The use of audio or videorecording of this presentation by attendees or third parties is strictly prohibited.



Men's Health

Signs, Symptoms and Treatment Options for Erectile Dysfunction and Stress Urinary Incontinence

Danielle Velez Leitner, MD

Office # for appointments: **732-235-7775**

Medical School

Rutgers Robert Wood Johnson Medical School

Residency, Urology

Brown University/ /Rhode Island Hospital-Lifespan

Fellowship, Male Infertility and Sexual Dysfunction

University of Illinois, Chicago





Learning about erectile dysfunction



Erectile dysfunction (ED)

Office # for appointments: **732-235-7775**

What is it?

 The inability to achieve or maintain an erection firm enough to have sexual intercourse¹

How common is it?

- About 1 in 5 American men 20 years or older experience ED in their lifetime²
- More than half of men over 40 have some degree of ED³
- Affects approximately 39 million American men⁴



Erection process⁵

Office # for appointments: **732-235-7775**

- With arousal, the nerves around the penis become activated
- Muscles relax and blood flows into the penis
- The additional blood causes the penis to stiffen
- The erection compresses the veins so the blood can't leave the penis, enabling the penis to remain erect



Causes and comorbidities associated with ED⁶

Top three physical causes are:

- Vascular
- Diabetes
- Medication

ED can be a result of:

- Prostate cancer treatment
- Pelvic surgery, trauma

Or precursor to:

- Diabetes
- Heart disease



ED can have a broad negative impact on the health-related quality of life.⁷⁻⁹



Erectile dysfunction and diabetes



ED can be a result of having diabetes

Office # for appointments:

732-235-7775

The reasons why ED can emerge:

- 60–70% of people with diabetes have nerve damage or neuropathy¹²
- Diabetes accelerates damage to the inner lining of small arteries.¹³
- ED pills require stimulation (nerves) and healthy blood vessels. If these are damaged due to diabetes, pills may not be as effective.^{14,15}

8



Erectile dysfunction and heart disease



Office # for appointments: **732-235-7775**

Arteries supplying the penis are smaller than those to the heart. Blockage creates reduced blood flow. Smaller arteries may be affected *before* heart disease symptoms.^{17,18}

At 50% obstruction, the penile artery may cause symptoms of erectile dysfunction.²¹



Artery size hypothesis at 50% lumen artery narrowing²²



Erectile dysfunction and low testosterone



Low testosterone and ED²⁴

Office # for appointments: **732-235-7775**

Low testosterone (low T) occurs when a man's body produces less testosterone than normal.

It's more common in men with:

- Obesity
- Diabetes
- High blood pressure
- High cholesterol
- Prostate disease
- Asthma or COPD
- Anemia

How many men are estimated to have low T?

Approximately 4 in 10 men over the age of 45 may have low T.

For every 10-year increase in age, the risk of low T increases by 17%.

Treatment options for low T²⁵

Office # for appointments: **732-235-7775**



If you are diagnosed with low T, treatment options may include:

- Testosterone gels
- Patches
- Oral medications
- Injections
- Nasal sprays
- Pellets



Erectile dysfunction and prostate cancer treatment



ED from prostate cancer treatment

Office # for appointments: **732-235-7775**

- The nerves and some blood vessels that supply blood to the penis for an erection lie very close to the prostate and may be injured during prostate cancer treatment²⁶
- Prostate cancer treatments can affect a man's ability to achieve an erection on a temporary or permanent basis²⁶





Erectile dysfunction and Peyronie's disease



Peyronie's disease³¹

Office # for appointments: **732-235-7775**

Fibrous scar tissue inside the penis can cause curved, painful erections

Complications

- Inability to have sexual intercourse
- Difficulty achieving or maintaining an erection (erectile dysfunction)
- Anxiety or stress about appearance
- Stress on the partner relationship

Treatment options

- XIAFLEX™
- Plication, incision or excision and grafting surgery
- Penile implants if you have ED and Peyronie's disease



The American Urological Association (AUA) reports the following should be considered investigational.³²

- Extracorporeal Shock Wave Therapy (ESWT)
- Intracavernosal stem cell therapy
- Platelet-rich plasma (PRP) therapy



Treatment options you may be familiar with

Office # for appointments: **732-235-7775**



Oral medications (PDE-5 inhibitors)

Office # for appointments: **732-235-7775**

How do they work?³³⁻³⁵

- Increases blood flow to the penis
- How effective are they?
- Effective in approximately 60–80% of cases³³⁻³⁵
- Efficacy can be affected by food³⁵

Most common side effects: 33-35

Headache, facial flushing, upset stomach

Some cautions: 33-35

Consult doctor if on alpha-blocker therapy or taking nitrates



- Almost half of some men with ED who try oral medications give up on the pills or they stop working.²⁹
- Men with diabetes are up to 2 times more likely to move on to other treatments.¹⁵



Intracavernous injection therapy

How does it work?³⁶

- Self-inject medication directly into penis, erection may develop within 5 to 20 minutes
- How effective is it?
- Despite success rates, approximately 40% of men discontinue the therapy, typically within 6 months³⁷
 Most common side effects:^{36,38}
- Penile pain, prolonged erection, scar tissue blood collection under the skin at injection site Most common reasons for discontinuation:^{38,39}
- Failed erections
- Pain
- Dislike of injections



A large number of studies have demonstrated that withdrawal rates are relatively high among injection therapy patients.³⁸



Office # for appointments: **732-235-7775**

Vacuum erection device (VED)

Office # for appointments: 732-235-7775

How does it work?

 A pump creates a vacuum that pulls blood into the penis and an elastic tension ring is placed at the penis base to maintain an erection⁴⁰

How effective is it?

Patient satisfaction rates range from 68–80%⁴¹

Most common side effects:40,42

Blocked ejaculation, bruising, discomfort, pain penile numbness or coldness

Most common reason for discontinuation:^{19,43}

- Inability to achieve and maintain a full erection
- Pain or discomfort





In one study, 86% of radical prostatectomy patients decided to move on to other sexual aids.⁴⁴

Vacuum erection device (VED)

Office # for appointments: **732-235-7775**

But! Can be helpful to protect penile anatomy

- Post-prostatectomy, decrease in length and girth by 8-9%
- 3 months post-op, 48% had >1 cm length loss

Maintain tissue elasticity and blood flow





Urethral suppository

How does it work?⁴⁵

- After urination, insert the applicator stem into the urethra to deliver pellet; erection develops within 5 to 10 minutes
- How effective is it?
- Success rates are reported at 40–66%^{46,47}
- Most common side effects:^{45,48}
- Genital pain; minor urethral bleeding/spotting; low blood pressure; dizziness

Most common reasons for discontinuation:⁴⁹

- Insufficient erections
- Urethral pain and burning
- Switch to other ED therapy
- Natural return of erections

Unopened suppositories must be refrigerated.⁴⁵
 75% drop-out rate of post-prostatectomy patients after 15 months.⁵⁰



Office # for appointments:

732-235-7775

Penile implant

Office # for appointments: **732-235-7775**

How does it work?⁵¹

 Squeezing the pump moves fluid to create an erection; the penis returns to a flaccid state by pressing the deflate button

How effective is it?

 98% of patients reported erections to be "excellent" or "satisfactory"⁵²

Most common side effects/complications⁵¹

- Post-operative genital pain or infection
- Mechanical malfunction





Penile implant

Office # for appointments: **732-235-7775**

How does it work?

How effective is it?

Most common side effects/ complications





Penile implants

Office # for appointments: **732-235-7775**



Three-piece Inflatable Penile Implant Two-piece Inflatable Penile Implant Malleable Penile Implant

Three-piece Penile Implant

Office # for appointments: **732-235-7775**

Most implanted and only with built-in antibiotic treatment^{4,54}

- Clinically proven to reduce the risk of infection⁵⁴
- Designed to most closely mimic a natural erection⁴
- Provides rigidity when inflated⁴
- Natural flaccid appearance when deflated^{4,55}





• Penile implants have been in clinical use for over 45 years⁵⁶ and more than 500,000 men have received a penile implant.⁴

How it works

How it works

What to expect for the procedure^{57,58}

Office # for appointments: **732-235-7775**



- General anesthesia, 1 night stay in the hospital
- Small incision in the scrotum or above the pubic bone
- Generally, a few days to return to your regular routine of light activity
- 6 weeks before using the implant for sexual intercourse

Cost and coverage

Office # for appointments: **732-235-7775**



- Insurance coverage for ED treatment varies
- Incontinence treatment is commonly covered by insurance
- Coverage may be available under Medicare and Medicare Advantage

Don't let cost be a barrier – treatment can be affordable!

- Talk to your specialist they can work with your insurance and the manufacturer to verify benefits, even helping to resolve coverage exclusions in some cases
- Ask your specialist about financial assistance options you may be eligible for payment options through a program offered by the manufacturer

Benefits of penile implants

Proven

- 97% patient satisfaction, 98% partner satisfaction with the Three-piece Penile Implant⁵²
- Clinically proven to reduce the risk of infection⁵⁴

Affordable

Typically covered by insurance and/or Medicare*

Long lasting

- Permanent and concealed solution^{51,58}
- Durable 89% still in use after 10 years⁵⁹

Natural

- Designed to maintain a natural appearance in the erect and flaccid state⁴
- Typically does not interfere with ejaculation or orgasm^{60,61}
- Spontaneous you can have sex when the mood strikes³²

*Check with your insurance provider

There are risks involved with any surgery. Not all patients are candidates for a penile implant. Discuss all the risks and benefits of this procedure in more detail with your doctor.

Some risks of a penile implant may include:

- Will make natural or spontaneous erections as well as other interventional treatment options impossible⁵¹
- There may be mechanical failure of the implant, which may require revision surgery^{51,58}
- Pain (typically associated with the healing process)^{51,58}
- Men with diabetes, spinal cord injuries or open sores may have an increased risk of infection⁵¹
- There is a 1.2–2.5% risk of infection with inflatable penile implants⁵¹

Erectile dysfunction summary

- ED is a common problem and may be associated with other conditions
- There are a variety of treatment options
- Penile implants could offer a long lasting and satisfactory solution



Contact information:

Office # for appointments: 732-235-7775

Addresses:

125 Paterson St. Suite 4100 New Brunswick, NJ 08901

18 Centre Drive Suite 104 Monroe, NJ 08831

References

- 1. Erectile dysfunction. National Institute of Diabetes and Digestive and Kidney Diseases. http://www.nlm.nih.gov/medlineplus/erectiledysfunction.html. Accessed May 2015.
- 2. Selvin E, Burnett AL, Platz EA. Prevalence and risk factors for erectile dysfunction in the US. Am J Med. 2007 Feb;120(2):151-7.
- 3. Feldman HA, Goldstein I, Hatzichristou DG, et al. Impotence and its medical and psychosocial correlates results of the Massachusetts Male Aging Study. J Urol. 1994 Jan;151(1):54-61.
- 4. Data on file with Boston Scientific and based on market research by Dymedex.
- 5. Dean RC, Lue TF. Physiology of penile erection and pathophysiology of erectile dysfunction. Urol Clin North Am. 2005 Nov;32(4):379-95.
- 6. Shabsigh R, Lue TF. A Clinician's Guide to ED Management. New York: Haymarket Media Inc.; 2006.
- 7. De Berardis G, Pellegrini F, Franciosi M, et al. Longitudinal assessment of quality of life in patients with type 2 diabetes and self-reported erectile dysfunction. *Diabetes Care*. 2005 Nov;28(11):2637-43.
- 8. Seidman SN, Roose SP The relationship between depression and erectile dysfunction. Curr Psychiatry Rep. 2000 Jun;2(3):201-5.
- 9. Meyer JP, Gillatt DA, Lockyer R, et al. The effect of erectile dysfunction on the quality of life of men after radical prostatectomy. BJU Int. 2003 Dec;92(9):929-31.
- 10. 2011 -2014 National Health and Nutrition Examination Survey applied to 2015 U.S. Census Bureau data. <u>https://www.cdc.gov/diabetes/pdfs/data/statistics/</u> national-diabetes-statistics-report.pdf. Accessed July 27, 2018.
- 11. Malavige LS, Levy JC. Erectile dysfunction in diabetes mellitus. J Sex Med. 2009 May;6(5):1232-47.
- 12. American Diabetes Association. 2015 Fact Sheet. http://main.diabetes.org/dorg_/adm/adm-2015-fact-sheet. Accessed October 22, 2015.
- 13. Simopoulos DN, Gibbons SJ, Malysz J, et al. Corporeal structural and vascular micro architecture with X-ray micro computerized tomography in normal and diabetic rabbits: histopathological correlation. J Urol. 2001 May;165(5):1776-82.
- 14. Hatzimouratidis K, Hatzichristou D. How to treat erectile dysfunction in men with diabetes: from pathophysiology to treatment. Curr Diab Rep. 2014;14(11):545.
- 15. Walsh TJ, Hotaling JM, Smith A, et al. Men with diabetes may require more aggressive treatment for erectile dysfunction. Int J Impot Res. 2014
- May-Jun;26(3):112-5.
- 16. Kalter-Leibovici O, Wanstein J, Ziv A, et al. Clinical, socioeconomic and lifestyle parameters associated with erectile dysfunction among diabetic men. *Diabetes Care*. 2005 Jul;28(7):1739-44.
- 17. Jackson G, Boon N, Eardley I, et al. Erectile dysfunction and coronary artery disease prediction: Evidence-based guidance and consensus. *Int J Clin Pract.* 2010 Jun;64(7):848-57.
- 18. Vlachopoulous C, Jackson G, Stefanadis C, et al. Erectile dysfunction in the cardiovascular patient. Eur Heart J. 2013 Jul;34(27):2034-46.
- 19. Phé V, Rouprêt M. Erectile dysfunction and diabetes: A review of the current evidence-based medicine and a synthesis of the main available therapies. *Diabetes Metab.* 2012 Feb;38(1):1-13.
- 20. Gandaglia G, Briganti A, Jackson G, et al. A systematic review of the association between erectile dysfunction and cardiovascular disease. *Eur Urol.* 2014 May;65(5):968-78.
- 21. Montorsi P, Roumeguère T, Montorsi F, et al. Is there a link between erectile dysfunction and coronary artery disease? EAU Update Series. 2004 Jun:2;43-8.

References, continued

- 22. Montorsi P, Ravagnani PM, Galli S, et al. The artery size hypothesis: a macrovascular link betw een erectile dysfunction and coronary artery disease. *Am J Cardiol.* 2005;96:19M–23M.
- 23. Erectile Dysfunction. Mayo Clinic. Website: https://bostonscientific.sharepoint.com/:f:/s/DigitalAssets-UroPH/EvkQRjueiOlGibVj8Be6COMBTf-9cK8ro1R2zzQBY7Hgvg?e=jzmjlz Accessed: April 30, 2020.
- 24. Mulligan T, Frick MF, Zuraw QC, et al. Prevalence of hypogonadism in males aged at least 45 years: the HIM study. Int J Clin Pract. 2006 Jul;60(7): 762-9.
- 25. Bashin S, Cunningham G, Hayes F, et al. Testosterone therapy in men with androgen deficiency syndromes: An Endocrin Society clinical practice guideline. *J Clin Endocrin Metab.* 2010 Jun;95(6):2536-59.
- 26. American Cancer Society. Prostate Cancer. 2014. http://www.cancer.org/cancer/prostatecancer/index. Accessed November 3, 2015.
- 27. Radical Prostatectomy. Information about your procedure from The British Association of Urological Surgeons (BAUS). Leaflet No: 16. April 2017.
- 28. Haglind E, Carlsson S, Stranne J, et al. Urinary incontinence and erectile dysfunction after robotic versus open radical prostatectomy: a prospective controlled nonrandomized trial. *Eur Urol.* 2015 Aug;68(2):216-25.
- 29. Matthew AG, Goldman A, Trachtenberg J, et al. Sexual dysfunction after radical prostatectomy: prevalence, treatments, restricted use of treatments and distress. *J Urol.* 2005 Dec;174(6):2105-10.
- 30. Potosky AL, Davis WW, Hoffman RM, et al. Five-year outcomes after prostatectomy or radiotherapy for prostate cancer: the prostate cancer outcomes study. *J Natl Cancer Inst.* 2004 Sep 15;96(18):1358-67.
- 31. Peyronie's Disease. Mayo Clinic. 2014. http://www.mayoclinic.org/diseases-conditions/peyronies-disease/basics/complications/con-20028765. Accessed January 9, 2016.
- 32. Burnett AL, Nehra A, Breau RH, et al. Erectile dysfunction: AUA Guideline (2018). <u>https://www.auanet.org/guidelines/erectile-dysfunction-(ed)-guideline</u>. Accessed January 8, 2020.
- 33. Viagra Prescribing Information, Revised January 2010.
- 34. Cialis Prescribing Information, Revised October 2011.
- 35. Levitra Prescribing Information, Revised November 2011.
- 36. Caverject® Prescribing Information, Revised August 2009.
- 37. Purvis K, Egdetveit I, Christiansen E. Intracavernosal therapy for erectile failure: Impact of treatment and reasons for drop-out and dissatisfaction. Int J Impot Res. 1999 Oct;11(5):287-99.
- 38. Sung HH, Ahn JS, Kim JJ, et al. The role of intracavernosal injection therapy and the reasons of withdraw al from therapy in patients with erectile dysfunction in the era of PDE5 inhibitors. *Andrology*. 2014 Jan;2(1):45-50.
- 39. Prabhu V, Alukal JP, Laze J, et al. Long-term satisfaction and predictors of use of intracorporeal injections for post-prostatectomy erectile dysfunction. *J Urol.* 2013 Jan;189(1):238-42.
- 40. Osbon ErecAid® Esteem® Vacuum Therapy System User Guide. Timm Medical Technologies, 2011.
- 41. Defade BP, Carson CC 3rd, Kennelly MJ. Postprostatectomy erectile dysfunction: the role of penile rehabilitation. Rev Urol. 2011;13(1):6-13.
- 42. Hellstrom WJ, Montague DK, Moncada I, et al. Implants, mechanical devices, and vascular surgery for erectile dysfunction. J Sex Med. 2010 Jan;7(1 Pt 2):501-23.

References, continued

- 43. Sidi AA, Becher EF, Zhang G, et al. Patient acceptance of and satisfaction with an external negative pressure device for impotence. *J Urol.* 1990 Nov;144(5):1154-6.
 44. Baniel J, Israilov S, Segenreich E, et al. Comparative evaluation of treatments for erectile dysfunction in patients with prostate cancer after radical retropubic prostatectomy. *BJU Int.* 2001 Jul;88(1):58-62.
- 45. MUSE® Prescribing Information. Revised February 2011.
- 46. Padma-Nathan H, Hellstrom WJ, Kaiser FE, et al. Treatment of men with erectile dysfunction with transurethral alprostadil. Medicated Urethral System for Erection (MUSE) Study Group. N Engl J Med. 1997 Jan 2;336(1):1-7.
- 47. Costabile RA, Spevak M, Fishman IJ, et al. Efficacy and safety of transurethral alprostadil in patients with erectile dysfunction following radical prostatectomy. *J Urol.* 1998 Oct;160(4):1325-8.
- 48. Mydlo JH, Volpe MA, MacChia RJ. Results from different patient populations using combined therapy with alprostadil and sildenafil: predictors of satisfaction. *BJU Int.* 2000 Sep;86(4):469-73.
- 49. Nandipati KC, Raina R, Agarwal A, et al. Erectile dysfunction following radical retropubic prostatectomy: epidemiology, pathophysiology and pharmacological management. *Drugs Aging.* 2006;23(2):101-117.
- 50. Vale J. Erectile dysfunction following radical therapy for prostate cancer. Radiother Oncol. 2000 Dec;57(3):301-5.
- 51. AMS 700[™] with MS Pump[™] Penile Prosthesis Product Line Instructions for Use. American Medical Systems. 2013.
- 52. Bernal RM, Henry GD. Contemporary patient satisfaction rates for three-piece inflatable penile prostheses. Adv Urol. 2012;2012:707321.
- 53. Enemchukw u EA, Kaufman MR, Whittam BM, et al. Comparative revision rates of inflatable penile prosthesis using woven Dacron[™] Fabric Cylinders. *J Urol.* 2013 Dec;190(6):2189-93.
- 54. Carson CC III, Mulcahy JJ, Harsh MR. Long-term infection outcomes after original antibiotic impregnated inflatable penile prosthesis implants: up to 7.7 years of follow -up. J Urol. 2011 Feb;185(2):614-8.
- 55. Otero JR, Cruz CR, Gómez BG, et al. Comparison of the patient and partner satisfaction with 700CX and Titan penile prostheses. Asian J Androl. 2017 May-Jun;19(3):321-5.
- 56. Scott FB, Bradley WE, Timm G. Management of erectile impotence: use of implantable inflatable prosthesis. Urology. 1973 Jul:2(1):80-2.
- 57. AMS 700[™] with MS Pump[™] Penile Prosthesis Operating Room Manual. American Medical Systems. 2017.
- 58. AMS 700[™] Patient Manual. Information and Instructions for Patients Considering an Inflatable Penile Prostheses. American Medical Systems. 2012.
- 59. Levine LA, Becher EF, Bella AJ, et al. Penile Prosthesis Surgery: Current Recommendations From the International Consultation on Sexual Medicine. *J Sex Med.* 2016 Apr;13(4):489-518.
- 60. Montorsi F, Rigatti P, Carmignani G, et al. AMS three-piece inflatable implants for erectile dysfunction: a long-term multi-institutional study in 200 consecutive patients. *Eur Urol*. 2000 Jan;37(1):50-5.
- 61. Coleman E, Listiak A, Braatz G, Lange P. Effects of penile implant surgery on ejaculation and orgasm. J Sex Marital Ther. 1985 Fall;11(3):199-205.
- 62. Markland AD, Goode PS, Redden DT, et al. Prevalence of urinary incontinence in men: results from the national health and nutrition examination survey. *J Urol.* 2010 Sep;184(3):1022-7.
- 63. Catalona WJ, Ramos CG, Carvalhal GF. Contemporary results of anatomic radical prostatectomy. CA Cancer J Clin. 1999 Sep-Oct;49(5):282-96.

References, continued

- 64. Ficarra V, Novara G, Rosen RC, et al. Systematic review and meta-analysis of studies reporting urinary continence recovery after robot-assisted radical prostatectomy. *Eur Urol.* 2012 Sep;62(3):405-17.
- 65. Sandhu JS. Treatment options for male stress urinary incontinence. Nat Rev Urol. 2010 Apr;7(4):222-8.
- 66. Ko Y, Lin SJ, Salmon JW, et al. The impact of urinary incontinence on quality of life of the elderly. Am J Manag Care. 2005 Jul;11(4 Suppl):S103-11.
- 67. Moore K, Lucas M. Management of male urinary incontinence. Indian J Urol. 2010 Apr-Jun;26(2):236-44.
- 68. National Incontinence. www.nationalincontinence.com/pc/1CG/Men/Surecare+for+Men. Accessed September 15, 2016.
- 69. Rehder P, Haab F, Cornu JN, et al. Treatment of post-prostatectomy male urinary incontinence with the transobturator retroluminal repositioning sling suspension: 3-year follow up. *Eur Urol.* 2012 Jul;62(1):140-5.
- 70. Welk BK, Herschorn, S. The male sling for post-prostatectomy urinary incontinence: a review of contemporary sling designs and outcomes. *BJU Int.* 2012 Feb;109(3):328-44.
- 71. Sturm RM, Guralnick ML, Stone AR, et al. Comparison of clinical outcomes betw een "ideal" and "nonideal" transobturator male sling patients for treatment of postprostatectomy incontinence. *Urology.* 2014 May;83(5):1186-8.
- 72. Suskind AM, Bernstein B, Murphy-Setzko M. Patient-perceived outcomes of the AdVance sling up to 40 months post procedures. *Neurourol Urodyn.* 2011 Sep;30(7):1267-70.
- 73. Montague DK. Artificial urinary sphincter: long-term results and patient satisfaction. Adv Urol. 2012;2012:835290.
- 74. AMS 800™ Urinary Control System Instructions for Use. American Medical Systems, Inc. 2017.
- 75. Van der Aa F, Drake MJ, Kasyan GR, et al. The artificial urinary sphincter after a quarter of a century: a critical systematic review of its use in male non-neurogenic incontinence. *Eur Urol.* 2013 Apr;63(4):681-9.
- 76. AMS 800™ Urinary Control System Operating Room Manual. American Medical Systems, Inc. 2017.
- 77. Sayedahmed K, Olianas R, Kaftan B, et al. Impact of previous urethroplasty on the outcome after artificial urinary sphincter implantation: a prospective evaluation. *World J Urol.* 2020 Jan;38(1):183-91.
- 78. Léon P, Chartier-Kastler E, Rouprêt M, et al. Long-term functional outcomes after artificial urinary sphincter implantation in men with stress urinary incontinence. BJU Int. 2015 Jun;115(6):951-7.
- 79. Viers BR, Linder BJ, Rivera ME, et al. Long-term quality of life and functional outcomes among primary and secondary artificial urinary sphincter implantations in men with stress urinary incontinence. J Urol. 2016 Sep;196(3):838-43.
- 80. Linder BJ, Rivera ME, Ziegelmann MJ, et al. Long-term outcomes following artificial urinary sphincter placement: an analysis of 1082 cases at Mayo Clinic. Urology. 2015 Sep;86(3):602-7.
- 81. AdVance™ XP Male Sling System Directions for Use. Boston Scientific. 2018.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

CONTENT IS PROVIDED BY BOSTON SCIENTIFIC. BOSTON SCIENTIFIC IS DEDICATED TO TRANSFORMING LIVES THROUGH INNOVATIVE MEDICAL SOLUTIONS THAT IMPROVE THE HEALTH OF PATIENTS AROUND THE WORLD.

All photographs taken by Boston Scientific. All trademarks are the property of their respective ow ners. ©2021 Boston Scientific Corporation or its affiliates. All rights reserved. MH-392523-AC JAN 2021



Dr. Danielle Velez Rutgers Health 732-235-7775

Questions?



[Presenter Information/Physician Name][Practice Name/Hospital][Contact information]

Thank you!