IMPLANT WITH CONFIDENCE

WITH THE UROLIFT® SYSTEM IMPLANT

UroLift® 微型植入物

大量RCT研究和真实世界研究(回顾性)支持的BPH可靠微创解决方案.[1,5]

实际尺寸

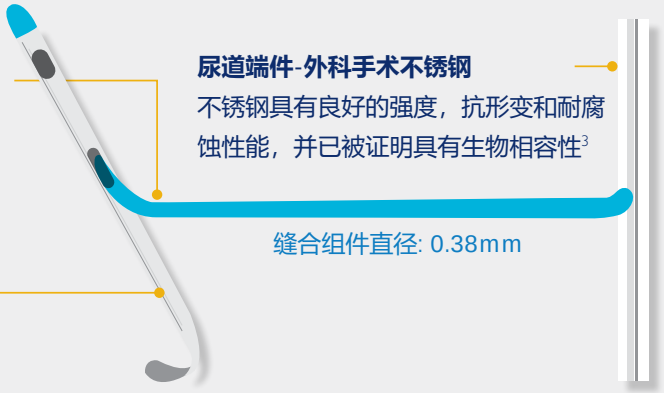
尺寸对比*

1枚前列腺切除术结扎夹
Large clip = 0.06186g

3枚 UroLift® 植入物
UroLift Implant = 0.02342g

重量对比

单丝缝线-聚对苯二甲酸乙二醇酯(PET)
PET缝线以生物相容性好、炎症反应风险小、强度大不易过早断裂而闻名[2]



尿道端件-外科手术不锈钢
不锈钢具有良好的强度，抗形变和耐腐蚀性能，并已被证明具有生物相容性[3]

缝合组件直径: 0.38mm

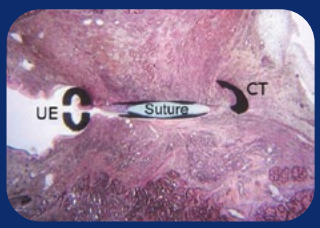
包膜端件-镍钛记忆合金
镍钛合金因生物相容性、超弹性、抗疲劳和抗扭结等特性而闻名[4]

UroLift®植入物的长期有效性被证实

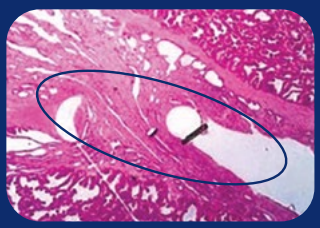
植入物对前列腺的机械悬扩作用，和组织缺血坏死疤痕化共同助力提供长期有效结果

犬前列腺植入物切片组织学观察

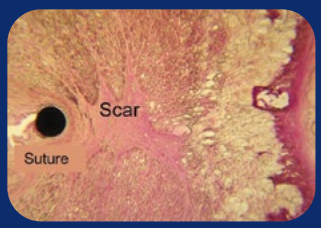
组织被挤压 → 血供减少 → 腺体局部萎缩 → 组织疤痕化



微型植入物在包膜端件（CT）和尿道端件（UE）之间的局部压迫导致组织血供减少



在手术1月和6月后，微型植入物周围的组织分别出现中度小叶萎缩和轻度慢性炎症（植入物被蓝色圈出）



手术12个月后，形成稳定治疗效果，终末期特点为小叶萎缩和植入物周围形成疤痕组织

UROLIFT®

THE RIGHT SOLUTION
for many BPH patients

UROLIFT®
BPH Relief. In Sight.℠

UroLift® System为范围广泛的良性前列腺增生患者提供了一致的结果[1,5]

UroLift获FDA审批适应症[6]	
最小前列腺体积 Minimum prostate volume	**无限制**
最大前列腺体积 Maximum prostate volume	100cc
中叶梗阻 Obstructive median lobe	yes

UroLift System **可以治疗**

98%

的BPH患者[6-9]

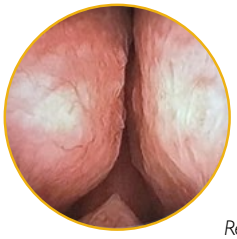
UroLift现已成为BPH标准治疗方案的一部分，在全球范围内已植入超过**125万**个UroLift植入物[10,11]

根据真实世界研究的结果，UroLift 能为广泛的BPH患者群体提供安全有效的治疗方案[5]

- 年轻患者
- 尿储留患者
- 前列腺体积 <30cc
- 前列腺癌治疗史
- 糖尿病患者

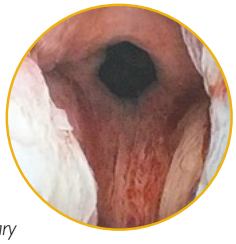
来自超过77**万枚**植入物的上市后数据表明，在适当操作下术后植入物不会发生移动，**此外，结石形成率（0.006%）和破碎率（0.004%）较低**[14]

UroLift System 提供即时的、快速的症状缓解，及可视化的治疗结果 [12,13]



手术前
The UroLift System Procedure

Results may vary



手术后
The UroLift System Procedure

Satisfy Your BPH Patients

The UroLift System provides a superior patient experience as demonstrated by better sexual function, lower catheterization rates, less interference with daily activities, and higher patient satisfaction in the recovery period.[15]

1. Roerborn, Can J Urol 2017; **2.** Seitz, Biomaterials 1998; **3.** Zardiackas, Stainless Steels for Implants, Wiley Encyclopedia of Biomedical Engineering © 2006 John Wiley & Sons; **4.** Kapoor, Johnson Matthey Technol Rev 2017; 61(1): 66-76; **5.** Eure, J Endourol 2019; **6.** UroLift System Instructions for Use; **7.** Eckhardt, Neurourol and Urodynamics 2001; 20: 579-590; This paper discusses prostate volume distribution among 565 men with LUTS/BPH; **8.** Kaplan, J Urol 2011 April; 185(4): 1369-1373; data on file; **9.** Treatable patient population defined as symptomatic per references 7,8; **10.** AUA Guidelines 2020; **11.** Management estimate based on product sales and average units per procedure; **12.** Roehrborn, J Urology 2013; **13.** Barkin, Can J Urol 2012; **14.** Internal analysis of post-market surveillance data (April 2018 – September 2020) **15.** Tutrone and Schiff 2020 CJU, Early Patient Experience Following Treatment with the UroLift® Prostatic Urethral Lift Vs. Rezum™ Steam Injection

*The UroLift Implant is customized in situ for unique anatomical variations of the prostate.
**Warning: This device contains nitinol, an alloy of nickel and titanium. Persons with allergic reactions to these metals may suffer an allergic reaction to this implant. Prior to implantation, patients should be counseled on the materials contained in the device, as well as potential for allergy/hypersensitivity to these materials.

Indicated for the treatment of symptoms of an enlarged prostate up to 100cc in men 45 years or older in US only. As with any medical procedure, individual results may vary. Most common side effects are temporary and include pain or burning with urination, blood in the urine, pelvic pain, urgent need to urinate and/or the inability to control the urge. Rare side effects, including bleeding and infection, may lead to a serious outcome and may require intervention.

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INTERVENTIONAL UROLOGY