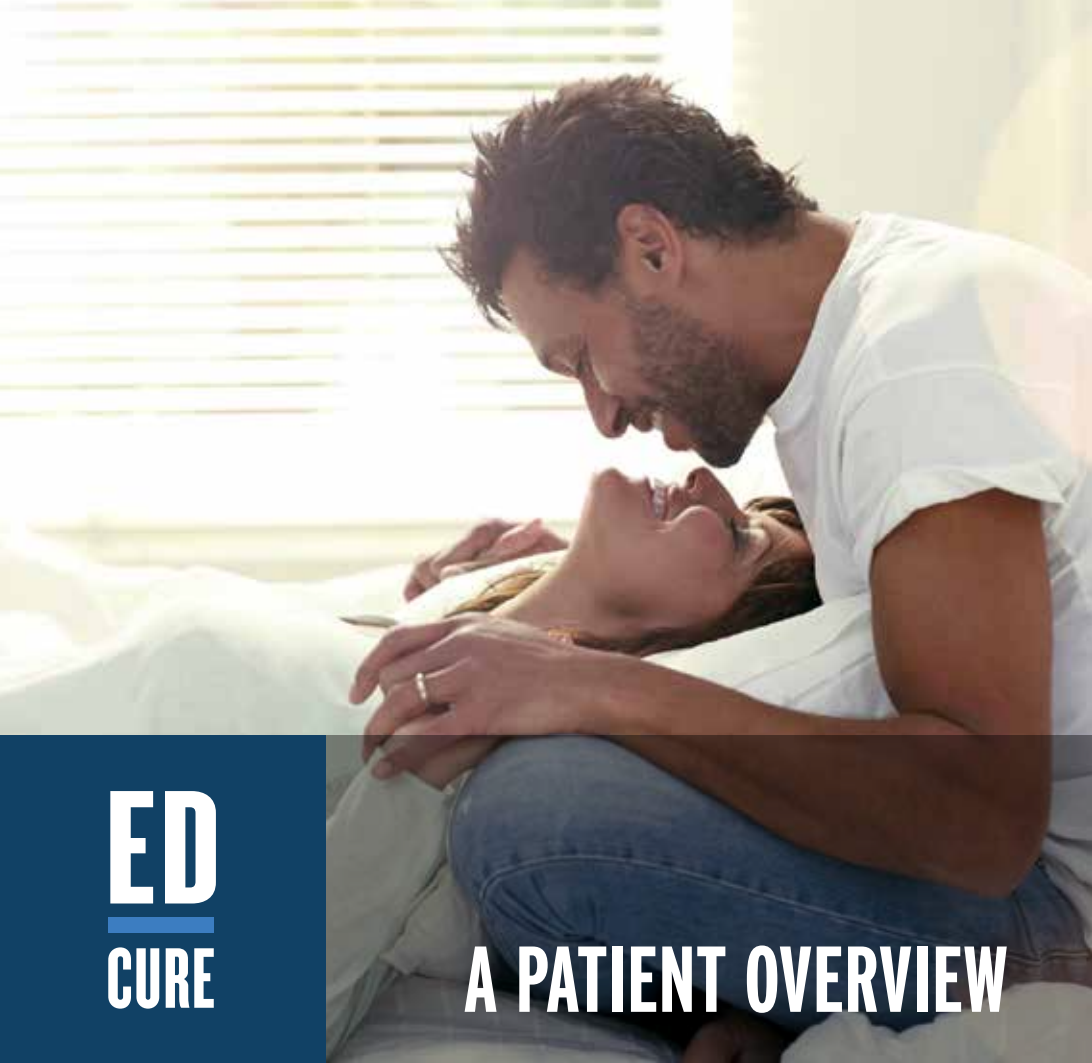
*Because each type of treatment option offers unique features, potential risks and benefits, talk to your doctor about which option is best for you. Learn more at www.EDCure.org.**

** EDCure.org is a website sponsored by Boston Scientific.*

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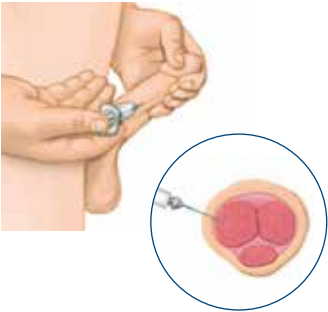

ED
CURE

A PATIENT OVERVIEW

Your treatment options for
erectile dysfunction

OVERVIEW OF TREATMENT OPTIONS FOR ED BEYOND ORAL MEDICATIONS

(Individual results may vary. Consult with your doctor to decide the option most suited for you.)

		PATIENT SATISFACTION AND OUTCOMES	POSSIBLE SIDE EFFECTS	PRODUCT CHARACTERISTICS	TYPICAL DURATION OF USE
	PENILE IMPLANTS In use since the 1970s, penile implants have helped hundreds of thousands of men return to an active sex life. ¹⁰ A penile implant is a medical implant that is implanted into the penis during an outpatient procedure. The implant is entirely concealed within the body. To operate, one squeezes and releases the pump, located in the scrotum, to achieve an erection. To return the penis to a natural flaccid state, the deflate button located on the pump bulb is depressed.	<ul style="list-style-type: none">• 184 of 200 men (92%) said sexual activity with the implant was “excellent” or “satisfactory”⁷• 115 of 120 partners (96%) said sexual activity with the implant was “excellent” or “satisfactory”⁷• 196 of 200 patients (98%) reported erections to be “excellent” or “satisfactory”⁷• 97% of patients would recommend a penile implant to a friend¹¹	<div>12</div> <ul style="list-style-type: none">• Latent, natural erections no longer possible• Infection (<1% risk) requires removal of device• Mechanical failure• Pain (typical with healing process)	<div>12</div> <ul style="list-style-type: none">• Permanent ED Treatment• Concealed within the body• Maintain erection as long as desired• Spontaneous sex when the mood strikes• Doesn’t interfere with orgasm or ejaculation	<ul style="list-style-type: none">• 98% of penile implants are in use after 1.5 to 5 years^{7,13}• At 7 years, 94% are still in use and free from revision¹⁴
	VACUUM ERECTION DEVICES (VEDS) In use since the 1980s, a vacuum erection device consists of a hollow plastic tube, a vacuum pump and a tension ring. With the tube placed over the penis, the pump creates a vacuum that pulls blood into the penis. Once an erection is achieved, an elastic tension ring is placed at the base of the penis to help maintain the erection.	<ul style="list-style-type: none">• VED patient satisfaction rates range from 68-80%¹⁵• VED success rates range from 80-92% after radical prostatectomy¹⁶	<div>17-19</div> <ul style="list-style-type: none">• Penile bruising/burst blood vessels• Penile pain/discomfort• Penile numbness• Delayed ejaculation or failure to ejaculate• Cool or different colored erection	<div>20</div> <ul style="list-style-type: none">• Non-invasive• Drug free• Cost effective	<ul style="list-style-type: none">• Despite initial high success rates, in a study of 85 patients, 73 of 85 (86%) decided to move onto other sexual aids¹⁶
	SELF-INJECTIONS In use since the 1980s, injection therapy uses a needle to inject medication directly into the base or side of the penis. These medications improve blood flow into the penis to cause an erection.	<ul style="list-style-type: none">• ~60% of patients were satisfied and continued use²¹• Satisfaction for men and partners at 4 years was 91.4%²²• Clinical studies report ~60-86% success rates^{22,23}	<div>22,24</div> <ul style="list-style-type: none">• Penile pain• Prolonged erection• Penile fibrosis• Injection site hematoma• Penile curvature• Palpable plaque	<div>24</div> <ul style="list-style-type: none">• Injected with a needle into the corpus cavernosum• Onset of erection: 5-20 mins• Refrigeration required	<ul style="list-style-type: none">• Despite success rates, in a study of 294 men, only 59 (20%) continued the therapy²²• 107 (45.5%) men discontinued at 6 months, and 151 (64.2%) men discontinued at 12 months²²• Another study found 40% drop out rate at 12 months, and 70% at 43 months for post prostatectomy patients¹⁶
	INTRAURETHRAL SUPPOSITORIES In use since the 1990s, intraurethral suppository treatment for ED uses an applicator containing a small pellet that is inserted into the urethra. Once the pellet is released, it dissolves to increase blood flow to the penis to form an erection.	<ul style="list-style-type: none">• Clinical study satisfaction rates are limited, but one study found 64 of 192 men (33%) were satisfied²⁵• In clinical literature, success rates are reported at 40-65%^{26,27}	<div>28</div> <ul style="list-style-type: none">• Penile pain• Urethral pain or burning• Urethral bleeding/spotting• Dizziness• Hypotension	<div>28</div> <ul style="list-style-type: none">• No needles• Onset of erection: 5-10 minutes• Refrigeration required	<ul style="list-style-type: none">• In one study of 54 patients, over half discontinued use after 8 months²⁹• Another clinical study reported 40-50% of men don't continue using this therapy after 6-8 months¹⁶



Treat Your ED

End your frustration.
Renew your confidence.
Feel complete.

Erectile dysfunction

EDCURE.ORG
YOUR ED QUESTIONS ANSWERED

Find your ED treatment

What is erectile dysfunction (ED)?

ED is defined as the persistent inability to achieve or maintain an erection that is firm enough to perform sexual intercourse.¹

How common is ED?

ED is a common problem and it's important to know you're not alone.

What causes ED?^{1,2}

There's no single cause of ED. There are real physical and psychological reasons for ED.

Risk factors:^{1,3}

- Diabetes
- Cardiovascular disease (high blood pressure, heart disease, dyslipidemia)
- Prostate cancer treatment
- Surgery (prostate, bladder, colon, rectal)
- Medications (blood pressure, antidepressants)
- Lifestyle choices (smoking, excessive alcohol, obesity, lack of exercise)
- Spinal cord injuries
- Hormone problems
- Hypertension

ED is not just a medical issue; it can also deeply affect relationships.⁴

"The intimacy that we used to have went away. All of a sudden, it was like we were completely separated. There was no connection."

— Tom

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.



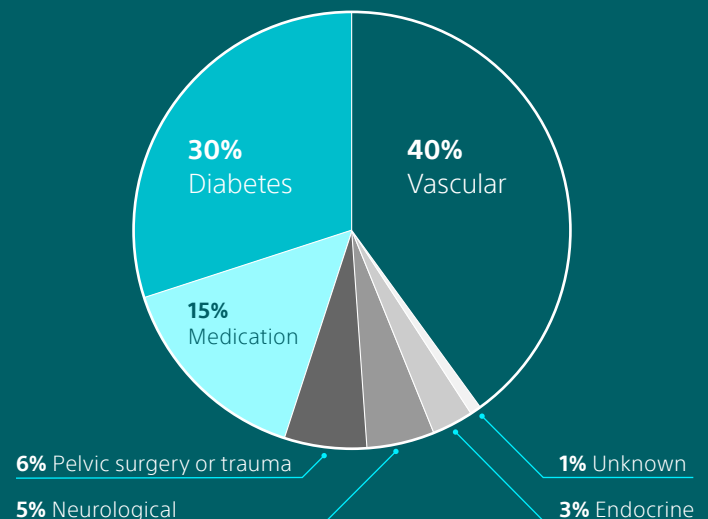
Approximately **1 in 5** American men aged 20 and older suffers from some degree of ED.⁵



One study estimates that by 2025, **322 million men worldwide** will be affected by ED.⁶

It's estimated that more than **half of men** over the age of 40 have some degree of ED.⁷

Common conditions alongside ED⁸

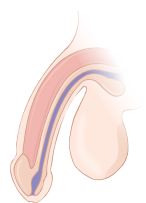


Erections and how they work⁹

To learn more about ED, it is important to understand how the penis normally works. The erection process includes the following 5 stages:⁹

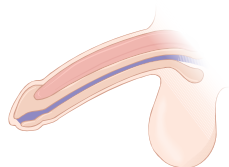


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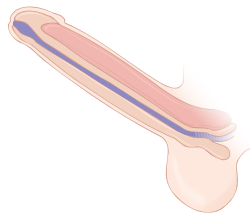
1. Initial filling

When you are sexually aroused, nerves signal the penile smooth muscles to relax. This relaxation allows for an increase in blood flow into the two chambers, the corpora bodies, which are located inside the shaft of the penis.



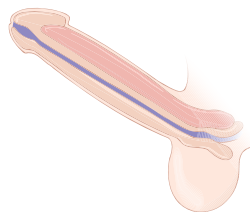
2. Partial erection

The arteries relax and open up to let more blood to flow in; at the same time, the veins start to close. Once blood is in the penis, pressure traps it within the corpora cavernosa. Your penis expands and holds the erection.



3. Full erection

As blood continues to increase inside the penis, it starts to make the penis stiff and hard, or erect.



4. Rigid erection

Maximum rigidity is achieved. The glans, or tip of the penis and the penile shaft enlarge or engorge with blood until the penile veins are forcefully compressed. This traps blood inside the penis to maintain maximum penile rigidity.



5. Return to flaccidity

Once a man climaxes or has an orgasm, the nerves send a signal to allow the blood to leave the erect penis. This is called detumescence. The penis returns to a flaccid, non-erect state.

ED treatment options

Whatever is causing your ED, there is a treatment option that can provide a satisfying solution.

If you try one of the treatment options listed and it doesn't work for you or you aren't completely satisfied, don't be discouraged and give up hope.

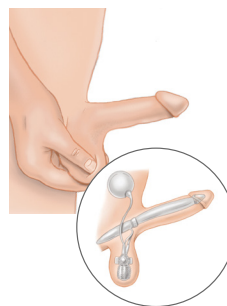
These treatment options have varying degrees of success for each man depending on the cause of the ED. Irreversible vessel or nerve damage may impact the success of some of these treatments. For example, oral medications don't work well for some men who have diabetes.¹⁰ In fact, about 50% of men with ED will stop oral medications due to side effects, cost or because the medications stop working.^{11,12}

It's important to know all of your available options and discuss them with your doctor to determine which will be appropriate for you and your lifestyle. An ED specialist will help you find the best treatment for your ED.

"I did quite a bit of research on devices and I elected to go with Boston Scientific...it was the only device [AMS 700 LGX] in the marketplace that allowed for expansion in girth and length, which was important to me."

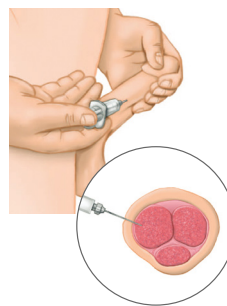
— David

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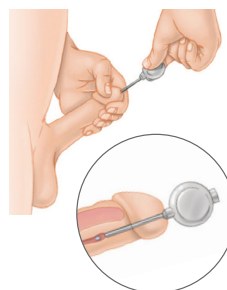
Penile implants²

A device is implanted into the penis that is intended to allow a man with ED to have an erection. The device is entirely contained in the body so no one is able to see and it is controlled by the user to achieve an erection. This treatment is designed to allow for spontaneity and the erection is maintained for as long as the man desires.



Injections²

With injection therapy, a needle is used to inject medication directly into the penis. The medication allows blood to flow into the penis, creating an erection.



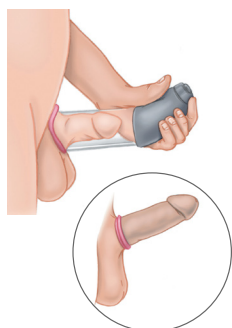
Intraurethral suppositories²

An applicator containing a small pellet (suppository) is inserted into the urethra and the pellet is released. The pellet dissolves and increases blood flow to the penis, creating an erection.



Oral medications²

There are a number of prescription medications available that may improve blood flow to the penis. Combined with sexual stimulation, this can produce an erection.



Vacuum erection devices²

A hollow plastic tube is placed over the penis and a pump (hand/battery-powered) is used to create a vacuum that pulls blood into the penis. Once an erection is achieved, an elastic tension ring is placed at the base of the penis to help maintain the erection.

What is a penile implant?

Boston Scientific's penile implants are designed to be a long-term treatment option for men suffering from ED.¹³ A Boston Scientific penile implant can offer concealed support to achieve an erection whenever and wherever desired.¹³

Of the available Boston Scientific implants, the AMS 700™ Penile Implant is the most popular inflatable prosthesis because it is designed to closely mimic a natural erection, provide rigidity when inflated and a natural, flaccid appearance when deflated.¹³

The implant procedure is usually done on an outpatient basis. An incision is made in the scrotum or above the pubic bone and a urologist inserts all components through this opening. The procedure is performed under anesthesia. It generally takes a few days to return to your regular routine of light activity. Urologists typically instruct men to wait 4 to 6 weeks before using the implant.

A penile implant may provide a long-term treatment option for men who have tried other treatments without success or satisfaction. Compared with other treatment options, the implant provides spontaneity — it allows you to have sex when the mood strikes and the erection can last as long as you want it to last.¹³ The implant is discreet and entirely contained inside your body — there are no visible components so it would be difficult for someone to know you had this device.¹³

Penile implants have been in clinical use for over **50 years¹⁴** with over 500,000 Boston Scientific penile implants sold.¹³

What advice would you give men living with ED?

"Talk to your doctors. If your doctors aren't talking to you, you have to talk to them. Do whatever it takes to deal with the issue. You can't ignore it; you can't sweep it under that carpet. You can sweep it under the carpet but you're going to come back and you're going to trip on it."

— Kerry

"I could walk into a locker room and you wouldn't even be able to tell. I look just like everybody else. The implant is all inside my body."

— Tom

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

Features of a penile implant:

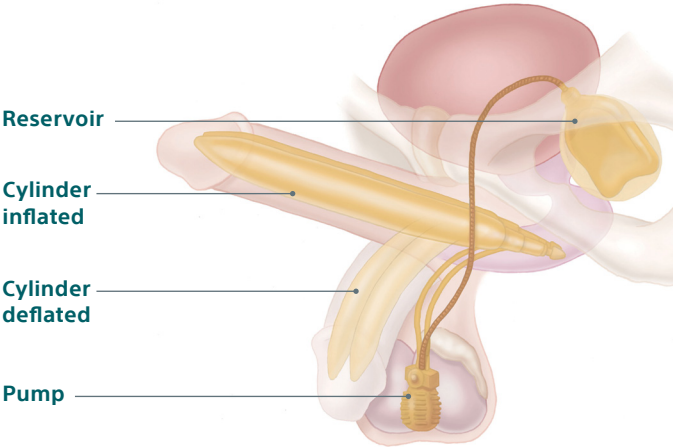
- Designed to be a long-term treatment for ED¹³
- Spontaneous — you can activate the implant when the mood strikes¹³
- Once activated, the erection can last as long as you desire¹³
- Entirely contained inside the body — no one knows you have an implant unless you tell them¹³
- Designed to feel natural during intercourse¹³
- High patient and partner satisfaction with sexual intercourse reported¹⁶
- Typically does not interfere with ejaculation or orgasm^{15,17-19}

Risks of a penile implant:¹³

- Natural or spontaneous erections as well as other interventional treatment options will no longer be possible
- Infection, in which case the implant may have to be removed
- Pain, which is typically associated with the healing process
- Mechanical failure of the implant
- Device replacement, lifetime of implant is 10 years

AMS 700™ Three-piece Inflatable Penile Implant

The AMS 700 Implant includes a pair of cylinders implanted in the penis, a pump placed inside the scrotum, and a reservoir of saline placed in the lower abdomen. Squeezing and releasing the pump moves fluid into the cylinders, creating an erection. Deflate the device by pressing the deflate button on the pump. The penis then returns to a soft, flaccid, and natural-looking state.



Unique features of an AMS 700 Implant

- The only implant on the market offered with antibiotics impregnated into the product, designed to reduce the risk of infection²⁰⁻²⁵
- Available without antibiotics for those with tetracycline allergies²⁶

Pump

- One-touch button designed for deflation and ease of use^{13,27}
- Lock-out valve designed to reduce auto-inflation¹³

Reliability and durability

- The only penile implant on the market with Parylene—proven in published studies to mitigate cylinder fatigue and increase long-term durability¹³
- Designed to be a long-term treatment for ED¹³

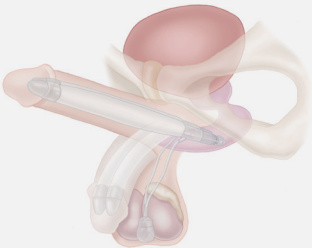
Boston Scientific offers three types of three-piece implants

AMS 700 LGX™ Penile Implant	AMS 700™ CX Penile Implant	AMS 700™ CXR Penile Implant	
✓	✓	✓	Controlled expansion designed to provide maximum rigidity and optimal girth expansion ^{13,21}
✓	✓	✓	Engineered to have firm, rigid erection that can last as long as desired ¹³
✓	✓	✓	Designed to have natural, flaccid appearance when deflated ¹³
		✓	Could provide girth expansion for patients who may require shorter and narrower cylinders ¹³
✓*			The only penile implant on the U.S. market with cylinders designed to expand in girth up to 20mm and length of up to 25% ^{13,21}

* Cylinders designed to address a common concern men with ED have — loss of penile length²⁸⁻³⁰

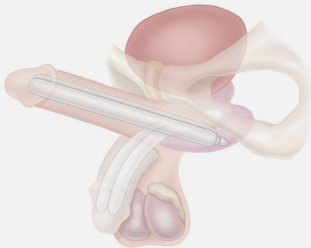
Additional Boston Scientific implant selections

Please talk to your doctor to determine which implant may be right for you.



AMS Ambicor™ Penile Implant¹³

- Consists of two cylinders and a pump
- Offers firm, rigid erection without a separate reservoir



Tactra™ Malleable Penile Implant¹³

- Bendable implant designed for ease of positioning for use and concealment
- Two silicone layers over a Nitinol (nickel titanium) core for rigidity and durability
- Soft, rounded tips for comfort

Patient satisfaction

ED can limit your intimacy, affect your self-esteem and impact your most important relationships.^{4,7}

Many studies show that penile implants may offer the satisfying results that so many couples seek. Consult your doctor to determine which type of implant may be best suited for your condition and lifestyle.

"For me, it's very exciting. Once he has an ejaculation, the erection is still there. We can be intimate for as long as I want, which is very satisfying for me."

— Linda

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

In one study of 248 patients:¹⁶

95% of patients reported satisfaction with sexual intercourse with the AMS 700 Penile Implant

95% of patients reported sexual activity with the implant to be very satisfied or satisfied

In a survey of 78 patients who received an AMS 700 Penile Implant:³¹

97% would recommend a penile implant to a friend



Not an actual patient.

What does having a penile implant mean to you?



Regain your confidence

"I'm concerned about satisfying my partner. And I know that I will be able to do that. [In my experience], there is no ifs, ands or buts about it. It's something that is definitely going to be done. For me it's joy. The penile implant brought back joy and confidence and everything that is normal."

— Herschel

Knowing that you can perform

"It's not just about being able to perform, it's knowing that I can whenever I want. The real positive side of having an implant is you can have an orgasm but the erection doesn't go away. So it's a real plus for your partner because it's still there."

— Danny



Get back what you're missing

"I think that you forget what you're missing. If you put it away, you forget about it and say, 'everything's ok', then you realize, wow, that's what we were missing all that time. It brings you closer."

— Vilma

A dependable option

"When I want to get an erection, it works every time; [for me] it is 100% reliable. No sense of failure and it's going to last as long as I want it to. The little phrase that I use is that the prosthesis took me from 'ED' Erectile Dysfunction to 'EOD,' which is Erection on Demand."

— Marsha and Graham



Togetherness and spontaneity

"If I want to have sex with my wife and we want that time together, we can do it and there isn't an injection involved. There isn't a vacuum canister, the vacuum tube with the bands and all the things that just interfere with the spontaneity of the moment. It's so much like a natural erection that you almost forget that you have an implant after a while. It feels so normal and so regular that I think it's made a big impact."

— Vilma and Kerry

Frequently asked questions about penile implants

Will my penis look different to me or will others notice a penile implants by Boston Scientific?

Once in place, your implant will be completely undetectable. It's fully concealed in the body.¹³ No one will know unless you tell them—even in the locker room.

How long is the recovery time after ED surgery, and when can I have intercourse?

Most men return home within a day of penile implant surgery and are back to all their normal activities within a week, typically able to use their implant around 6 weeks post-surgery.

How long does an implant last? Will I ever need to replace it?

It is impossible to predict how long a particular implant will function in every patient. As with any medical device, penile implants are subject to wear and mechanical failure over time. A study of patients who received either an AMS 700 CX or an LGX penile implant showed that the 7-year mechanical survival rate is 94%.³² To prolong the life of your implant, follow the advice of your urologist.

Are penile implants covered by insurance?

Commercial insurers may cover the diagnosis and medically necessary treatment of ED. Medicare has a national policy for ED, which includes penile implants, although coverage may depend on where you live. Work with your doctor's office and insurance carrier to check coverage levels prior to receiving treatment. There may be financial assistance programs available to help cover out-of-pocket expenses or to help cover the procedure if your private insurance will not cover it.

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AMS 700™ Inflatable Penile Implant

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of the AMS 700™ Inflatable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS 700™ with Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options (oral medications, vacuum devices or injections) impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile curvature or scarring. Some AMS 700 devices contain an antibiotic (InhibiZone™ Antibiotic Surface Treatment). The device is not suitable for patients who are allergic to the antibiotics contained within the device (rifampin, minocycline or other tetracyclines) or those who have systemic lupus, these patients should use one of the devices that do not contain InhibiZone antibiotic surface treatment.

Potential risks may include: device malfunction/failure leading to additional surgery, device migration potentially leading to exposure through the tissue, wearing away/loss of tissue (device/tissue erosion) infection, unintended-inflation of the device and pain/soreness. MH-545411-AB

AMS Ambicor™ Penile Implant

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician

Your doctor is your best source for information on the risks and benefits of the AMS Ambicor™ Inflatable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS Ambicor™ Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options (oral medications, vacuum devices or injections) impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile curvature or scarring.

Potential risks may include: device malfunction/failure leading to additional surgery, device migration potentially leading to exposure through the tissue, wearing away/loss of tissue (device/tissue erosion) infection, unintended-inflation of the device and pain/soreness. MH-545613-AB

Tactra™ Malleable Penile Implant

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician

Your doctor is your best source for information on the risks and benefits of the Tactra™ Malleable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings, and important safety information.

The Tactra™ Malleable Penile Prosthesis is intended for use in the treatment of erectile dysfunction (impotence) in adult males. Implanting a penile prosthesis will damage or destroy any remaining natural ability to have a spontaneous erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries, or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring.

Additional information is provided in Patient Literature, available through your doctor. MH-611821-AA

Patient testimonials

The stories throughout this brochure recount the experiences of people who are using Boston Scientific therapies related to erectile dysfunction. Boston Scientific invited these people to share their stories candidly. As you review them, please bear in mind that the experiences are specific to these particular people. As with all medical treatment, not every response is the same. We recommend you talk to your doctor about what treatment is right for you.

The patients featured in this brochure may have been compensated for their travel and/or time.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

There is hope for every man with ED to regain the control, confidence and wholeness to enjoy an active, satisfying sex life.

Visit **EDCure.org** to learn more about treatment options, and talk to your doctor about your next steps.



Talk to someone who's been there:

Call us at 1-844-4ED-CURE or email **MHPatientEducation@bsci.com** and we'll connect you with a patient who found a treatment for their ED.

This material is for informational purposes only and not meant for medical diagnosis. This information does not constitute medical or legal advice, and Boston Scientific makes no representation regarding the medical benefits included in this information. Boston Scientific strongly recommends that you consult with your physician on all matters pertaining to your health.

**Boston
Scientific**

Advancing science for life™

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Fix your incontinence

Find your happiness.

Restore your normalcy.

Renew your confidence.

Male stress urinary incontinence

Understanding your condition

Incontinence is defined as any involuntary leakage of urine.¹ Male urinary incontinence is usually caused by a damaged sphincter or an improperly functioning bladder. The sphincter is the circular muscle that controls urine flow out of the bladder. When damaged, this muscle cannot squeeze and close off the urethra, the tube that carries urine from the bladder to the outside of the body. The result is urine leakage.

What are the types of incontinence?²

Stress urinary incontinence (SUI): Leakage during actions — such as sneezing, coughing, laughing, and lifting — that put abdominal pressure on the bladder

Urge incontinence (also known as overactive bladder [OAB]): An overwhelming need to urinate (gotta go, gotta go!) that may prevent reaching the toilet in time

Mixed incontinence: Symptoms of both urge and stress incontinence

Recognizing which type of incontinence you have will determine your treatment pathway to normalcy. Male SUI can be successfully treated.

"I was only dripping a very little bit and that in itself didn't bother me much. But when I exercised strenuously, that's when it bothered me. Because then there was zero control."

— Richard

What causes male stress urinary incontinence (SUI)?

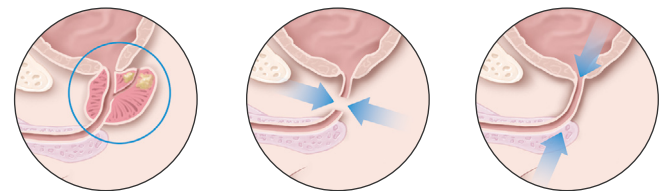
The most common cause of SUI in men is prostate cancer treatment. Surgery, radiation, or a combination of therapies can affect the external sphincter muscle and its functionality.^{2,3} Most men experience SUI after prostate cancer surgery.⁵ This is normal and for most patients usually resolves within the first 12 months of healing.^{4,5}

Other causes of male SUI:⁶

- Surgical treatment for enlarged prostate (BPH): TURP — Transurethral resection of the prostate
- Conditions such as diabetes, multiple sclerosis, Parkinson's disease, spina bifida, or stroke
- Pelvic trauma or surgery

Most men experience SUI after prostate cancer surgery⁵

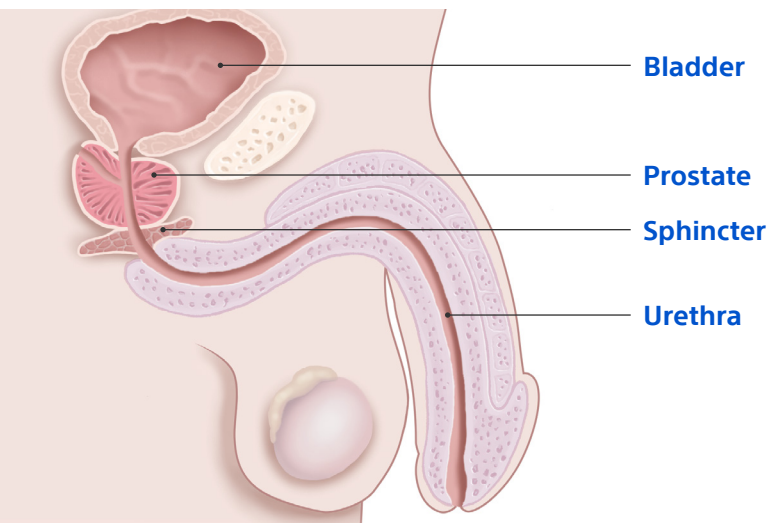
Changes in anatomy from prostate cancer surgery:



1. Cancerous prostate

2. Removal of prostate

3. Connect bladder and urethra



How common is male SUI?

254,000 men

in the United States have bothersome SUI⁶



Annually in the United States,

~17,000 new men

develop bothersome SUI⁶



~13 million men

suffer from SUI⁷

Even with robotic prostate cancer surgery,

9-16% of patients

still experience SUI one year after surgery⁴



For patients who cannot heal completely following prostate cancer treatment and still experience SUI, there are treatment options to consider.



Living with SUI may cause emotional distress and can make daily life a hassle. You do not have to live with the burden of SUI.

What lifestyle modifications can I make or medications can I take to help my SUI?

Limiting fluid intake, avoiding caffeine and alcohol, and exercising pelvic floor muscles (called Kegel exercises) may provide SUI relief.⁸

Currently, no medications are approved in the United States for treatment of male SUI.⁹

Besides lifestyle modifications, are there other ways to treat my SUI?

Yes. Most other methods fall into two categories: coping and long-term treatment options.

Coping options include:¹⁰

- Absorbent products like pads or diapers
- Penile clamps
- Internal and external penile catheters

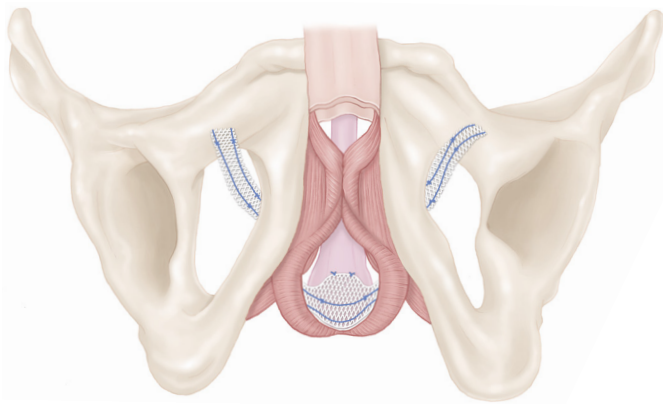
Long-term treatment options include:¹¹⁻¹³

- Slings
- Artificial urinary sphincters (AUS)

AdVance™ XP Male Sling System

A minimally invasive solution for male SUI

The sling acts as a “hammock,” repositioning and supporting the urethra to help restore normal bladder control.⁶



Advance XP Male Sling System quick facts

- Intended for male stress urinary incontinence¹⁴
- Studies show high success and satisfaction with AdVance XP Sling in patients with mild to moderate SUI^{12,15,16}
- The sling, made of synthetic soft mesh, is placed entirely inside the body to reposition the urethra and provide support to surrounding muscles, making it undetectable to others. This can help to keep the urethra closed, especially when coughing, sneezing, and lifting.⁶
- Patients may be continent soon after their procedure¹⁷
- Minimally invasive procedure designed to allow most patients to resume normal, daily activities within 1 to 2 weeks after the procedure¹⁴

Boston Scientific incontinence therapies can help remove the feeling of isolation in your relationships caused by your SUI.

“I think the emotional impact was probably the greatest change in my life. I suddenly did not want to be intimate with my wife. I felt unclean.”

— Jerry

“When we were no longer intimate, it made me feel like he (Jerry) didn’t love me, and I was no longer attractive to him. I also lost all my self-confidence.”

— Becky (Jerry’s spouse)



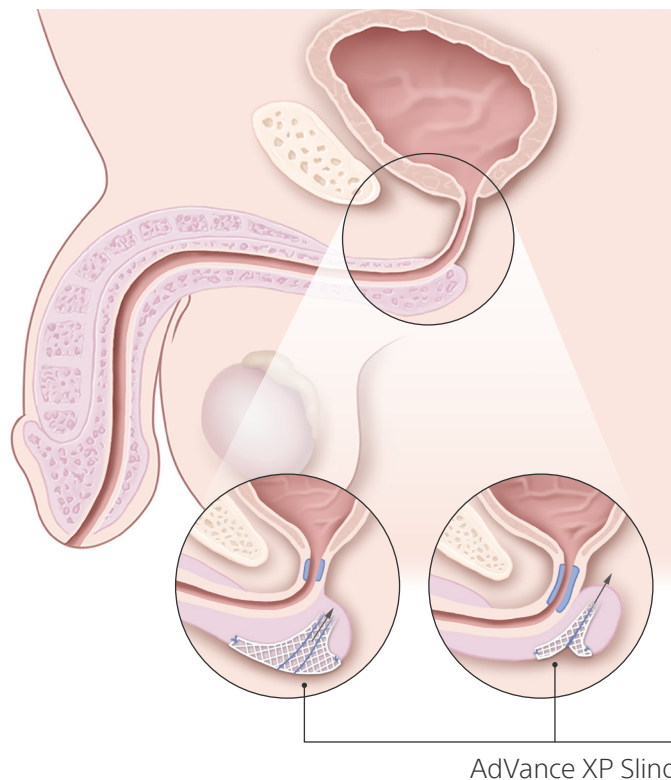
Not an actual patient.

Intended benefits of the AdVance XP Sling:

- Minimally invasive procedure
- AdVance XP Sling works on its own to restore the continence¹⁷
- AdVance XP Sling can help restore your normalcy and renew your confidence

Possible side effects include, but are not limited to:⁶

- Post-operative pain
- Inflammation
- Urethral or tissue damage
- Bleeding and irritation at the wound site
- Urinary retention (typically resolved within a few days)
- Device failure
- Foreign body response
- Urge incontinence



AdVance XP Sling

AdVance XP Sling by the numbers

63.2-83.0%

cured and improved rates at 5 years in patients with mild to moderate incontinence^{12,15}

79.5%

would have the AdVance XP operation again¹⁸

77.4%

who met ideal patient selection criteria reported satisfaction with the AdVance and AdVance XP Slings⁸

88%

of patients surveyed recommend the AdVance XP Sling procedure to a friend¹⁸

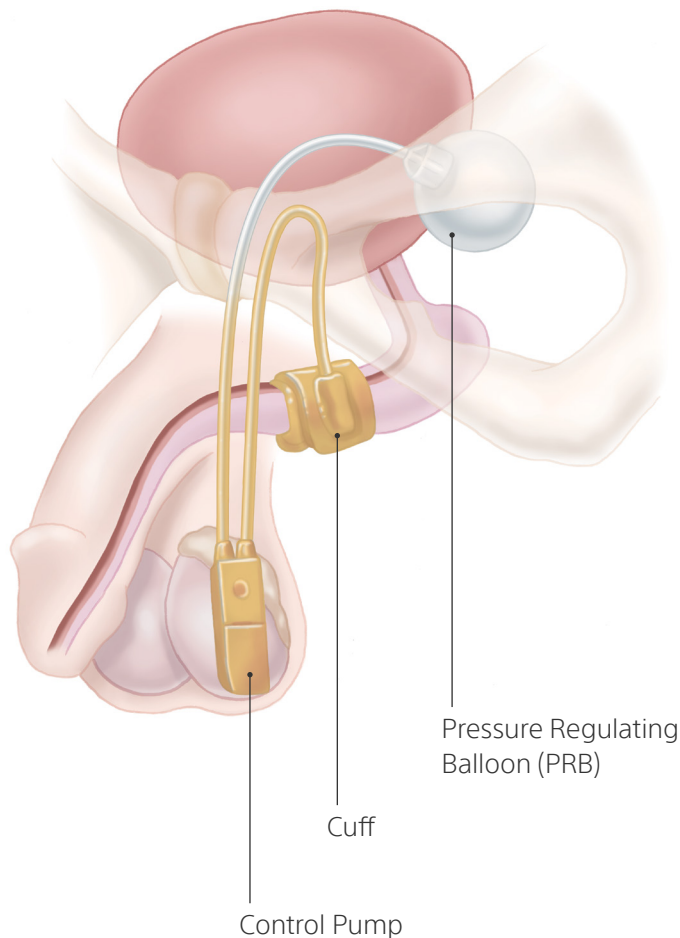
* The index (ideal) population was defined as patients with mild to moderate postprostatectomy incontinence and naïve for pelvic irradiation or prior surgical treatment for urinary incontinence or urethral stricture.

AMS 800™ Artificial Urinary Sphincter (AUS)

The gold standard treatment for male SUI¹⁹⁻²¹

The AMS 800 Artificial Urinary Sphincter (AUS) is a three-part urinary control system contained completely in the body⁶

- The control pump is implanted in the scrotum
- The inflatable cuff is placed around the urethra
- The saline-filled balloon (PRB) is usually implanted in a natural open space next to the bladder



How it works⁶

The AMS 800 AUS working mechanism: The AMS 800 AUS is filled with fluid and uses the fluid to open and close the cuff surrounding the urethra. To urinate, the patient needs to squeeze and release the pump in the scrotum several times to remove fluid from the cuff and send it to the balloon. When the cuff is empty, urine can flow out of the bladder. The cuff automatically refills with fluid after a few minutes. Once the cuff is filled, it gently squeezes the urethra closed to prevent leakage.

AMS 800 Artificial Urinary Sphincter quick facts

- Designed to treat male SUI following prostate surgery²²
- System can successfully treat all levels of male SUI^{19,20}
- Designed to discreetly restore the natural process of urinary control⁶
- The AMS 800 Artificial Urinary Sphincter mimics the function of a healthy urinary sphincter, closing off the urethra in order to stop the flow of urine, allowing patients to urinate when desired⁶
- Is operated by you⁶
- Usage requires good cognitive ability and manual dexterity²³⁻²⁵

AUS technology has been available to patients for 50 years, with over 250,000 Boston Scientific devices sold⁶

Benefits of the AMS 800 Artificial Urinary Sphincter (AUS):

- Designed to treat male SUI following prostate procedures²²
- Gives most men the ability to achieve continence²⁶
- The AMS 800 AUS can help restore your normalcy and renew your confidence

Possible side effects include, but are not limited to:⁶

- Device malfunction or failure, which may require revision surgery
- Erosion of the urethra in the cuff area
- Urinary retention
- Post-operative pain



Do not let your SUI stop you from doing the things you love in life. Find your happiness. Restore your normalcy. Renew your confidence.

"I got to the point where I didn't even want to golf anymore. I'd go golf with my buddies and I was afraid if I'd swing that club, I'd leak a little bit. I got to the point where I didn't do any activity that was strenuous."

— Gary

AMS 800 Artificial Urinary Sphincter (AUS) by the numbers

~90% of surveyed patients reported long term satisfaction¹³

+90% of patients would get the AMS 800 AUS again²⁷

94% would recommend the AMS 800 AUS to friends or family²⁸

Published long-term studies show that most patients are using one pad or no pads per day after receiving the AMS 800 AUS:

85%
of 155 patients
at nearly
4 years²⁹

96%
of 105 patients
at 6 years³⁰

90%
of 435 primary
AUS patients
at 5 years³¹

AdVance™ XP Male Sling System

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of the AdVance™ XP Male Sling System. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AdVance™ XP Male Sling System is intended for the treatment of male stress urinary incontinence (SUI). Potential risks may include inability to urinate (urinary retention), return to incontinence, infection, erosion, device migration, pelvic organ disfunction, bleeding, and pain. These devices are contraindicated for patients with urinary tract infections, blood coagulation disorders, a compromised immune system or any other condition that would compromise healing, with renal insufficiency, and upper urinary tract relative obstruction. MH-557011-AB

AMS 800™ Artificial Urinary Sphincter

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of the AMS 800™ Artificial Urinary Sphincter. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS 800™ Artificial Urinary Sphincter is intended for use in the treatment of male stress urinary incontinence (intrinsic sphincter deficiency) following prostate surgery.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Some AMS 800 devices contain an antibiotic (InhibiZone™ Antibiotic Surface Treatment). The device may not be suited for patients who are allergic to the antibiotics contained within the device (rifampin, minocycline or other tetracyclines) or have systemic lupus.

Potential risks may include: device malfunction/failure leading to additional surgery, wearing away/loss of tissue (device/tissue erosion), inability to urinate (urinary retention), infection, and pain/soreness. MH-545611-AB

Patient testimonials

The stories throughout this brochure recount the experiences of people who are using Boston Scientific therapies related to stress urinary incontinence. Boston Scientific invited these people to share their stories candidly. As you review them, please bear in mind that the experiences are specific to these particular people. As with all medical treatment, not every response is the same. We recommend you talk to your doctor about what treatment is right for you.

The patients featured in this brochure may have been compensated for their travel and/or time.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

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