

Doctor visit discussion guide

For painful diabetic peripheral neuropathy (DPN)

Over 6 million people suffer from painful diabetic foot pain in the US alone, experiencing:^{1,2}

- Shooting, stabbing, burning pain
- Increased pain during sleep
- Numbness in legs or feet
- Slower healing sores



A **non-drug therapy** delivers a revolutionary treatment for diabetic foot pain.



Watch stories from people who are using SCS to manage chronic pain. Scan the QR code with your phone's camera or visit youtube.com/medtronicchronicpain

*"[With my Medtronic device,]
I can go on walks. That in
itself is a big deal... and do
different things with my kids
that I was unable to before.
My outlook improved
dramatically on the future."*

– Farrah

Bring this guide to your next doctor's appointment

How spinal cord stimulation (SCS) works

SCS helps relieve pain by disrupting the pain signals traveling between the spinal cord and the brain.



Learn more about DPN.
Scan the QR code with your phone's
camera or visit:

[medtronic.com/DPNPain](https://www.medtronic.com/DPNPain)

430,000+

people with chronic pain worldwide have been helped by Medtronic SCS pain therapy.³ Medtronic SCS pain therapy is now approved to help treat diabetic foot pain.

Good candidates for "test drive":

- ✓ You have been diagnosed with diabetes
- ✓ You have been diagnosed with diabetic foot and/or leg pain
- ✓ You still have pain after trying other pain management options

Try SCS first

A Medtronic SCS system lets you "test drive" to see how well an SCS device may relieve your pain before making a full commitment.

Did you know?

Approximately **82% of people living with an SCS implant** will likely need at least one MRI[†] within 5 years.⁴ This could be for something like an injury to a limb, diagnostic care, or other causes unrelated to the implant.

A complete Medtronic system will never hold you back.

Potential benefits of SCS

17x

more likely to experience pain relief⁵⁻⁷


86%

of patients experienced treatment success after receiving SCS therapy for 1 year^{8†}

10 yrs

and counting of meaningful pain relief^{9‡}

Not everyone responds to SCS therapy in the same way, and your experience may vary. To understand the benefits and risks of SCS, please discuss them in detail with your doctor.

 [†]Under specific conditions. Refer to product labeling for full list of conditions.

[‡]Success rates in a population of patients treated with SCS in two studies and followed for up to 10 years.



References

1. Veves A, Backonja M, Malik RA. Painful diabetic neuropathy: epidemiology, natural history, early diagnosis, and treatment options. *Pain Med.* 2008 Sep;9(6):660-74.
2. Centers for Disease Control and Prevention. National Diabetes Statistics Report website. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>. Accessed [27-Jun-23].
3. Based on analysis of Medtronic internal GCH sales monitoring from 1982 through March 2023
4. Desai MJ, Hargens LM, Breitenfeldt MD, et al. The rate of magnetic resonance imaging in patients with spinal cord stimulation. *Spine.* 2015;40(9):E531-E537.
5. de Vos CC, Meier K, Zaalberg PB, et al. Spinal cord stimulation in patients with painful diabetic neuropathy: A multicentre randomized clinical trial. *Pain.* 2014;155(11):2426-2431. doi:10.1016/j.pain.2014.08.031
6. Slangen R, Schaper NC, Faber CG, et al. Spinal cord stimulation and pain relief in painful diabetic peripheral neuropathy: A prospective two-center randomized controlled trial. *Diabetes Care.* 2014;37(11):3016-3024. doi:10.2337/dc14-0684
7. Medtronic Pain Therapy Clinical Summary M221494A016 Rev B. United States; 2022.
8. van Beek M, Geurts JW, Slangen R, et al. Severity of neuropathy is associated with long-term spinal cord stimulation outcome in painful diabetic peripheral neuropathy: Five-year follow-up of a prospective two-center clinical trial. *Diabetes Care.* 2018;41(1):32-38. doi:10.2337/dc17-0983
9. Zuidema X et al. Long-term Evaluation of Spinal Cord Stimulation in Patients With Painful Diabetic Polyneuropathy: An Eight-to-Ten-Year Prospective Cohort Study. *Neuromodulation.* 2022 Dec 30;S1094-7159(22)01403-9.

SPINAL CORD STIMULATION BRIEF SUMMARY

INDICATIONS Spinal cord stimulation (SCS) is indicated as an aid in the management of chronic, intractable pain of the trunk and/or limbs-including unilateral or bilateral pain. **CONTRAINDICATIONS** Diathermy - Energy from diathermy can be transferred through the implanted system and cause tissue damage resulting in severe injury or death. **WARNINGS** Sources of electromagnetic interference (e.g., defibrillation, electrocautery, MRI, RF ablation, and therapeutic ultrasound) can interact with the system, resulting in unexpected changes in stimulation, serious patient injury or death. An implanted cardiac device (e.g., pacemaker, defibrillator) may damage a neurostimulator, and electrical pulses from the neurostimulator may cause inappropriate response of the cardiac device. Patients with diabetes may have more frequent and severe complications with surgery. A preoperative assessment is advised for some patients with diabetes to confirm they are appropriate candidates for surgery. **PRECAUTIONS** Safety and effectiveness has not been established for pediatric use, pregnancy, unborn fetus, or delivery. Avoid activities that put stress on the implanted neurostimulation system components. Recharging a rechargeable neurostimulator may result in skin irritation or redness near the implant site. **ADVERSE EVENTS** May include: undesirable change in stimulation (uncomfortable, jolting or shocking); hematoma, epidural hemorrhage, paralysis, seroma, infection, erosion, device malfunction or migration, pain at implant site, loss of pain relief, and other surgical risks. Adverse events may result in fluctuations in blood glucose in patients with diabetes. Refer to www.medtronic.com for product manuals for complete indications, contraindications, warnings, precautions and potential adverse events. Rx only. Rev 0422

Medtronic

710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA
Tel: 763-514-4000

medtronic.com

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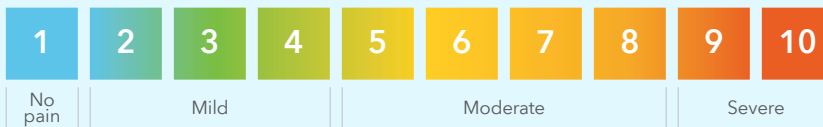
Next steps

1. Answer these questions before your appointment.
How long have you been experiencing painful DPN?

What have you tried to manage your pain?

What side effects have you been experiencing from your current treatment?

What is your average level of daily pain?



2. Bring this guide to your appointment.

Ask these questions at your next doctor appointment:

1. Nothing seems to be helping with my Diabetic Foot Pain, have you heard of Medtronic Spinal Cord Stimulation, which is now approved to treat diabetic peripheral neuropathy (DPN)? (Your doctor can go to Medtronic.com/DPN to learn more).
2. Would you please refer me to a Pain Management Physician who can help determine if a Medtronic SCS is right for me?

Write down your own questions below:

Schedule a consultation with a pain management doctor.



Scan with the camera of your phone to find a local doctor:

medtronic.com/finder

Discuss this guide with your doctor for next steps.

New patient referral

Attention:

Physician name	Facility name
Address	
Phone number	Fax number

Date sent:

Reason for referral:

Evaluate and treat the patient below for a Medtronic SCS trial for DPN.

Diagnosis:

Referring clinician information:

Clinician name	Facility name
Address	
Phone number	Fax number

Patient information:

Patient: Existing New
 Female Male
 Ambulatory Non-ambulatory

Patient name	Birth date
Address	
Phone number	
Underlying condition ICD-9	Diagnosis
Insurance carrier	
Caregiver name	Phone number

Referring clinician signature

Please attach face sheet with clinical notes, medication list, insurance card (both sides), workers' compensation, prior authorization, copies of pertinent diagnostic reports, and MRI/X-rays/CT scans.

Notice: the information contained in this facsimile is confidential patient information intended only for the physician named at the top of this transmittal form. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the facsimile to us at the address listed above via the U.S. postal service.