

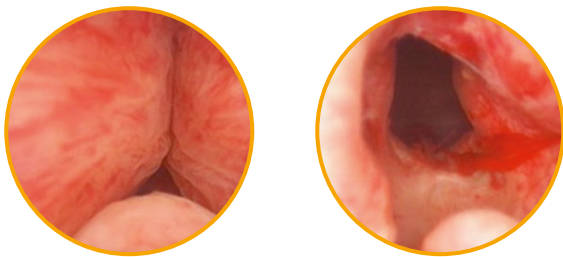
UroLift

What is the UroLift System?

The UroLift System treatment is a minimally invasive procedure to treat an enlarged prostate.

It is a proven option for patients looking for an alternative to medications or major surgery.¹

The only leading enlarged prostate procedure that does not require heating, cutting, or destruction of prostate tissue.²⁻⁷



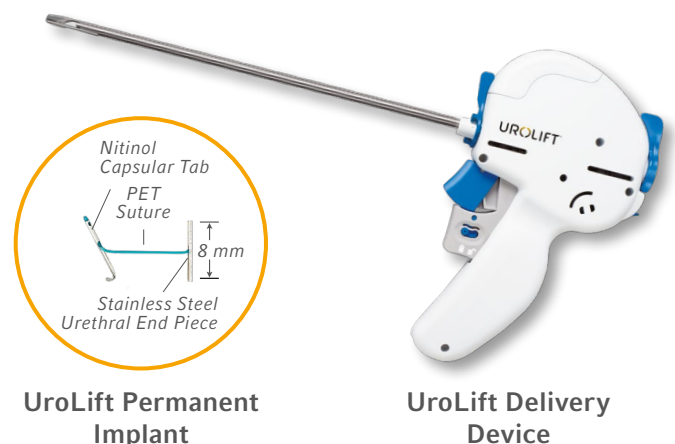
**Results may vary*

UroLift System Benefits

Patients have been shown to have a better recovery experience than TURP, with durable results and no new and lasting sexual dysfunction^{*1,3,8-13}

- Rapid relief and recovery in days, not months^{2,14}
- Lowest catheter rate of the leading BPH procedures^{5,10,14-17}
- The only leading BPH procedure that does not destroy tissue²⁻⁷
- Proven durability through five years¹
- Real world outcomes largely consistent with randomised controlled data¹⁸.

UroLift System: UL400-AP



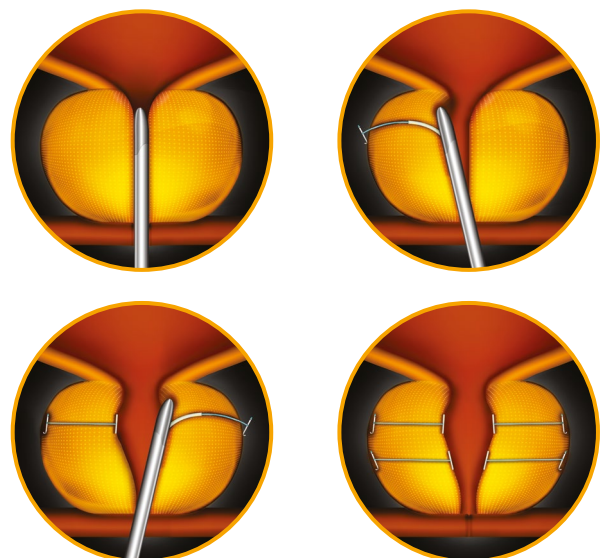
UroLift Permanent Implant

UroLift Delivery Device

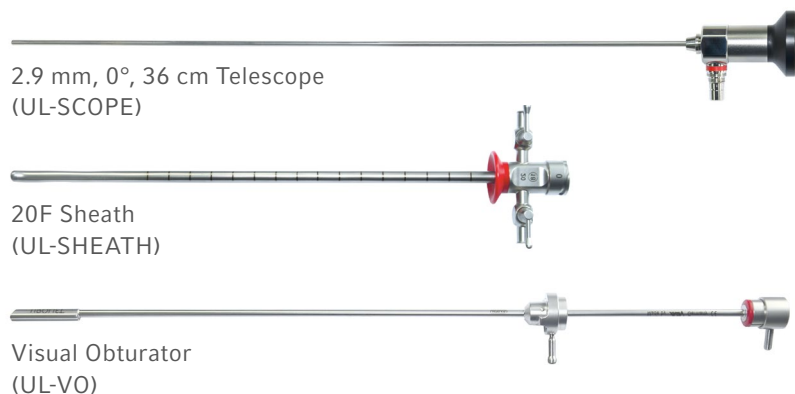
The UroLift Delivery Device is inserted transurethrally through a rigid sheath under cystoscopic visualisation in order to reach the targeted area of obstruction.

The obstructing prostatic lobes are retracted by small permanent UroLift Implants which are deployed via a needle that comes out of the delivery device.

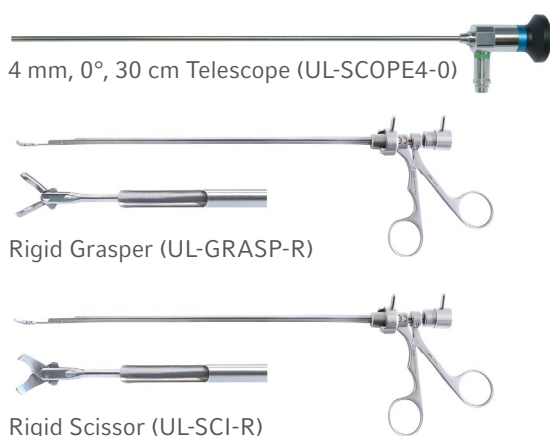
Each UroLift Delivery Device contains one UroLift Implant.²



Ancillary Procedure Kit



Ancillary Retrieval Kit



Not all products shown here may be approved in all regulatory jurisdictions. Consult with your local Teleflex representative for details.

The UroLift System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH) in men 50 years of age or older and enlarged prostate up to 100cc. Most common side effects are temporary and include haematuria, dysuria, micturition urgency, pelvic pain, and urinary incontinence.² Rare side effects, including bleeding and infection, may lead to a serious outcome and may require intervention. Consult the Instructions for Use (IFU) for more information.

*** No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study.**

References

1. Roehrborn, Can J Urol 2017; 2. Roehrborn, J Urol 2013; 3. AUA Guidelines 2003, 2020; 4. Mirakhur, Can Assoc Rad J 2017; 5. McVary, J Urol 2015; 6. Gilling, Can J Urol 2020; 7. Kadner, World J Urol 2020; 8. Sønksen, 2015 Eur Urol, BPH Study; 9. Roehrborn, 2015 Can J Urol, 5 year results of PUL LIFT study; 10. Roehrborn, Can J Urol 2017 LIFT Study; 11. Naspro, Eur Urol 2009; 12. Montorsi, J Urol 2008; 13. McVary, J Sex Med 2016; 14. Shore, Can J Urol 2014; 15. Bachmann, European Eur Urol 2013; 16. Mollengarden, Prostate Cancer Prostatic Dis 2018; 17. Gilling, J Urol 2017; 18. Eure, J Endourol 2019.

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