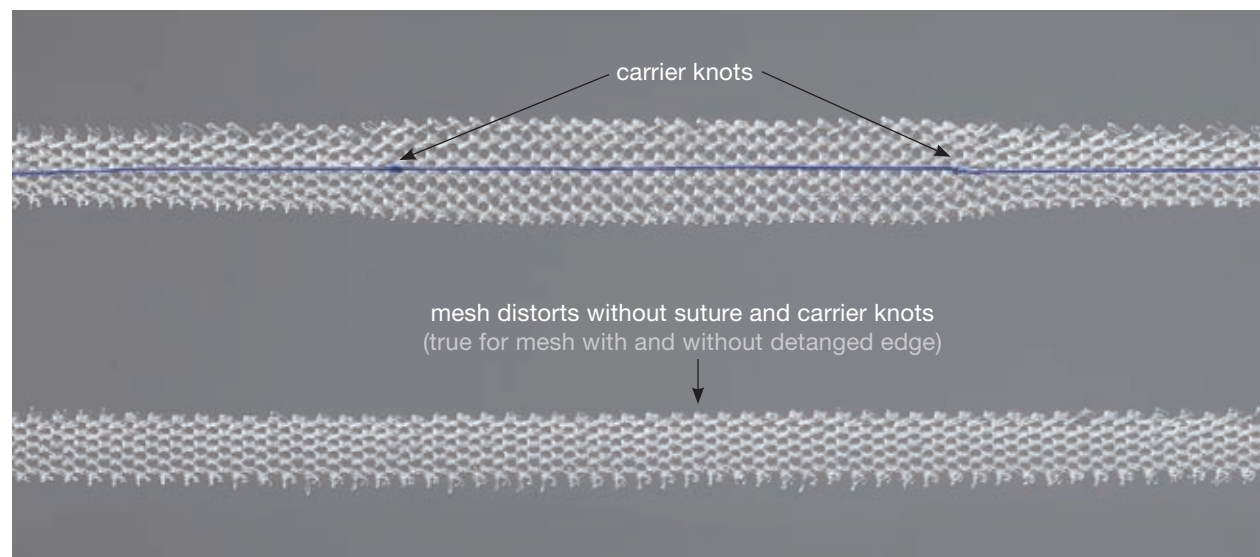
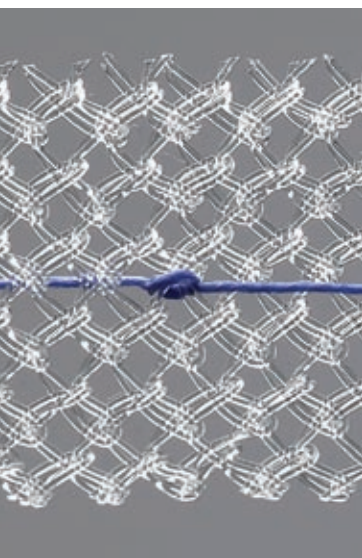


Preserving Mesh Integrity, Simplifying Tensioning

AMS MESH WITH PATENTED TENSIONING SUTURE



An opinion-based survey revealed 76% of physicians believe that AMS mesh is less difficult to adjust than TVT mesh, and 90% of physicians found the adjustment allowed by the tensioning suture to be of benefit.²

Simplifying Mesh Placement and Tensioning

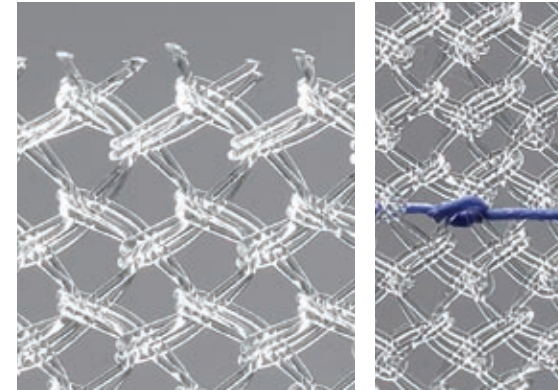
As a surgeon working with polypropylene mesh to treat urinary incontinence, you know that correct sling placement and tensioning are essential for superior outcomes. Mesh that is too stiff or does not lie flat can potentially erode through adjacent tissues causing complications, while mesh that is too elastic can distort. Mesh that is placed too tightly can lead to urinary retention or, if left too loose, continued incontinence.

AMS minimizes placement and tensioning challenges with its *patented tensioning suture* designed to maintain mesh integrity and simplify the tensioning step.

Reducing Complications by Reducing Mesh Movement

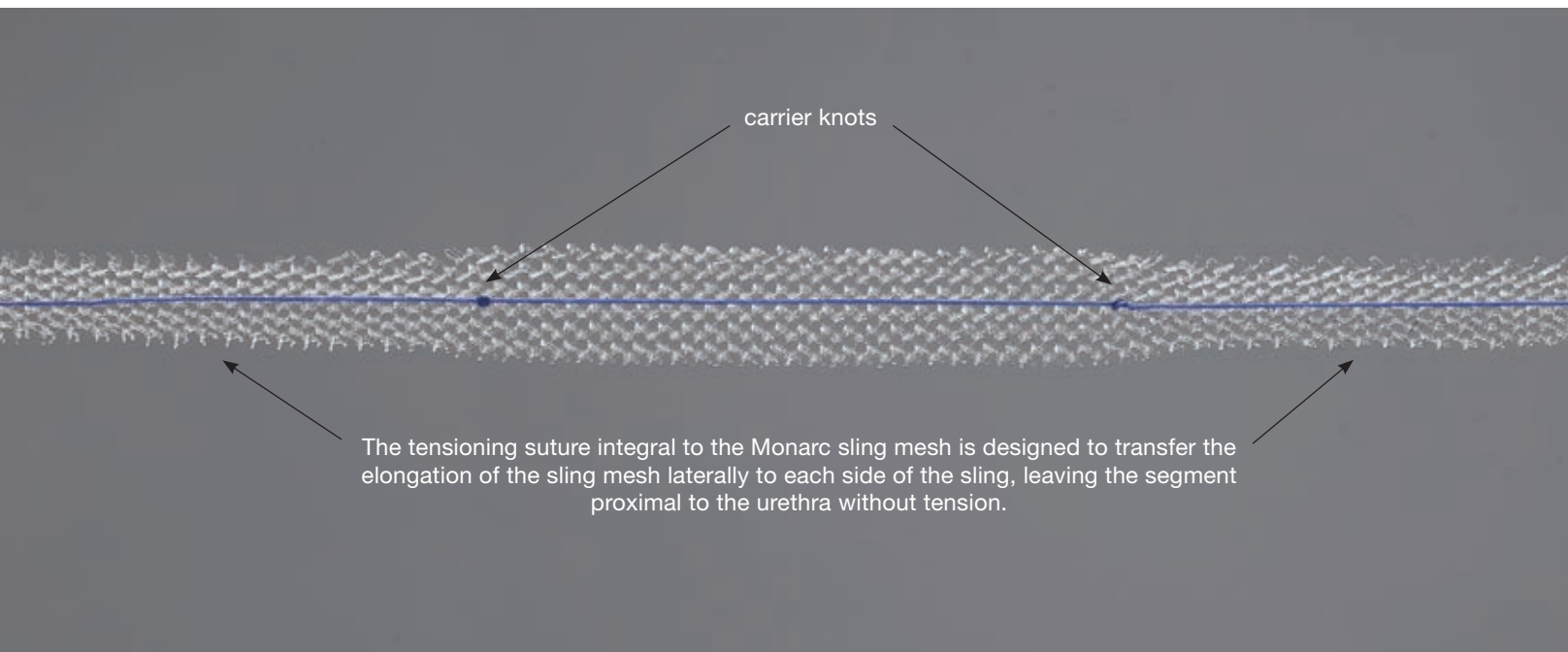
AMS mesh is constructed of knitted Type I polypropylene mesh with open edges for firm tissue fixation and large pores to facilitate tissue integration. While other meshes may look similar to AMS mesh, only SPARC®, Monarc® and BioArc® incontinence products offer a patented tensioning suture. The suture is also a feature of Apogee® and Perigee® prolapse repair systems.

- 1 Carrier knots tied in the suture lateral to the urethra on each side maintain the length of the mesh under the urethra, minimizing the potential for spring-back effect.*
- 2 The tensioning suture was designed to transfer any elongation of the sling mesh during sheath removal to the lateral sections of the sling, leaving the section under the urethra without tension.*
- 3 Gentle pulls to the mesh beneath the urethra or at the suprapubic incisions will allow for repositioning of the sling closer to or farther away from the urethra with minimal mesh distortion.*
- 4 In SPARC and Monarc, the tensioning suture is absorbable. The absorption process is completed in approximately two weeks.*



The tensioning suture offers many unique benefits to physicians and patients.

- ▶ Allows for simple, standardized tensioning in the intra- and immediate post-operative period while reducing sling deformation.
- ▶ Designed to minimize sling deformation helping to minimize the risk of overtightening and the potential for a cheese-wire cutting effect.
- ▶ Helps to simplify sling tensioning and eliminate the guesswork.²
- ▶ Designed to make learning and teaching the process easy.²



See back page for more data on the tensioning suture.

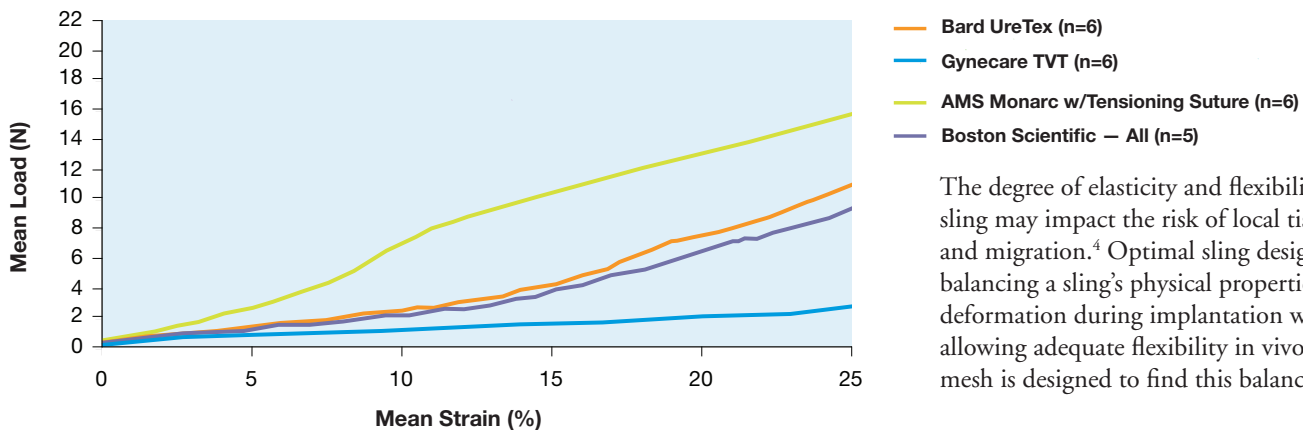
AMS mesh has been implanted in more than 300,000 patients.

Research and Analysis Tell the Story

While AMS mesh may look similar in vitro to other meshes, in vivo there are marked differences. Consider what this sampling of researchers found when trying to distinguish between midurethral slings.

- A case control series found that SPARC had fewer symptoms of post-operative voiding dysfunction compared to TVT. The authors hypothesize that this may be due to the presence of the tensioning suture.¹
- An opinion-based survey revealed 76% of physicians believe that AMS mesh is less difficult to adjust than TVT mesh, and 90% of physicians found the adjustment allowed by the tensioning suture to be of benefit.²
- A study revealed that Monarc showed decreased inflammatory response and increased collagen formation compared to other types of mesh, potentially reducing the risk of clinical complications such as infection and erosion.³
- Bench testing shows that under stress (0.5 lb. to 2 lb.), Boston Scientific's Advantage™ mesh used with their Advantage™ Lynx™ and Obtryx™ systems elongates about twice the rate of AMS mesh with patented tensioning suture. TVT mesh elongates between four to five times the rate of AMS mesh.*

Achieving Balanced Elasticity and Flexibility



The degree of elasticity and flexibility of a sling may impact the risk of local tissue trauma and migration.⁴ Optimal sling design involves balancing a sling's physical properties to resist deformation during implantation while allowing adequate flexibility in vivo.* AMS mesh is designed to find this balance.*

¹ Dietz HP, Foote AJ, Mak HLJ, Wilson PD. TVT and SPARC suburethral slings: a case-control series. *Int Urogynecol J* (2004) 15: 129-131.

² Stanford E, Dell J. Physician satisfaction with the SPARC™ suprapubic sling system: an opinion-based survey. *J Pelvic Med Surg.* Mar/Apr 2005 v. 11(2) pp. 77-78 abstract Non-oral poster 23. SGS Society of Gynecologic Surgeons, Apr 4-6, 2005.

³ Slack M, et al. In vivo comparison of suburethral sling materials. *Int Urogynecol J*, 2 July, 2005.

⁴ Staskin D.R., Plzak L., Synthetic slings: pros and cons, *Current Urology Reports* 3:414-417, 2002.

* Data on file at AMS.

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