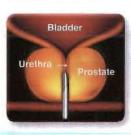
UroLift® System Treatment

- The UroLift System lifts the enlarged prostate tissue out of the way so it no longer compresses the urethra.
- There is no cutting, heating or removal of prostate tissue.
- Clinical data have shown that the UroLift System treatment is effective in relieving lower urinary tract symptoms due to enlarged prostate.
- The goal of the UroLift System treatment is to relieve urinary symptoms so you can get back to your life and resume your daily activities.

Steps of the Procedure



Step 1:

The UroLift delivery device is placed through the urethra to access the enlarged prostate.



Step 2:

Small implants are permanently placed to lift the enlarged prostate out of the way and increase the urethral opening. The implants are delivered through a needle that comes out of the UroLift delivery device and into the prostate.



Step 3:

The UroLift delivery device is removed, leaving a more open urethra to provide symptom relief.

What to Expect

- Your doctor may perform the UroLift® System treatment under local or general anesthesia.
- You may be given medication to feel comfortable during the procedure.
- Typically no catheter and no overnight stay is required.
- You can go home when your doctor feels you are ready.

Questions and Answers

How soon will I feel better after having the UroLift System treatment?

Patients may experience improvement in their lower urinary tract symptoms as early as 2 weeks after the procedure.²

Will it affect my sexual function?

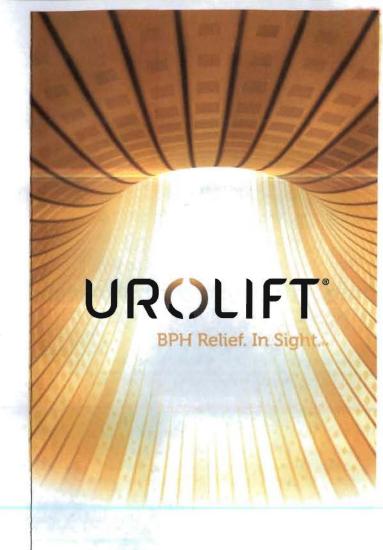
There have been no reports of erectile dysfunction or ejaculatory dysfunction as a result of the UroLift System treatment.²

What happens during the recovery period?

There is minimal downtime post-procedure and patients may experience symptom relief in as early as 2 weeks. Typically no overnight stay and no catheter is required but you may experience urinary discomfort during the recovery period. Most common adverse events reported include hematuria, dysuria, micturition urgency, pelvic pain, and urge incontinence. Most symptoms were mild to moderate in severity and resolved within two to four weeks after the procedure. Your doctor will discuss with you how quickly you can return to your daily activities.²



www.UroLiftForBPH.com



Are Urinary Symptoms Interfering With Your Life?

Open up to a whole new approach to BPH

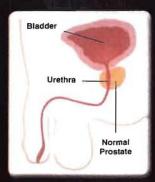
Do You Suffer From the Following Symptoms?

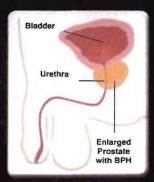
- Frequent need to urinate during the day and at night
- · Weak or slow urinary stream
- A sense that you cannot completely empty your bladder
- . Difficulty or delay in starting urination
- · Urgent feeling of needing to urinate
- · A urinary stream that stops and starts

Understanding BPH

If you suffer from the above symptoms, you are not alone. Over 500 million men in the world have a condition called benign prostatic hyperplasia (BPH) that causes the prostate to enlarge.^{3,4}

The prostate is a gland that surrounds the urethra, the tube that drains urine from the body. BPH is a non-cancerous (benign) growth of the prostate that occurs as men age. When the enlarged prostate presses on the urethra, it can cause bothersome urinary symptoms.





Treatment Options

For nearly half of men in the U.S. with BPH, their symptoms are severe enough to disrupt their lifestyle and cause them to seek treatment.³ If you are one of these men, ask your doctor which treatment option is right for you.

Medications

Your doctor may prescribe drugs to help manage your symptoms. Some men suffer from side-effects including dizziness, headaches, sexual dysfunction, or they may not get adequate relief of their symptoms. Each year, about 20% of men discontinue their medication.

Surgery

There are several surgical procedures that either remove tissue or apply heat to shrink part of the prostate.

Transurethral Resection of the Prostate (TURP)

TURP is the most common surgery to treat BPH. Tissue is removed to shrink the size of the prostate. Patients usually undergo general anesthesia and have a catheter inserted into their bladder for days afterward to drain urine.

Removing prostate tissue causes bleeding and swelling that can result in uncomfortable urinary symptoms during the healing period. Symptom relief does not occur immediately, but lasts for a long time in many men once it does occur. TURP is considered the "gold standard" for long-term results.

There can be long-term side effects after TURP such as difficulty achieving an erection, having dry orgasms (retrograde ejaculation), or difficulty holding urine (incontinence).⁵

Laser Resection of the Prostate

TURP may be performed with a laser in procedures called photoselective vaporization of the prostate (PVP) or holmium laser enucleation (HOLEP). Lasers can reduce the level of bleeding experienced with traditional TURP. However, since prostate tissue is still removed with heating, there can be tissue swelling and an uncomfortable healing time. Typically, a catheter has to be inserted into the bladder after the procedure.

Thermotherapies

These are minimally invasive treatments where heat energy such as microwave or radiofrequency (RF) is applied to destroy prostate tissue.

Applying high heat can cause tissue swelling and uncomfortable urinary symptoms during the healing period, which is typically 6 to 8 weeks. Symptom relief does not occur immediately, and patients often need to have a catheter inserted into the bladder for days.

UroLift System Treatment

Now, there is a minimally invasive option for patients looking for an alternative to drugs or surgery. The UroLift System treatment opens up the blocked urethra by lifting the enlarged prostate tissue out of the way. There is no cutting, heating or removal of prostate tissue.

Ask your doctor if the UroLift System treatment is right for you, or learn more at www UroLiftForBPH.com

References

NeoTract US Market Model estimates for 2013 based on IMS Health Drug and Procedure date 2 No new onset and sustained events, Roehrborn, J Urology 2013 LIFT Study 3 Berry S.J., et al., J Urol 1984; 132: 474–479 4 2013 US Census Bureau international database 5 Miano, R., et al., Med Sci Monit 2008; 14: RA94