

**Can't stop thinking about
the bathroom?**



Take Control of Your Overactive Bladder

Do any of these sound familiar?

- ☐ I'm always going to the bathroom
- ☐ I use the bathroom more than 8 times during the day or 2 times at night
- ☐ I go to the bathroom whenever I'm near one, just in case I can't find one when I need it
- ☐ When I have to go, I can't ignore it and have to go right away
- ☐ I've wet myself because I can't get to the bathroom in time



Physician Name



Agenda

- Types of Incontinence
- Overactive Bladder
- Treatment Options
- Patient Story
- Q&A



Main Type of Bladder Bothers

- Overactive Bladder (OAB)
- Stress Urinary Incontinence (SUI)
- Mixed Incontinence
- Chronic Retention of Urine



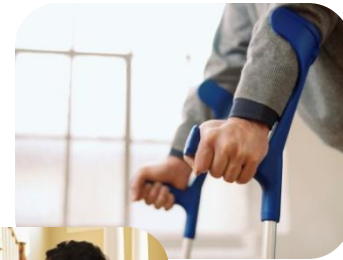
What is Overactive Bladder (OAB)?

- 1 in 6 adults have OAB symptoms:
 - Urinary frequency
 - Urinary urgency
 - Urge incontinence
- Affects both men and women
- Limits activities, relationships & quality of life
- Not just part of the natural aging process
- Highly treatable



Causes of OAB Symptoms

- Medication
- Trauma/Injury, Falls
- Obesity
- Chronic Disease
- Surgery (prostate, pelvic, etc.)
- Pregnancy and childbirth
- Natural Aging Process

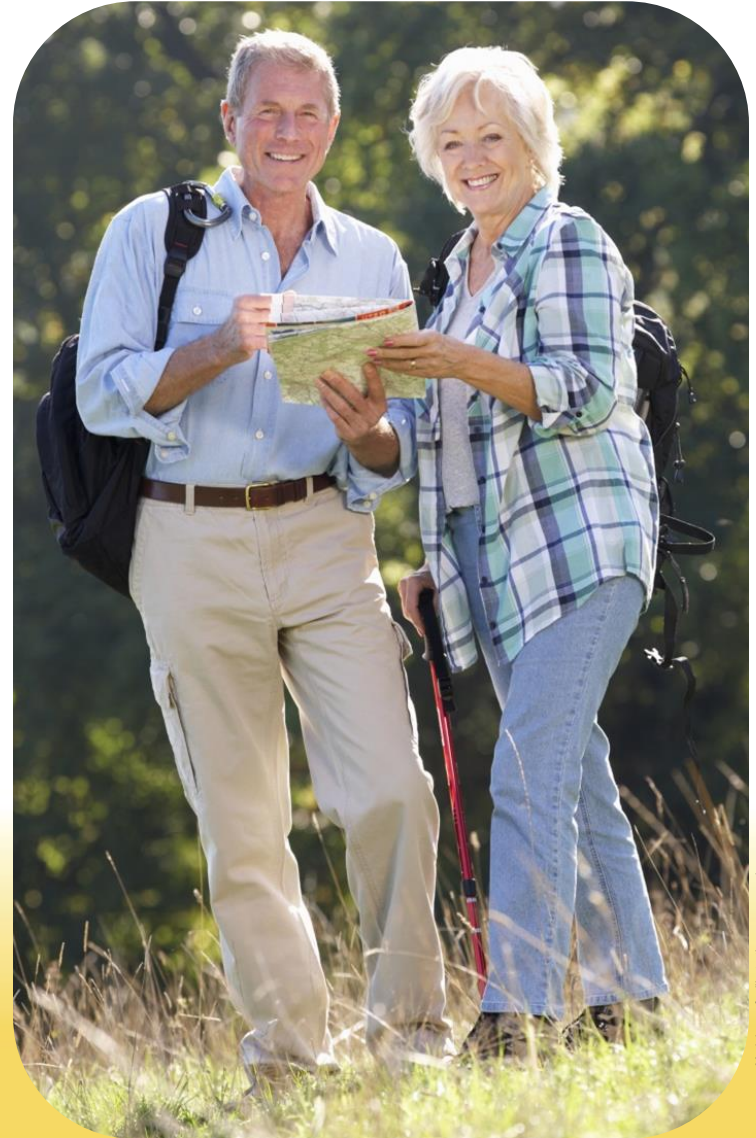


Models are for illustrative purpose only



Why Take Action?

- Reduce bathroom visits
 - Get a better night's sleep
 - Reduce chance of falls
 - Sit through movie/dinner
- Reduce urgency
 - Able to get to the bathroom on time
- Reduce accidents
 - Reduce \$\$ spent on pads and continence products



How is OAB Diagnosed?



- Your symptoms
- Medical history
- General physical exam
- Abdominal exam
- Pelvic or genital/prostate exam
- Urinalysis/urodynamics
- Blood test
- Voiding diary



How is OAB Treated?



Behavior

- Timed voiding
- Urge suppression techniques
- Drink less fluids
- Reduce bladder irritants
- Kegel exercises



Drugs

- Side-effects can be bothersome
- Try 2+ drugs for 4-8 weeks



Additional Treatments

- Percutaneous Tibial Nerve Stimulation (Urgent PC)
- Bladder Injections
- Sacral Nerve Stimulation

Treatment Path

PTNS Treatment

- 30-minute in-office treatment
- 12 initial treatments to determine maximum response; ~monthly treatment to sustain results
- Up to 80% of patients report a reduction in their symptoms¹
- Proven option for men and women who fail conservative and drug therapy
- **Paid for by Medicare**

1. Visit www.urgentpcinfo.com for clinical abstracts.



What Does Treatment Feel Like?

- Tingling in foot
- Toe flex or fan
- Well-tolerated
- Stimulation is adjusted to keep you comfortable during treatment



When Will Symptoms Improve?

Most patients see improvement
after their 6th treatment.

Symptom	Weeks to improvement
Nighttime Voiding	5
Frequency	7
Urgency	6
Urge Incontinence	6

*Some patients respond later.
It is important to complete all 12 treatments.*



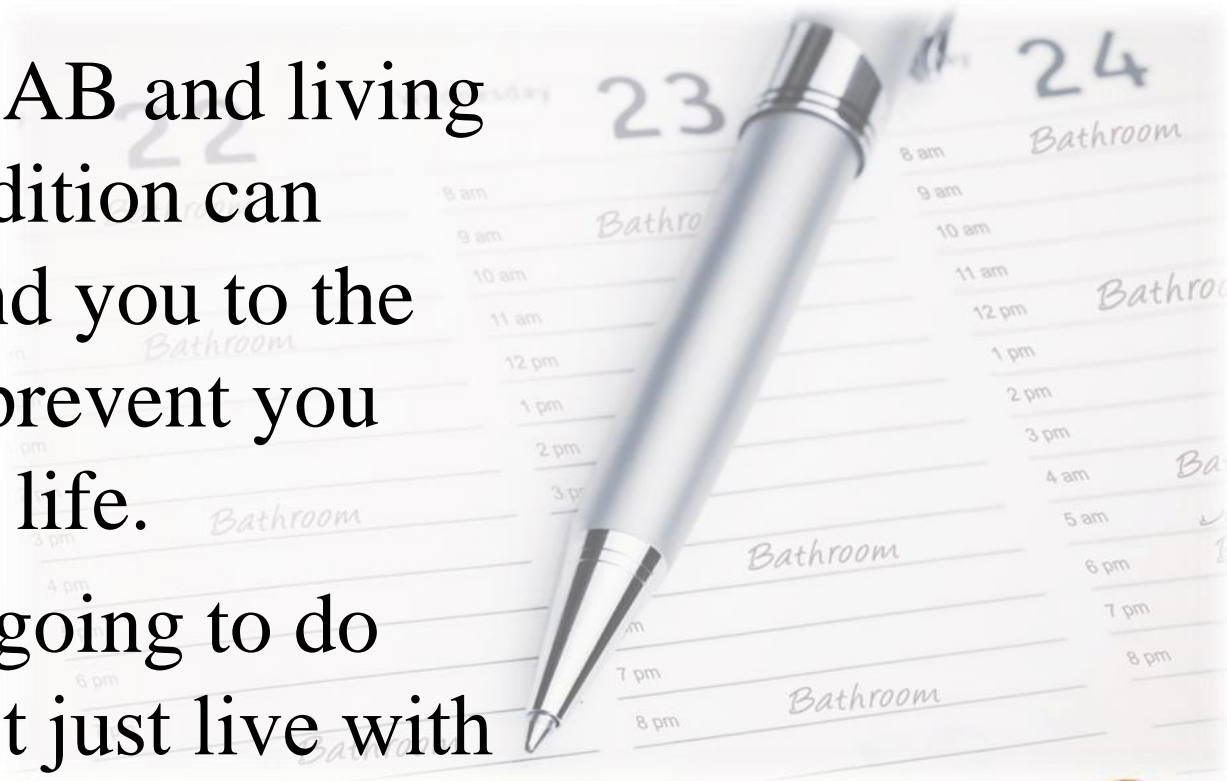
Patients who SHOULD NOT Receive PTNS Treatment

- Pacemakers or implantable defibrillators
- Prone to excessive bleeding
- Nerve damage that can affect tibial or pelvic floor function
- Pregnant or planning to become pregnant during course of treatment



How are YOU going to manage OAB?

- Not treating OAB and living with your condition can potentially send you to the sidelines and prevent you from enjoying life.
- What are you going to do about it? Don't just live with OAB, manage it.



Frequently Asked Questions

1. Can I skip medications and go directly to PTNS?
2. What if I need to miss a weekly treatment during my 12 sessions?
3. What can I expect at my appointment?
4. Will it interfere with my other treatments?
5. How long has PTNS been available?
6. Is PTNS paid for by Medicare?

