



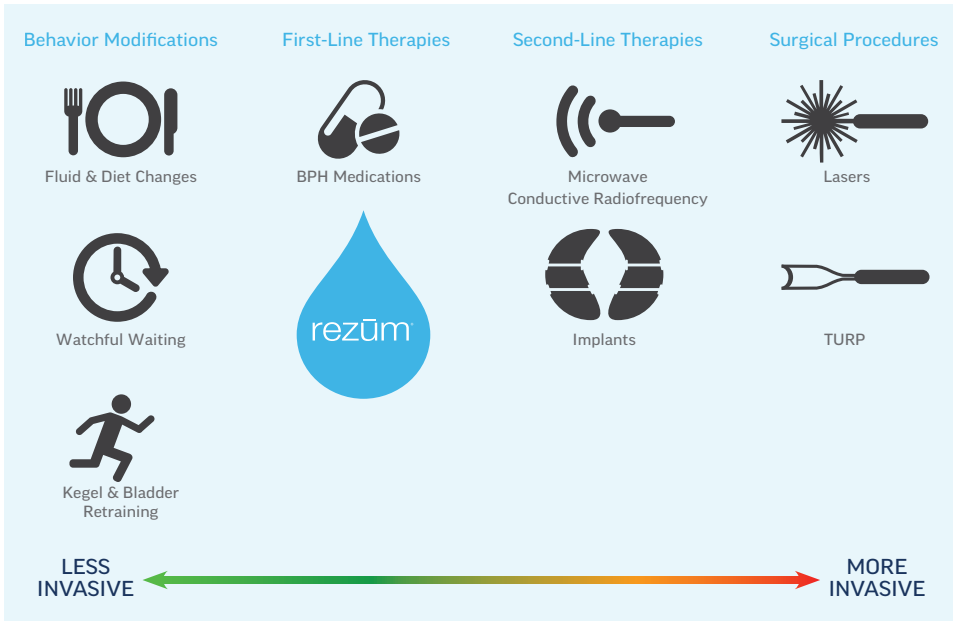
finding the
right fit

rezūm[®]

IDENTIFYING PATIENTS

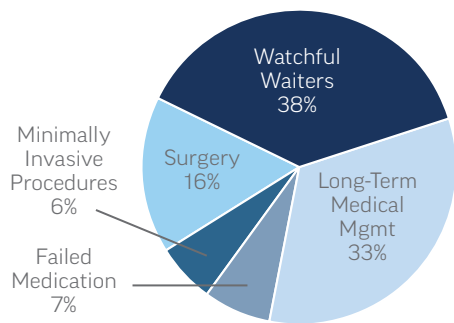
Rezūm, a new minimally invasive treatment, is now available to offer patients as a first-line BPH therapy.

BPH TREATMENT OPTIONS



Based on annual BPH diagnosis data, over 80%* of your BPH patients may be good candidates for Rezūm.

Patients who may benefit from Rezūm include:



- Men who are watchful waiting and bothered by symptoms
- Men who have chosen not to take BPH medications, are taking them but are dissatisfied or have discontinued them
- Men who are not receptive to other minimally invasive or surgical BPH procedures

*Source: BPH and Prostate Cancer Market for Minimally Invasive Surgeries, Dymedex Consulting, 2012

SELECTING PATIENTS

In addition to the EAU BPH Guidelines diagnosis tools used to determine if a patient has BPH/LUTS, the following patient selection criteria are specific to Rezūm.

Indications for using the Rezūm System

The Rezūm System is intended to relieve symptoms, obstructions and reduce prostate tissue associated with BPH. It is indicated for men >50 years of age with:

- Prostates $\geq 30 \text{ cm}^3$
- Prostates with hyperplasia of the central zone and/or a median lobe

Contraindications for the Rezūm System

The use of the Rezūm System is contraindicated for patients:

- with a urinary sphincter implant
- who have a penile prosthesis

Selecting your first Rezūm patients

When selecting initial patients to treat with Rezūm, consider the following:

- Smaller prostates ($\leq 50 \text{ cm}^3$)
- Prostates with a low propensity for bleeding

To optimize your learning experience during the initial two Rezūm training days, scheduling 4-6 patients each day is recommended.

PRE-TREATMENT PLANNING

Pre-treatment planning involves estimating the likely number and location of water vapor treatments, as well as being prepared for challenging anatomy. Pre-treatment planning will help ensure an efficient procedure, minimize patient discomfort, and prepare for potential challenges such as obscured visualization due to urethral bleeding, which is common with cystoscopic procedures.

Use flexible cystoscopy and/or TRUS (transrectal ultrasound) to assess the following:

- Prostatic urethral length and prostate volume
- Prostatic urethral angle (mid-sagittal view)
- Presence of a median lobe or elevated central zone
- Intravesical protrusion
- Patient pain tolerance and propensity for bleeding

PROCEDURE DAY PLANNING

Pain management options

Three primary pain management options have been successfully used for Rezūm:

ORAL MEDICATIONS

ONE HOUR PRIOR TO PROCEDURE

- Anti-anxiety - e.g., 1-2 mg alprazolam
- Analgesia - e.g., 5-10 mg hydrocodone/acetaminophen OR 5-10 mg oxycodone/acetaminophen
- Anti-inflammatory - e.g., ibuprofen

PROSTATE BLOCK

(See images on next page)

MODIFIED PROSTATE BLOCK (DR. J.R. BEAHR)*

SUPPLIES NEEDED:

- 22G needle
- 20 cc lidocaine 1% (10 cc right, 10 cc left)
- TRUS

TRADITIONAL BLOCK

- 10 minutes prior to procedure
- Using a 22G needle, inject 3-4 cc of 1% lidocaine in the hyperechoic area between the prostate and the seminal vesicles (e.g., "White Mountain") (A)
- Inject 1-2 cc under the prostate from the vascular pedicle to the apex, between the prostate and the rectum (B)

ADDITIONAL MODIFICATION

- Inject 4-5 cc lateral to seminal vesicle at the inferior hypogastric nerve plexus (e.g., the hyperechoic area between the prostate and the bladder neck, or "Clouds Above White Mountain") (C)

Repeat steps above bilaterally

Minimize risks associated with infection or bleeding:

- Antibiotic 48 hours pre-procedure
- Cease anticoagulation pre-procedure

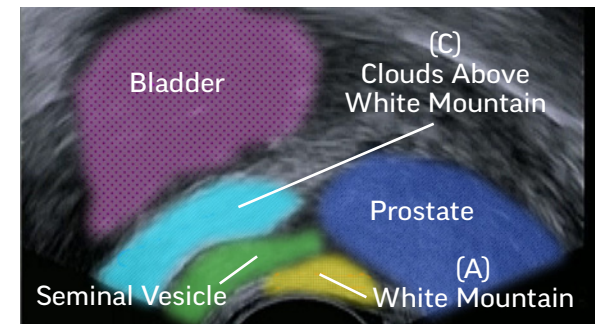
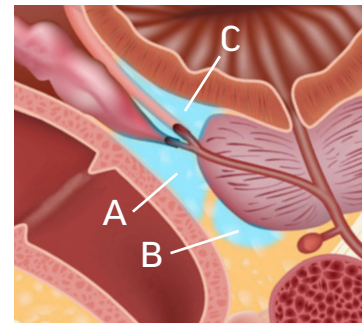
IV SEDATION

IV sedation as per institution anesthesia protocol

During our early commercial experience, we have observed physicians who use a modified periprostatic nerve block during Rezūm procedures consistently provide patients with a comfortable treatment experience.

A traditional periprostatic block includes bilateral injections of a local anesthetic at the vascular pedicle, the junction between the base of the prostate and the seminal vesicles (sometimes referred to as the "White Mountain" as viewed on TRUS), and along the prostate to the apex (Nash, 1996).

During a Rezūm treatment, thermal energy is delivered to the transition zone and central zone tissue close to the bladder neck. In order to maintain patient comfort during each 9 second vapor treatment, it is important to also anesthetize the area at the junction of the prostate and the bladder neck. The inferior hypogastric nerve plexus is located in this area and is particularly susceptible to irritation from thermal energy. Injecting 4-5 cc of 1% lidocaine, or a similar local anesthetic, will minimize patient discomfort during the procedure.



* This illustrates a periprostatic nerve block technique for informational purposes and is intended for use only by physicians who express interest in using a periprostatic block. Physicians should use their clinical judgment and experience when deciding how to treat patients. Each patient experience is unique. This document does not provide any indication, guide, warranty or guarantee as to the response of any individual patient as the responses of individual patients may vary.

SETTING PATIENT EXPECTATIONS

The patient's perception of the procedure may be impacted by the expectations set by the treating physician. Therefore, discussing the following key topics with patients throughout the process (initial consult and the day of the procedure) is recommended. Patients can be directed to www.rezum.com to review the same information at home with their spouse or family after their initial appointment.

1. Introducing Rezūm

The following is a high-level introduction to Rezūm for patients:

Rezūm is a safe and effective treatment option to relieve symptoms associated with benign prostatic hyperplasia, or BPH, by using the natural energy stored in water vapor, or steam.

During each 9 second treatment, sterile water vapor is released throughout the targeted prostate tissue. When the steam turns back into water, all the stored energy is released, causing the treated tissue cells to die.

Over time, the body's natural healing response removes the dead tissue cells, shrinking the prostate. With the extra tissue removed, the urethra opens, reducing BPH symptoms. Most patients begin to experience symptom relief in as soon as two weeks and maximum benefit¹ should occur within three months.

2. Pre-Procedure Expectations

The following are useful topics to discuss as part of the pre-procedure discussion:

- Antibiotics course
- Cease anticoagulants prior if appropriate (Coumadin® 5 days, Aspirin® 7-10 days)
- Advise for current medications, including BPH medications
- Discuss preparation, as appropriate (e.g., fasting, enema, driver)
- Patients should allow about half a day for the appointment

3. Post-Procedure

This section provides key post-procedure expectations that should be covered prior to the patient's departure. Covering these topics should help reduce or eliminate the likelihood that patients will contact you regarding items that are a normal part of the healing process.

- May experience dysuria for 7-10 days (irritative symptoms, urgency, frequency).
 - Warm sitz bath or sitting on a hot water bottle
 - Avoid caffeine (coffee, tea, chocolate) and alcohol for 2-4 weeks
 - Mild pain medication such as Tylenol®
- May have a catheter for 72 hours.
- May experience blood in urine or ejaculate for a few weeks.
- Avoid activities that may irritate the prostate for up to 4 weeks, such as sexual activity, bike riding, etc.

REZŪM IN YOUR PRACTICE

The following are some potential opportunities to facilitate the seamless integration of Rezūm into your busy practice.

BPH Medication Survey

Sometimes it is difficult for patients to articulate the challenges they are having with their current treatment course or they have gotten used to the side effects or inconveniences. This survey assesses patients' current state on BPH medications and asks patients if they would like to learn about a potential new treatment for BPH. If they indicate they are interested, this survey may be a nice way to open the door to a conversation about Rezūm.

Catheterization

Rezūm delivers energy into the prostate to treat the tissue. As a result, the body's natural healing response may result in some short-term inflammation. The duration of these inflammatory symptoms can vary based on the size of the prostate, number and location of treatments, and whether a median lobe was treated. Based on the Rezūm II pivotal study, the recommended guideline is to catheterize for 72 hours post-procedure.¹

Selecting Rezūm Days

The benefit of focused Rezūm days, both for training and beyond, is that the team can better execute an efficient flow. Your team should find that the patient flow is similar to that of normal cystoscopies.

1. Roehrborn CG, Gange SN, Gittelman MC, et al. Convective thermal therapy: Durable 2-year results of randomized controlled and prospective crossover studies for treatment of lower urinary tract symptoms due to benign prostatic hyperplasia. *J Urol.* 2017 Jun;197(6):1507-16.

Coumadin is a registered trademark of Bristol-Myers Squibb Pharma Company. Aspirin is a registered trademark of Bayer HealthCare LLC. Tylenol is a registered trademark of Johnson and Johnson.



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