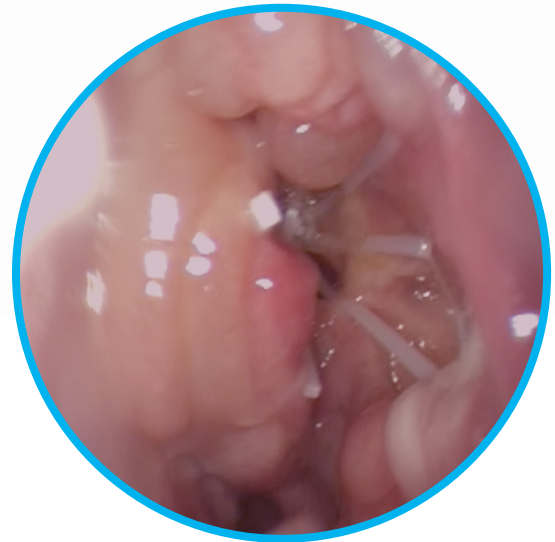


SINUVA™ (mometasone furoate) sinus implant

# Placement in the ethmoid sinus

## Proper placement of the SINUVA™ sinus implant

Notice the ends are well-aligned with the anterior portion of the middle turbinate and well-apposed.



### Baseline

Patient presents with CRSwNP



### Advancing the SINUVA™ implant delivery system

Load SINUVA™ sinus implant into the delivery system <5 minutes prior to placement.

#### During insertion:

- Distal tip should be curved superiorly.
- Maintain shaft parallel to roof of the ethmoid sinus.



### Mid-procedure

Place the SINUVA Sinus Implant amongst the sinus polyps with the cap oriented toward the posterior ethmoid sinus, and with the Implant positioned as superiorly as possible in the sinus. The long ends of the Implant should be in approximately the 2 o'clock, 4 o'clock, 8 o'clock and 10 o'clock positions, respectively.

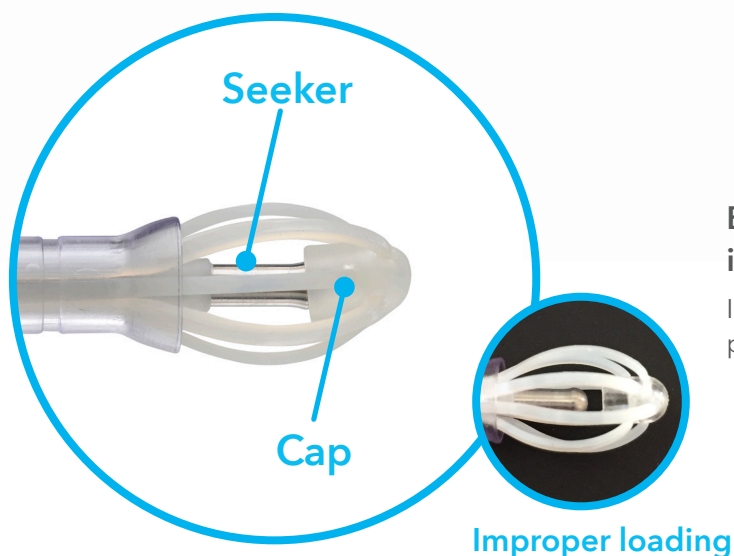
### SINUVA™ Sinus Implant indication: INDICATION

SINUVA™ Sinus Implant is a corticosteroid-eluting implant indicated for the treatment of chronic rhinosinusitis with nasal polyps in adult patients ≥ 18years of age.

Please see additional important safety information on the following pages.

# Placement tips

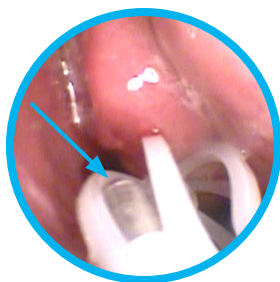
## During loading



**Be sure the seeker is set securely in the implant's cap.**

Improper placement may make maneuverability and proper placement difficult.

## During placement



**If the implant becomes dislodged from the delivery system:**

Remove the implant and inspect for damage. If undamaged, place the implant into the crimper and reload into the delivery system.

**Note:** Implant should not be loaded into the delivery system more than twice in order to maintain radial force.



Original location



Post-pushback

Post-pushback SINUVA™ sinus implant's ends are well-aligned with the MT and well-apposed.

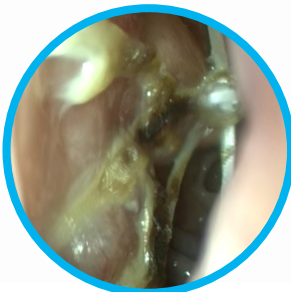
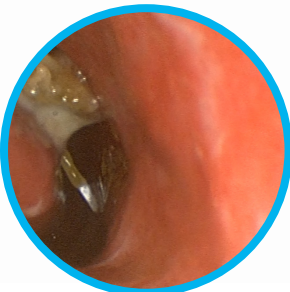
**If the implant is not placed posteriorly/superiorly enough within the ethmoid sinus during initial placement:**

Use standard endoscopic surgical instruments to reposition.

**Note:** Avoid excessive manipulation of SINUVA™ sinus implant after initial placement to maintain tissue apposition in the ethmoid sinus.

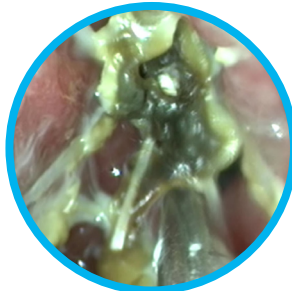
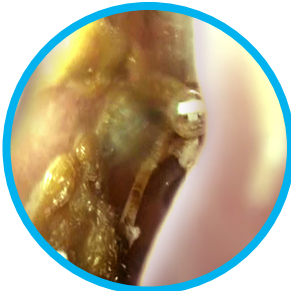
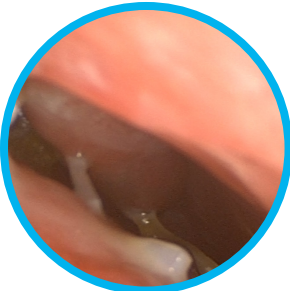
# What you may observe at follow-up

## Day 14



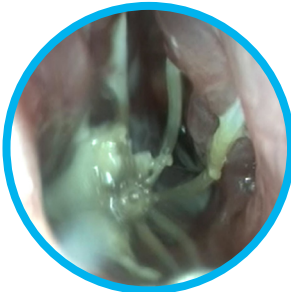
Minimal crusting ..... Severe crusting

## Day 30



Minimal crusting ..... Severe crusting

## Day 60



Minimal crusting ..... Severe crusting

**Crusting:**  
Implant may be debrided, but excessive manipulation and suction should be avoided to ensure implant tissue apposition is maintained.

## SINUVA Indication & Important Safety Information

### INDICATION

SINUVA Sinus Implant is a corticosteroid-eluting implant indicated for the treatment of chronic rhinosinusitis with nasal polyps in adult patients  $\geq 18$  years of age who have had ethmoid sinus surgery.

### IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA Sinus Implant.

#### WARNINGS AND PRECAUTIONS

**Local Nasal Adverse Reactions:** Monitor nasal mucosa adjacent to the SINUVA Sinus Implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

**Glaucoma and Cataracts:** Nasal steroids may result in development of glaucoma and/or cataracts. Glaucoma, cataracts, and clinically significant elevation of intraocular pressure were not observed in patients from the treatment group of one randomized controlled clinical study (N = 53) who underwent bilateral placement of SINUVA Sinus Implants. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

**Hypersensitivity Reactions:** Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.

**Immunosuppression and Risk of Infections:** Persons who are using drugs that suppress the immune system, such as corticosteroids, including SINUVA Sinus Implant are more susceptible to infections than healthy individuals. The safety and effectiveness of SINUVA Sinus Implant have not been established in pediatric patients less than 18 years of age and SINUVA is not indicated for use in this population. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

**Hypercorticism and Adrenal Suppression:** If corticosteroid effects such as hypercorticism and adrenal suppression appear in patients, consider sinus implant removal.

#### ADVERSE REACTIONS

The most common adverse reactions observed ( $> 1\%$  of subjects) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

#### POST MARKETING EXPERIENCE

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Please see Full Prescribing Information for SINUVA attached or at [SINUVA.com/hcp](https://www.sinuva.com/hcp).



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#### SINUVA™ (mometasone furoate) sinus implant

Rx only. Please see Full Prescribing Information for SINUVA™ attached and at [SINUVA.com/PI](https://www.sinuva.com/PI)

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