UROLIFT™

UroLift™ UL400

The UroLift™ System

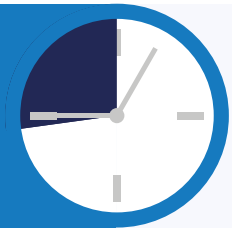
Help your patients take care of number one with the **#1 chosen minimally invasive BPH procedure** performed in the U.S.[1]

Teleflex™
INTERVENTIONAL UROLOGY

HELP YOUR PATIENTS STOP MAKING TOO MANY PIT STOPS[2]

More than 74 million men are treated for BPH (benign prostatic hyperplasia)/LUTS (lower urinary tract symptoms) in the APAC.[2]

Watchful Waiting[2]



27% 20 Million Patients

Medical Therapy[2]

71% 53 Million Patients

Minimally Invasive Procedure/ Surgery[2]

2% 1.5 Million Patients

The Urolift™ System is a proven option for patients seeking an alternative to BPH medications[3]

2021 AUA BPH Guidelines highlight risks of medical management[4]

"There also exist clinical scenarios in which conservative management… or pharmacological management are either inadequate or inappropriate. ***More recently, long-term use of medication for LUTS/BPH has been implicated in cognitive issues and depression.*** *These situations merit consideration of one of the many invasive procedures available for the treatment of LUTS/BPH."*

2021 AUA BPH Guidelines recognise the need for earlier intervention[4]

*"****Since many men discontinue medical therapy, yet proportionately few seek surgery, there is a large clinical need for an effective treatment that is less invasive than surgery.*** *With this treatment class, perhaps a significant portion of men with BOO who have stopped medical therapy can be treated prior to impending bladder dysfunction."*

FROM HEALTHY BLADDER TO PERMANENT DAMAGE

Healthy Bladder → Bladder Worsens → Permanently Damaged

WHAT WOULD AN IDEAL BPH SOLUTION LOOK LIKE FROM THE UROLOGIST'S POINT OF VIEW?

WHAT UROLOGISTS WANT[5]	WHAT THE UROLIFT™ SYSTEM OFFERS
Rapid relief with minimal side effects	• Effective alternative to drug therapy without heating, cutting or removing prostate tissue[4,6] • Most side effects resolve within 2–4 weeks[6] • Leading BPH procedure **shown to not cause new and lasting sexual dysfunction**[†7,8] • Preserves[†3] and possibly improves[‡9] sexual function • **Lowest catheterisation rate** of leading BPH procedures[3,10-14]
Performed in-office and outpatient setting	• **Routinely** • Can be performed in-office/outpatient with **local anesthesia** and **rapid recovery**[10]
Straightforward procedure	• Reliable, **reproducible** in any site of care
Durable	• Proven durable results to 5 years as shown by L.I.F.T. Study[3] and Healthcare Claims and Utilisation Analysis[15] • 2–3% procedural retreatment per year[3] vs 1–2% TURP[16-18]

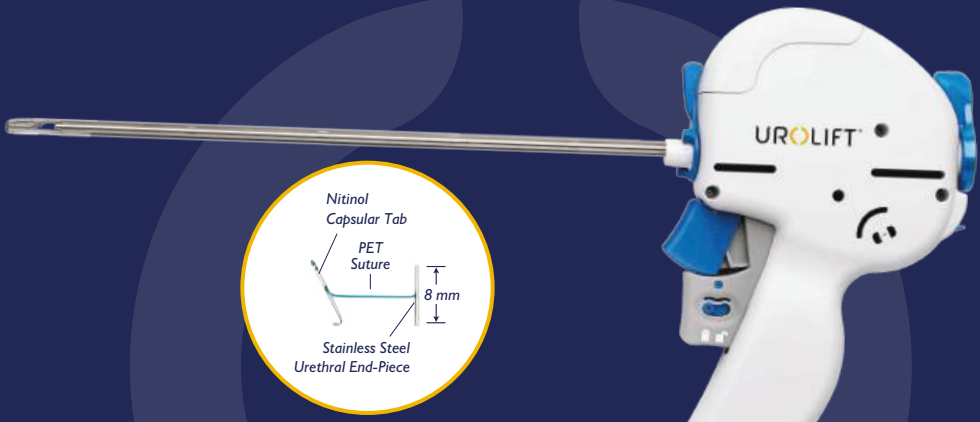
A BPH solution you can be confident in

UROLIFT™

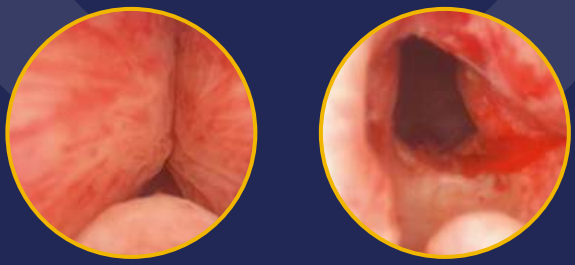
† No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study
‡ Based on analysis of erectile and ejaculatory function for 331 PUL patients treated in a controlled setting;

HELP MORE MEN STOP RACING TO THE BATHROOM

The UroLift™ System can be used to treat a broad spectrum of anatomies, including men **50 years of age or older** with prostates up to 100cc, and those with lateral and median lobe hyperplasia.[23,27]



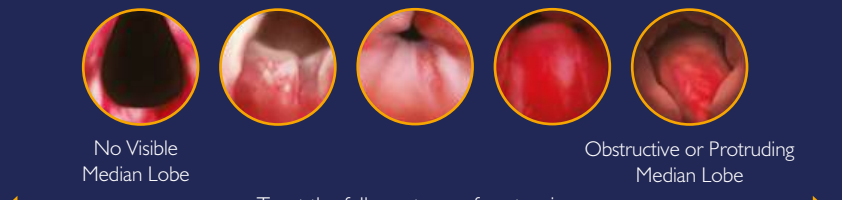
Actual Size of Urolift™ Implant



Pre-procedure **Post-procedure**

*Results may vary

THE UROLIFT™ SYSTEM ACHIEVES EFFECTIVE RESULTS IN PATIENTSWITH AN OBSTRUCTIVE MEDIAN LOBE.[23, 27]

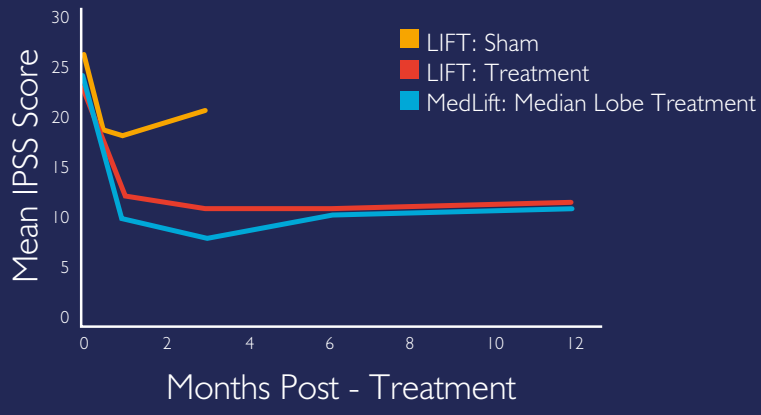


In the MedLift Study*, the UroLift™ System demonstrated a

55%, 13.5pt

improvement in IPSS, while preserving sexual function at 12 months

**The MedLift Study was conducted to provide a safe and effective technique to implant median lobes, remove the ambiguity in patient selection and develop a training platform for a new technique * Rukstalis, J Prostate Cancer and Prostatic Diseases, 2018*



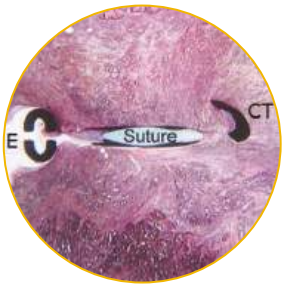
The UroLift™ System achieves effective
results in patients with an obstructive median lobe.[23]

THE UROLIFT™ IMPLANT INDUCES TISSUE REMODELING[28]

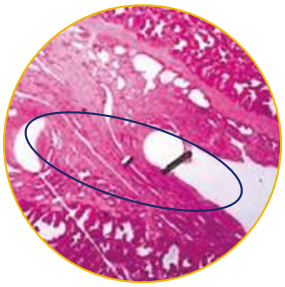
The UroLift™ System uses a proven approach to treating BPH that lifts and holds the enlarged prostate tissue out of the way, so it no longer blocks the urethra.[3] Tissue remodeling is induced by localized compression between the UroLift™ implant capsular tab and urethral end piece, which can assist in long-term durability.[28]

Histology of canine prostate section with implant

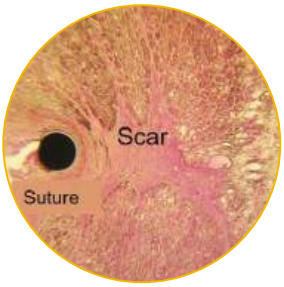
Tissue compression → Decreased blood flow → Lobular atrophy → Scarring



Localized compression in the implant zone between the capsular tab (CT) and urethral end-piece (UE) results in reduced tissue perfusion.



Moderate lobular atrophy and mild chronic inflammation in tissue surrounding the implant observed at one and six months.



Stable end-stage healing response characterized by lobular atrophy and scarring in tissue surrounding the implant at 12 month.

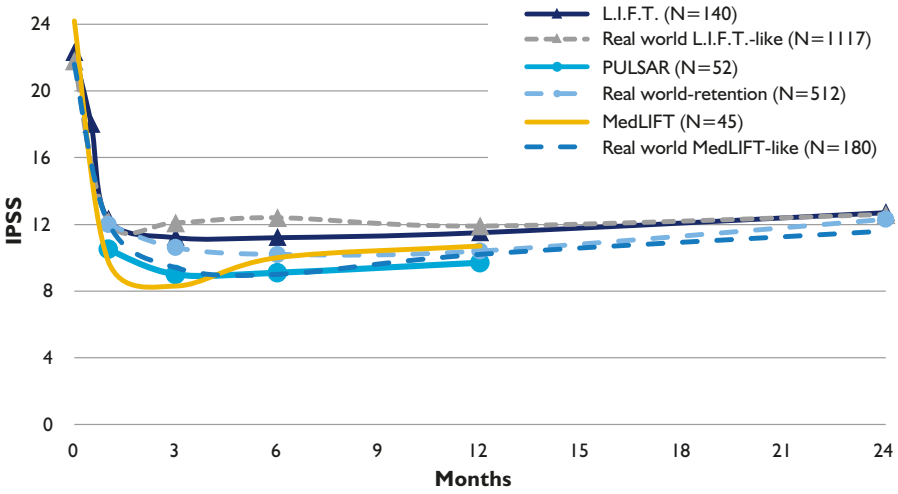
Encapsulation of implant may occur as early as 6 months.[28]

Scan QR code to watch procedural animation

Earlier treatment in the disease continuum
(i.e., better IPSS and quality of life (QoL) scores at baseline)
positively impacts quality of life outcomes.[24,25]

SAFE, EFFECTIVE, DURABLE,
REPRODUCIBLE RESULTS

Symptom Response Is Largely Consistent Among Controlled Subjects and RWR Cohorts[26]



Significant and sustained IPSS improvement[3]

- 10.6 pt. IPSS reduction at 1 year
- 36% IPSS improvement at 5 years

Sustained QoL improvement[3]

- 51% QoL improvement at 1 year
- 50% QoL improvement at 5 years

Low surgical retreatment rate[3]

- 5.0% at 1 year
- 13.6% at 5 year (2-3% per year)

Proven to provide generally consistent outcomes between randomised clinical trials and the real world, in a large variety of prostate types, including those with obstructive median lobe and glands up to 100cc[21,23,27]

JOIN THE GROWING NUMBER OF UROLOGISTS CHANGING THE STANDARD OF CARE

for men suffering from BPH by offering the UroLift System, the #1 chosen minimally invasive BPH procedure in the U.S.![1]

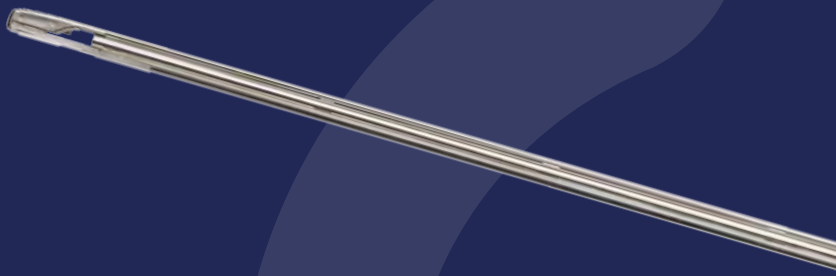
Contact your local Urology Consultant for access to: clinical and product education, to deepen your expertise and improve patient care

Patient educational resources: including digital and print outs, to educate your patients

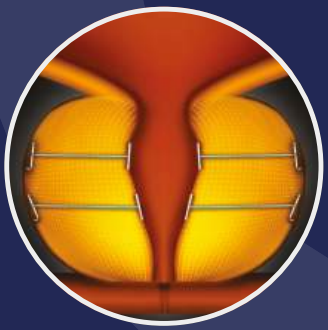
IPSS program: a critical tool in identifying and measuring quality results vs. benchmarks

Contact local representative for general questions:

UroLift.IN@teleflex.com



Pre-procedure



Post-procedure

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HELP YOUR PATIENTS TAKE CARE OF NUMBER ONE WITH THE **#1 CHOSEN MINIMALLY INVASIVE** BPH PROCEDURE PERFORMED IN THE U.S.[1]

Safety Information:

Indicated for the treatment of symptoms of an enlarged prostate up to 100 cc in men 50 years or older. As with any medical procedure, individual results may vary. Most common side effects are temporary and include hematuria, dysuria, micturition urgency, pelvic pain, and urge incontinence.[6] 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.

1. U.S. 2022 estimates based on US Market Model 2022-24 (5-17-22 FINAL), which is in part based on Symphony Health PatientSource® 2018-21, as is and with no representations/warranties, including accuracy or completeness; 2. OUS 2022 estimates based on OUS Market Model 2022-24, data on file; 3. Roehrborn, Can J Urol 2017; 4. AUA BPH Guidelines 2021; 5. Biodesign Case Study 2015, Stanford Biodesign Exec. Ed; 6. Roehrborn, J Urol 2013; 7. AUA BPH Guidelines 2003, 2020; 8. McVary, Urology 2019; 9. Roehrborn, Predictors of Durability, AUA 2021; 10. Shore, Can J Urol 2014; 11. Bachmann, Eur Urol 2013; 12. McVary, J Urol 2016; 13. Mollengarden, Prostate Cancer Prostatic Dis 2018; 14. Das, Can J Urol 2019; 15. Kaplan, Analysis of Real-World Healthcare Claims, EAU Conference Presentation, 2021; 16. Wasson, J Urol 2000; 17. Taylor, Can J Urol 2015; 18. Lukacs, Eur Urol, 2013; 19. Compared to prior-generation UroLift System; 20. Compared to prior-generation UroLift System. Based on UroLift 2 Market Acceptance Test data. Calculations on file; 21. Eure J Endouro 2019; 22. Compared to prior-generation UroLift System. Data on file; 23. Rukstalis et. al, Prostate Cancer and Prostatic Diseases 2018 MedLift Study; 24. Roehrborn, et al, EAU 2023. Durability following treatment with the Prostatic Urethral Lift (PUL): Predictors from over 330 controlled subjects across 5 distinct studies. [Conference Presentation] Study sponsored by Teleflex Incorporated or its affiliates; 25. Barber, et al, EAU 2023. Patient characteristics and dynamic variables predictive of meaningful quality of life and sexual function improvement after Prostatic Urethral Lift (PUL). [Conference Presentation] Study sponsored by Teleflex Incorporated or its affiliates; 26. Data on file; 27. UroLift System Instructions for Use; 28 Roehrborn, Prostate Can Prost Dis 2021.

WARNING: This device contains stainless steel and nitinol, an alloy of nickel and titanium. Persons with allergic reactions to these metals may suffer an allergic reaction to this implant. Prior to implantation, patients should be counseled on the materials contained in the device, as well as potential for allergy/hypersensitivity to these materials.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

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