

An Innovative,  
Minimally Invasive  
Treatment for Enlarged  
Prostate (BPH)



## What Is BPH?

Benign prostatic hyperplasia (BPH) is the medical term to describe an enlarged prostate, a condition that can affect how you pass urine. This is a very common condition, affecting about 50% of men by age 60 and up to 90% of men by age 85.<sup>1</sup>

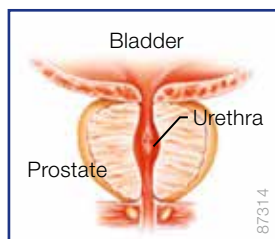
Many men worry that BPH can turn into prostate cancer. This is not the case.<sup>2</sup> BPH is not cancer, and cannot develop into cancer. However, prostate enlargement can disturb your sleep, your social life and have a severe impact on your quality of life.

### Symptoms of BPH

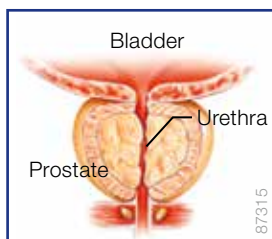
An enlarged prostate can exert pressure on the urethra, the passage through which urine passes.

This can affect how you urinate, and may cause:

- Difficulty starting a urine stream.
- Inability to completely empty the bladder.
- A frequent/urgent need to urinate.
- A weak urine stream.
- Getting up frequently at night to urinate.



**Normal Prostate**



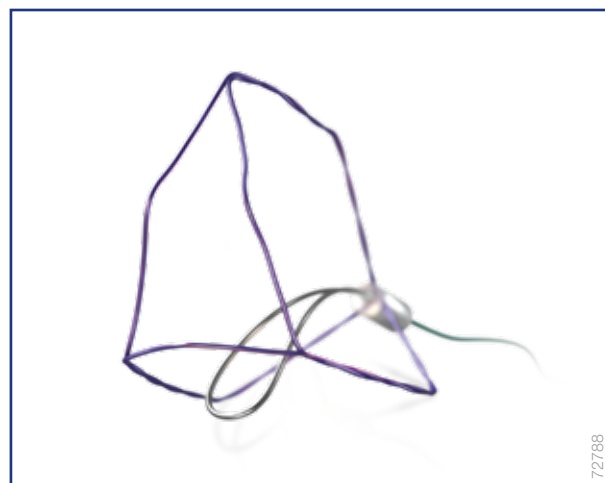
**Enlarged Prostate**

## What Is iTind?

iTind is a minimally invasive and clinically proven treatment that provides rapid and effective relief from BPH symptoms.

The treatment involves the implantation of a small device into the prostate for 5-7 days, after which it is completely removed. Once the iTind has been implanted, it expands and applies gentle pressure, remodeling the tissue and creating a wider channel through which urine can flow.

The iTind procedure is an ideal alternative to prescription medication or invasive surgery. You should consider iTind if you do not want to take a pill every day, or if you have tried standard drug treatments and were unsatisfied with the level of symptomatic relief or the side effects.



**iTind Device**

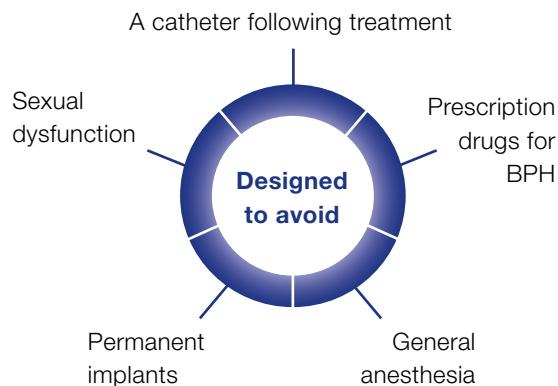
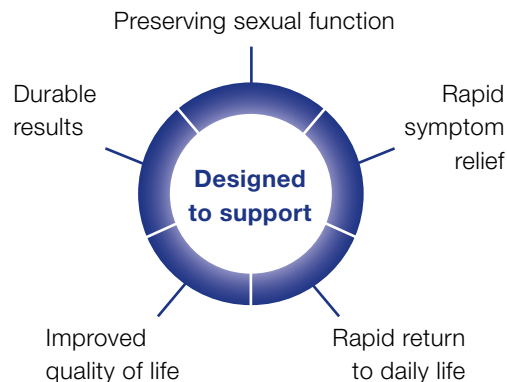
## Why iTind — How Will It Help Me?

The procedure can be performed under light sedation or a local anesthetic, typically takes less than 30 minutes, and does not involve the heating or removal of prostate tissue.

iTind aims to deliver not only effective symptomatic relief but also peace of mind.

### The Benefits of iTind:

- Rapid and effective symptom relief.<sup>3-6</sup>
- Durable results.<sup>3-6</sup>
- Rapid return to daily life.<sup>5,6</sup>
- No requirement for general anesthesia.<sup>5</sup>
- Routinely catheter free procedure.<sup>4,5</sup>
- No permanent implant resulting from the procedure.
- Preserves sexual and ejaculatory function.<sup>5,6</sup>
- Preserves urinary continence.<sup>6</sup>



### Treatment Options for BPH

Watchful Waiting

Medication

iTind

Ablative Treatments  
Permanent Implants

Laser and Prostate  
Resection (TURP)

Nonsurgical Options

Minimally Invasive

Surgical Options

As with any medical procedure, individual results vary. Please speak with your doctor to see if the iTind procedure is right for you.

## How Does iTind Work?

### 1. The Insertion of iTind

The iTind is placed in the prostatic urethra in a narrow, folded configuration.



### 2. The Implantation Period

During the implantation period of 5-7 days, the device expands and exerts gentle pressure at three precise points to remodel the prostatic urethra and opening to the bladder.



### 3. The Removal of iTind

After 5-7 days the device is completely removed, aiming to leave a wider opening through which urine can flow, and to relieve the symptoms of BPH.



If you are suffering from symptoms of an enlarged prostate, please ask your doctor if iTind is right for you.

Preserves sexual and ejaculatory function



## What Can I Expect from the iTind Procedure?

**1. The Insertion of iTind:** The iTind procedure will most likely be performed in the operating theatre by your Urologist. Your urologist may provide some light sedation and a local anesthetic.

A small thin tube with a tiny camera will be placed into your urethra to determine where to place the iTind. Your urologist will then place the iTind device in your prostate.

Once in place you should be able to urinate freely and you will be released to go home. Routinely there is no need for a catheter.

**2. The Implantation Period:** During the next 5-7 days you may return to most normal activities, depending on how comfortable you feel. You may have soreness in the lower abdomen, and it may be uncomfortable to sit. You may experience the need to urinate more frequently and with greater urgency. You may also have some blood in your urine. These are all normal reactions.

**3. The Removal of iTind:** After 5-7 days, your urologist will completely remove the iTind device using a flexible silicone catheter. You may return to normal activities 1-2 days after the removal.

**Rapid return to daily life.**



The treatment with iTind **avoids many of the complications** associated with **prescription medication, surgery** or **permanent implants**.



## Frequently Asked Questions

### How Do I Know If the iTind Treatment is Right for Me?

Together with your urologist you will review your symptoms, routine and lifestyle needs to determine if iTind is suitable for you. The iTind procedure is a new alternative to prescription drugs or surgery. It is designed for men who want to preserve a high quality of life and those that want to preserve sexual activity.

### How Long Is the Recovery Period?

After the iTind device has been inserted, you may be asked to stay in the hospital for a couple of hours (this is normal). Upon returning home you may return to most normal activities depending on how comfortable you feel.

### When Will I Feel Results?

Most patients start to feel symptom relief as soon as the device has been removed. Symptoms typically continue to improve over the next 6 to 12 weeks.

### Will the iTind Treatment Affect Sexual Function?

The device is designed to preserve the sexual and ejaculatory function.<sup>5,6</sup> Its positioning aims to ensure that no damage is caused to sperm ducts or sphincters and to minimise risks of sexual dysfunction.

### Is the Treatment Permanent?

Durability has been demonstrated out to three years in terms of symptom improvement, urinary flow and quality of life in a significant number of patients.<sup>3,4</sup> The iTind treatment does not preclude retreatment or other BPH treatments, should they be needed or desired in the future.

### Disclaimer

The content of this brochure is for informational purposes only and does not constitute medical advice and should not be used for medical diagnoses. Please consult with your physician on all matters pertaining to your health or to address any clinical/medical questions.

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This brochure provides a general overview of the iTind procedure. Please contact your doctor if you have any further questions.

**iTind supports you in  
reclaiming your quality of life.  
What are you waiting for?**

## References

- <sup>1</sup> Barry M, Roehrborn C. Management of benign prostatic hyperplasia. Ann Rev Med. 1997 Feb; 48:177-189.
- <sup>2</sup> NHS: "Benign prostate enlargement", March 21, 2017, URL: <https://www.nhs.uk/conditions/prostate-enlargement/> [March 26, 2020].
- <sup>3</sup> Porpiglia F, Fiori C, Bertolo R, et al. 3-Year follow-up of temporary implantable nitinol device implantation for the treatment of benign prostatic obstruction. BJU Int. 2018;122(1):106-112. doi:10.1111/bju.14141.
- <sup>4</sup> Amparore D, Fiori C, Valerio M, et al. 3-Year results following treatment with the second generation of the temporary implantable nitinol device in men with LUTS secondary to benign prostatic obstruction. Prostate Cancer Prostatic Dis. 2021;24(2):349-357. doi:10.1038/s41391-020-00281-5.
- <sup>5</sup> Chughtai B, Elterman D, Shore N, et al. The iTind Temporarily Implanted Nitinol Device for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia: A Multicenter, Randomized, Controlled Trial [published online ahead of print, 2020 Dec 26]. Urology. 2020;S0090-4295(20)31520-X. doi:10.1016/j.urology.2020.12.022.
- <sup>6</sup> De Nunzio C, Cantiello F, Fiori C, et al. Urinary and sexual function after treatment with temporary implantable nitinol device (iTind) in men with LUTS: 6-month interim results of the MT-06-study. World J Urol. 2021;39(6):2037-2042. doi:10.1007/s00345-020-03418-2.