

THE **PROSTATIC URETHRAL LIFT** (UROLIFT® SYSTEM) IS

NOW RECOMMENDED BY THE AUA GUIDELINES

FOR THE TREATMENT OF MEN WITH BPH

AUA GUIDELINE HIGHLIGHTS:

- Urologists “should consider” PUL, TURP, PVP, HoLEP, and simple prostatectomy for the treatment of men with BPH.
- Patients “should be made aware that surgical treatment can cause ejaculatory dysfunction (EjD) and may worsen ED.”
- “In men so concerned about new onset of ED and/or EjD, PUL likely does not pose additional risk.”

The guidelines also highlight the attractive risk benefit profile of minimally invasive surgical therapies (MIST) such as PUL compared to medical therapy. Specifically, the guidelines state that, “with this treatment class, perhaps a significant portion of men with [BPH] who have stopped medical therapy can be treated prior to impending bladder dysfunction.”

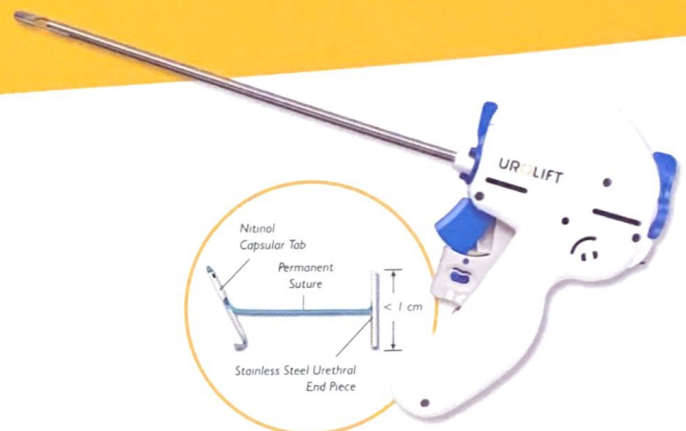
AUA ADOPTION OF THE PROSTATIC URETHRAL LIFT (UROLIFT® SYSTEM) INTO THE BPH GUIDELINES IS BASED ON EXTENSIVE CLINICAL EVIDENCE

- 25 peer-reviewed clinical papers, including 5 year durability, 2 randomized controlled studies and 8 additional studies
- Over 60,000 men have benefited from the UroLift® System treatment
- The only BPH treatment with no new, sustained erectile or ejaculatory dysfunction^{1,2}
- www.UroLift.com/physicians/results

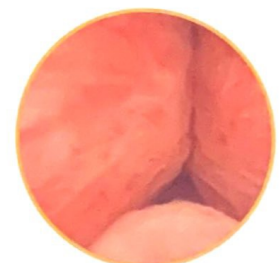
The UroLift System has redefined ‘minimally invasive’ by offering rapid relief with the lowest need for post-operative catheterization, durable effect, and a unique ability to preserve sexual function.^{1,2}

To review the guidelines on the **AUA website**, go to:

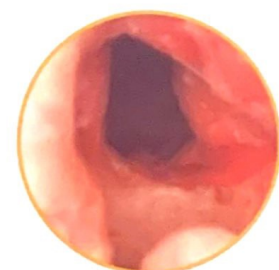
[http://www.auanet.org/guidelines/benign-prostatic-hyperplasia/lower-urinary-tract-symptoms-\(2018\)](http://www.auanet.org/guidelines/benign-prostatic-hyperplasia/lower-urinary-tract-symptoms-(2018))



*UroLift® Implant
Typically, 4-6 implants
are used per patient*



BEFORE



AFTER

RECOMMENDED ACTIONS BASED ON AUA GUIDELINES:

- Screen all male patients 45+, especially those on medications, using the IPSS symptom survey
- Highlight the attractive risk-benefit profile of the UroLift® System
- Counsel patients that other surgical treatments can cause ejaculatory and erectile dysfunction and that the UroLift System has no new, sustained erectile or ejaculatory dysfunction^{1,2}
- Highlight Key Benefits of the UroLift System
 - **Rapid** relief and recovery in days, not months^{2,3}
 - **Lowest** catheter rate of the leading BPH procedures³
 - The **only** BPH treatment with no new, sustained erectile or ejaculatory dysfunction^{1,2}
 - The **only** BPH procedure that does not destroy tissue
 - **Proven** durability through 5 years⁴
 - 25 Peer-reviewed publications, 2 randomized studies



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.

1. No instances of new, sustained erectile or ejaculatory dysfunction McVary. J Sex Med 2014
2. Roehrborn. J Urology 2013 3. Shore. Can J Urol 2014 4. Roehrborn et al. Can J Urol 2017