EASE INTO RELIEF

Your guidebook for getting results with Medtronic Bladder Control Therapy delivered by the NURO™ system
Congratulations! This therapy restores* bladder function, putting you on a path to fewer trips to the bathroom, fewer pads per day, and more of the activities you enjoy. This guidebook explains what to expect during the first 12 weeks of your therapy — and how to sustain your relief over time.

*Restored bladder function is defined as a measurable reduction in urinary frequency and/or urinary incontinence episodes following treatment.

GETTING STARTED

Here are four things you can do as you start your journey to relief.

1. Visit medtronic.com/oab to learn more.
2. Register for weekly support at medtronic.com/signup.
3. Schedule all 12 weekly appointments.
4. Use the Bladder Symptom Diary (see page 14).

Actual patients not pictured throughout this guidebook.
Medtronic Bladder Control Therapy delivered by the NURO™ system targets the tibial nerve to help you regain control of your bladder. The tibial nerve, which is located where the tibia (shinbone) meets the ankle, connects to the nerves that control your bladder. Our therapy stimulates this nerve through an acupuncture-like needle placed in the skin. It is known as “percutaneous tibial neuromodulation” or PTNM. Your doctor may also call it percutaneous tibial nerve stimulation (PTNS).

WHAT DOES IT FEEL LIKE?
The therapy should not be painful, although you may feel a slight tingling in your heel. Don’t worry — PTNM is convenient and comfortable. You’ll be free to read or listen to music during the sessions.

WHERE IS IT DELIVERED?
Therapy is delivered at your doctor’s office. It starts with 12 weekly, 30-minute sessions.

Our therapy helps you live with less worry and more confidence. It can help you take back control of your bladder — and your life. It doesn’t cause unpleasant side effects like oral medications can¹, and is unlikely to require self-catheterization, unlike injectable medications.

Most common side effects of PTNM are temporary and include mild pain and inflammation at or near the stimulation site.

START YOUR JOURNEY

Your therapy begins with 12 weekly sessions. Make sure to go to all of them.

START IT UP!

You’ve taken the most important step — the first one. Use the diary (see page 14) to record any improvements as well as how you’re feeling.

THINK AHEAD!

Look at the discussion guide (see page 10), then talk with your doctor about sustaining your relief with maintenance therapy or considering other treatment options.

KEEP GOING!

If you are starting to see benefits by now — that’s great! If not, don’t stop. When you’ve completed all 12 sessions, you and your doctor will talk about your results and what happens next.
WHY DOES THIS THERAPY TAKE TIME TO WORK?
While it’s not clear what causes overactive bladder (OAB), research suggests it is linked with poor bladder-brain communication. Unlike most other OAB treatments, this therapy restores* the communication pathway between the bladder and your central nervous system to help your bladder function normally. But it can only do so gradually.

WHAT IS MAINTENANCE THERAPY?
Maintenance sessions are the same as the first 12, but are scheduled every three to four weeks.

WHAT IF THIS THERAPY IS NOT THE ANSWER?
If PTNM does not provide the relief you need, rest assured it is not the only option. Ask your doctor if Medtronic Bladder Control Therapy delivered by the InterStim™ system could work for you.


*Restored bladder function is defined as a measurable reduction in urinary frequency and/or urinary incontinence episodes following treatment.

GET THE SUPPORT YOU NEED
You are not alone in having OAB — and you are not alone when it comes to support. Here are two ways to get help:

1. Visit medtronic.com/oab to learn more about PTNM and find helpful resources.
2. Sign up for support. Use the form on the next page or visit medtronic.com/signup.
   - Get weekly therapy reminders via email and text.
   - With your doctor’s approval, the Support Link™ team will call you to offer encouragement and capture symptom diary details.
Fill out this form to receive weekly therapy reminders by email and text. In addition, with your doctor’s approval, a Support Link™ Specialist will call you throughout your PTNM treatment journey to answer your questions, provide education, and capture your progress.

Your contact information. Please print.

Patient
First Name: _____________________  Last Name:  ________________________ Date of Birth: _______________
Address: ____________________________________
City: __________________________
State: __________
ZIP: _______
Phone: _______________________
Mobile Phone:* _______________________ Email:** _________________________
Patient’s Physician Name: ________________________________________ Clinic Name: ____________________________
Patient Signature: ____________________________________________ (if 18 years old or older)
Date: _______________

To submit this form, please mail it to 7000 Central Ave. NE, RCE230, Minneapolis, MN 55432-9987, or fax it to 1-800-892-7708. To receive a copy of this consent, please call 1-800-892-7708, or email us at rs.neuropatientsupport@medtronic.com. Let us know how you would like to receive it (email, mail, or fax).

*Message and data rates may apply. Text STOP to 69301 to stop receiving Medtronic therapy reminders. Compatible carriers include: Verizon Wireless, AT&T, Sprint, Boost, Virgin Mobile USA, T-Mobile, Metro PCS. Medtronic respects your right to privacy. T-Mobile is not liable for delayed or undelivered messages.

**It is important to provide your email address as communications will be sent to you electronically.

Caregiver
First Name: _________________________________ Last Name: _____________________________________
Address: ____________________________________
City: __________________________
State: __________
ZIP: _______
Phone: _______________________________
Email: ______________________________________________________
Caregiver Signature: ____________________________________________ Date: ______________________________
Relationship to Patient ____________________________________________________________________________

SUPPORT PROGRAM AGREEMENT
By completing and submitting this form, you are granting Medtronic permission to add your personal information, including your contact information and basic healthcare information, to its patient database, and to share that information with Medtronic representatives and healthcare providers, as appropriate.

We may conduct analyses on information collected in order to make improvements to and provide training on our operations, products, services, and customer communications. Medtronic may de-identify data collected, combining it with data collected from other sources. Lastly, information provided may be shared with your physician for treatment considerations or other purposes.

You also agree to being contacted by Medtronic in the future by mail, telephone, or by non-password protected electronic communications, such as emails or text messages. Medtronic may exchange information with you regarding our products or services, inquire about your experience, or determine how Medtronic can support you through your journey.

Medtronic respects the confidentiality of your personal information. If at any time you wish to revoke all or part of this permission, you can email us at rs.neuropatientsupport@medtronic.com or send a request in writing to: Medtronic Patient Support, 7000 Central Ave. NE, RCE 230, Minneapolis, MN 55432. This permission will expire 10 years after the date of your signature.†

† If you live in Maryland, the consent expires automatically in one year. We may contact you then to see if you would like to renew it.

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GU-PTNM-WS-1
Use the Bladder Symptom Diary on the back of this page to track how you are feeling each week of the therapy. It can help guide discussions with your doctor and keep you on the right path.

At the last weekly session, the diary will help you and your doctor figure out the next step to take.

Download a diary at medtronic.com/bladderdiary
PTNM has improved my quality of life. It is such a relief not to have to be worrying about my bladder needs. It’s a nice sense of freedom.”

– Mary D., experiencing relief with Medtronic Bladder Control Therapy delivered by the NURO™ system

YOUR BLADDER SYMPTOM DIARY

Track your symptoms in the diary according to your doctor’s recommendations. If you had no episodes on a given day, record that as well. Please record your urgency rating even if you did not experience leakage. Talk with your doctor if you have questions about completing this diary.

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Void</th>
<th>Leak</th>
<th>Pad: Mild, Moderate, Soaked</th>
<th>Urgency? Rate 1–5 (5 is high)</th>
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Do you feel that this therapy is providing you relief? YES NO

How would you characterize your improvement?

slightly improved  moderately improved  markedly improved

MY EVALUATION STARTED ON ____/____/____ AT ____:____ TIME

PATIENT NAME ________________________________
DATE OF BIRTH ________________________________
Medtronic Bladder Control Therapy delivered by the InterStim™ system treats urinary retention (inability to completely empty the bladder) and the symptoms of overactive bladder, including urinary urge incontinence (leakage) and significant symptoms of urgency-frequency. It should be used after you have tried other treatments such as medications and behavioral therapy and they have not worked, or you could not tolerate them.

You must demonstrate an appropriate response to the evaluation to be a candidate. You cannot have diathermy (deep heat treatment from electromagnetic energy) if you have an InterStim™ device.

This therapy is not intended for patients with a urinary blockage. Safety and effectiveness have not been established for pregnancy and delivery; patients under the age of 16; or for patients with neurological disease origins.

In addition to risks related to surgery, complications can include pain at the implant sites, new pain, infection, lead (thin wire) movement/migration, device problems, interactions with certain other devices or diagnostic equipment such as MRI, undesirable changes in urinary or bowel function, and uncomfortable stimulation (sometimes described as a jolting or shocking feeling).

Medtronic Bladder Control Therapy delivered by the NURO™ system treats overactive bladder and associated symptoms of urinary urgency, urinary frequency, and urge incontinence. This therapy is not intended for patients with pacemakers or implantable defibrillators, patients prone to excessive bleeding, patients with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function, or on patients who are pregnant or planning pregnancy. Do not use if the skin in the area of use is compromised. Exercise caution for patients with heart problems. Adverse events are typically temporary, and include mild pain, minor inflammation and bleeding near treatment site.

These therapies are not for everyone. These treatments are prescribed by your doctor. Please talk to your doctor to decide whether these therapies are right for you. Your doctor should discuss all potential benefits and risks with you. Although many patients may benefit from the use of these treatments, results may vary. For further information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic’s website at www.medtronic.com.

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