InterStim™ II and InterStim™ Micro Allow Patients to Choose a Lifestyle-Friendly Sacral Neuromodulation Therapy for Overactive Bladder and Bowel Incontinence

What is sacral neuromodulation?

Sacral neuromodulation (SNM) is a proven treatment option for managing the symptoms of overactive bladder (OAB), non-obstructive urinary retention or fecal incontinence (FI) for people who have not found success with more conservative treatments.

SNM stimulates the sacral nerves, which control the bladder and bowel and muscles related to urinary and bowel function. If the brain and sacral nerves do not communicate correctly, the nerves will not tell the bladder or bowel to function properly, which can cause bladder or bowel control problems. SNM targets this communication problem by stimulating the nerves with mild electrical pulses.

How common are overactive bladder and fecal incontinence in the United States?

OAB affects approximately 37 million adults – almost one in six – and FI affects 18 million – about one in 12 – in the U.S.[i,ii,iii,iv] Many sufferers limit their lives socially, professionally, and personally.[v] However, as many as 45% who suffer from symptoms do not seek treatment and as many as seven in 10 stop using medications within six months due to intolerable side effects or unsatisfying results.[vi,vii,viii]

What is InterStim™ II?

The recharge-free InterStim™ II system gives patients freedom from a recharging routine, the hassle of recharging components, and a reminder they have a disease. InterStim™ II is simple, convenient, low maintenance. InterStim II now allows full-body 1.5 and 3 Tesla MRI conditional scans with SureScan™ MRI technology.

What is InterStim™ Micro?

The U.S. Food and Drug Administration recently approved the InterStim™ Micro neurostimulator, the market's smallest and fastest rechargeable device to deliver sacral neuromodulation (SNM) therapy. It offers a smaller size compared to InterStim II and a longer battery life. InterStim Micro also allows full-body 1.5 and 3 Tesla MRI conditional scans with SureScan™ MRI technology.

What are the benefits of the new InterStim™ systems for patients with OAB or FI?

Medtronic is the only company to offer patients the freedom to choose between a rechargeable or recharge-free sacral neuromodulation device to best match their preferences, lifestyle and treatment goals. Both InterStim™ Micro and InterStim™ II are full body MRI conditional, and deliver the same therapy and long-term relief.

The recharge-free InterStim II system is simple and convenient with lower maintenance and time commitments. This specific system gives patients the freedom from a recharging routine, the hassle of recharging components, and a reminder they have a disease.

The InterStim Micro rechargeable system is the smallest device on the market with the fastest rechargeability and is stronger than other manufacturers' batteries. It features proprietary Overdrive™ battery technology — a battery with virtually no loss in capacity over time.[ix] The new battery technology

allows patients to choose how and when they want to charge their device — from as often as once a week, or as infrequent as once per month, depending on the patient's preference and device settings. There is no battery fade at 15 years* and patients can restart their therapy after extended breaks in time.

How does InterStim ™ Micro compare in size to other neurostimulators?

The InterStim™ Micro neurostimulator is about half the size of the other rechargeable device on the market.

The most common adverse events include pain at implant sites, new pain, lead migration, infection, technical or device problems, adverse change in bowel or voiding function, and undesirable stimulation or sensations. Any of these may require additional surgery or cause return of symptoms.
See full safety information.

Visit Medtronic.com to learn more.

*Under standard patient therapy settings.

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[i] Stewart WF, et al. Prevalence and burden of overactive bladder in the United States. World J Urol. 2003 May;20(6):327-336.
[ii] United Nations, Department of Economic and Social Affairs, Population Division (2011). World Population Prospects: The 2010 Revision, CD-ROM Edition.
[iii] Whitehead WE, Borrud L, Goode PS, et al. Pelvic floor disorders network. Fecal incontinence in US adults: epidemiology and risk factors. Gastroenterology. 2009;137: 512-517.
[iv] United States Quick Facts. United States Census Bureau Web site. Available at: https://www.census.gov/quickfacts/table/ PST045215/00. Accessed July 19, 2016.
[v] Dmochowski RR, Newman DK. Impact of overactive bladder on women in the United States: results of a national survey. Current Medical Research and Opinion. 2007;23:65-76.
[vi] Leede Research, "Views on OAB: A Study for the National Association of Continence." December 16, 2015.
[vii] Yu YF, Nichol MB, Yu AP, et al. Persistence and adherence of medications for chronic overactive bladder/urinary incontinence in the California Medicaid Program. Value in Health. 2005;8(4)495-505.
[viii] Yeaw J, Benner JS, Walt JG, Sian S, Smith DB, et al. J Manag Care Pharm. 2009;15(9):728-740.
[ix] Medtronic data on file.

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