

So You Have Decided to Have an iTind Procedure

iTind

What Do You Need to Know?





The iTind Procedure

You are receiving this leaflet as you have decided to undergo the iTind procedure to treat your symptoms of benign prostatic hyperplasia (BPH), commonly known as an enlarged prostate.

The iTind procedure is an ideal alternative to prescription medication or invasive surgery. iTind avoids many of the complications associated with these treatment options. Additionally, no permanent implant is left behind resulting from the procedure.

The Benefits of iTind:

- Rapid and effective symptom relief.1-4
- Durable results.1-4
- Rapid return to daily life.3,4
- No requirement for general anesthesia.³
- Routinely catheter free procedure.^{2,3}
- No permanent implant resulting from the procedure.
- Preserves sexual and ejaculatory function.^{3,4}
- Preserves urinary continence.⁴

iTind can help relieve your BPH symptoms and supports you in getting back to the things you like to do!

What Happens on the Day of the Procedure?

The following is intended as a general overview. Your experience may differ. Please talk to your urologist about potential risks and questions you may have about the procedure.

- iTind will most likely be implanted in the operating theatre by your Urologist.
- The procedure will be carried out either under a short-acting sedation or local anesthetic, according to individual circumstances.
- You will typically go home within a few hours of the procedure, when you have passed urine satisfactorily. You should arrange for a ride home.
- Most patients experience a rapid improvement in urine flow and are released home without a catheter.
- If you are unable to pass urine after the procedure, a catheter may be temporarily inserted to help relieve your bladder. The catheter will usually be removed after a few hours and you will be able to go home.



The Insertion of iTind

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



What to Expect While the iTind Is in Place

- After the iTind device has been inserted, you will be asked to stay in the hospital for a couple of hours before you can return home.
- You may be given an antibiotic to help avoid infection.
- For the 5-7 days while the iTind is in place, you will have a suture running from the iTind out of your penis, to which the suture will be taped.
- Please do not cut or damage the suture. It will be used to remove the device.
- While the device is in place, you should not engage in any sexual activities or do any strenuous exercise (including heavy lifting, cycling and running) or activities such as sitting on a lawnmower or working with vibrating equipment.

Your Checklist Before You Go Home:

- ✓ Make sure you understand what has been done.
- \checkmark Ask the surgeon if everything went as planned.
- ✓ Let the staff know if you have any discomfort.
- ✓ Ask what you can (and cannot) do at home.
- ✓ Make sure you know what happens next.
- ✓ Make sure you receive details of whom to contact in the event of any problems.

The following side effects can occur during the implantation period, but should resolve as soon as the iTind is removed:

- Slight burning during urination
- Light blood in your urine and possibly the passing of some small clots. This usually resolves over the first 2-3 days following implantation of the device.
- A greater frequency and urge to urinate. The device will be applying pressure in the area where your bladder meets your prostate. This is usually felt most strongly during the first two or three days, after which the feeling begins to subside. Drinking little and often can help relieve some of these symptoms.
- The feeling of pressure and the presence of a foreign object in the area of your perineum. Most patients experience this as being a little uncomfortable, especially when sitting. Some patients experience stronger discomfort, and your urologist may prescribe painkillers or a nonsteroidal anti-inflammatory drug if this happens.



The implantation period

During the 5-7 day treatment, the device expands and exerts gentle pressure at three precise points to remodel the prostatic urethra and opening to the bladder.



What Happens After 5-7 Days?

- Your urologist will remove the iTind device using a flexible silicone catheter.
- The iTind device will be removed either in an operating room or in an outpatient department (depending on the urologist).
- The procedure will be carried out either under a short-acting sedation or local anesthetic, according to individual circumstances.
- Should you be unable to urinate after the removal, a catheter may be temporarily placed to help empty your bladder. The catheter will typically be removed when you have passed urine satisfactorily.
- You may return to normal activities 1-2 days after the device is removed.
- Mild episodes of blood in your urine are possible for a few days to one week after the procedure, but this will resolve on its own.

Frequently Asked Questions

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.

Are There Any Side Effects After the Treatment Is Complete?

In clinical studies^{1,2}, there have been no indications of long-term adverse side effects. Since the iTind device is already completely removed after 5-7 days, there is no risk of late device migration, encrustation or tissue overgrowth that could cause further complications. Moreover, there are no obstacles to maintaining a regular prostate screening program, including physical exams or any type of imaging, such as MRI, if needed.

Will the iTind Treatment Affect Sexual Function?

The device is designed to preserve the sexual and ejaculatory function.⁴ 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.^{1,2} The iTind treatment does not preclude retreatment or other BPH treatments, should they be needed or desired in the future.



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.

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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The removal of iTind

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

¹ 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. ² 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.

³ 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.

⁴ 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.



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