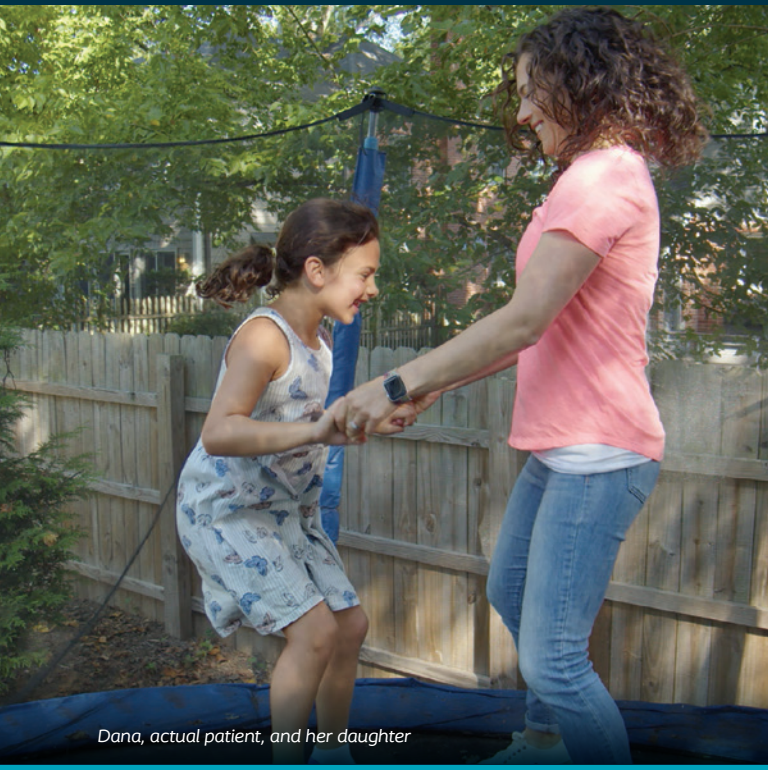
Relief from leaks is possible

Female Stress Urinary Incontinence (SUI)

A patient guide



Dana, actual patient, and her daughter

Coloplast

What is urinary incontinence?

Urinary incontinence (UI) is the involuntary loss of urine from the body.[1]

It can be:

- Frequent or infrequent
- A few dribbles to total loss of control
- Triggered with certain activities
- **Treated**

Did you know?

About
78 million
women in the U.S. suffer from Urinary Incontinence **(UI)**, and of those

more than
37%
have Stress Urinary Incontinence **(SUI)**.[2]

When left untreated, incontinence can lead to:

- Social isolation
- Limited sexual function
- Decreased physical activity
- Depression and anxiety symptoms
- Skin infection and pressure ulcers
- Sleep disturbance and fatigue

It is also a financial burden:
Women with severe incontinence may pay **over $1,500 per year out of pocket for incontinence routine care**[*,3]

**Includes laundry and sanitary products such as pads and diapers, adjusted for inflation.*

If you're experiencing urine leakage when you laugh, cough, exercise or sneeze, you might have **stress urinary incontinence (SUI)**.

You're not alone

Keep reading to find out more about SUI, the causes, the treatment options, and how to find a specialist. **Relief from leaks is possible**.

Find your path to incontinence relief

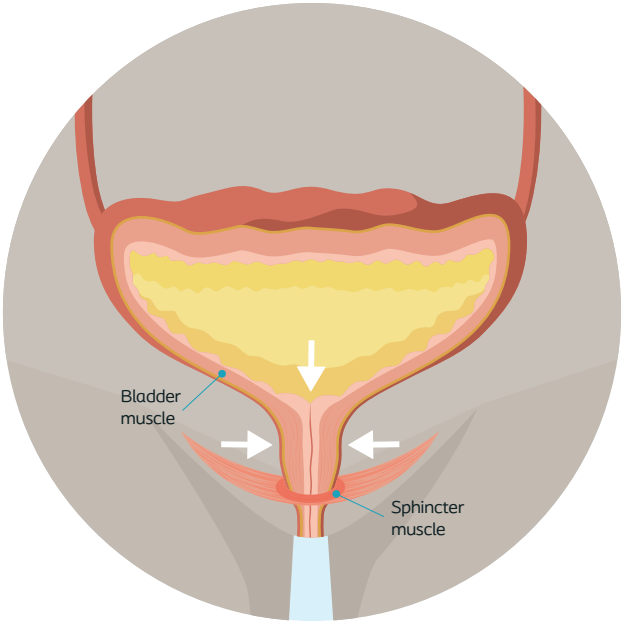
No two people walk the same path to a diagnosis or a solution. Every woman's experience with stress urinary incontinence (SUI) is different, and they may reach these steps at different paces and during different stages in their lives.

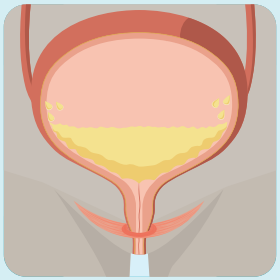
How does the bladder work?

Before we jump into how a bladder can begin to leak, let's discover how it functions properly.

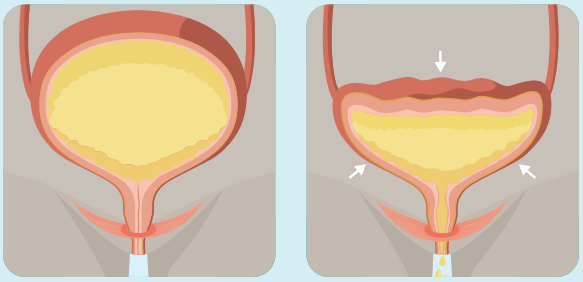
Urinary function starts with your brain and spinal cord, which work together to direct the urinary system.

When your urinary system is functioning normally, you can control when to hold and release urine. When your bladder becomes full, it sends a signal to your brain, which in turn sends a message to the bladder to release urine into the urethra. The urethral sphincter muscle, which surrounds the urethra, opens and closes the bladder neck – it will contract to temporarily hold urine, or release itself to allow urine to leave your body through the urethra.

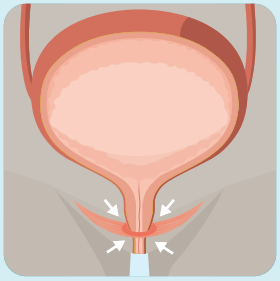




Bladder fills from the kidneys



Full bladder contracts/squeezes, urinary sphincter opens, and urine exits the body



Empty bladder relaxes, stops contracting and urinary sphincter closes

Types of urinary incontinence

Women often show symptoms of more than one type of urine leakage, so it is important to seek a specialist to ensure you receive the correct diagnosis and find the treatment that is right for you.

Stress urinary incontinence (SUI)

Involuntary loss of urine when stress or pressure is placed on the bladder with activities such as running, sneezing, coughing, laughing, exercise or other physical activity, sex, or heavy lifting. Urine can leak without the urge to go to the bathroom. SUI does not have a connection to emotional stress.

Urge urinary incontinence (UUI)

Involuntary leakage that occurs when there is a strong, urgent need to urinate even when the bladder isn't full. OAB or Overactive Bladder is the urge to urinate whether or not you leak.

Mixed urinary incontinence (MUI)

Combination of both stress and urge incontinence.

There are several solutions to help manage the symptoms associated with each type of urine leakage.

But not all solutions are long-lasting. When it comes to SUI, there are surgical options that can provide **a long-term solution and help you get back to regular activities.**

Symptoms of incontinence

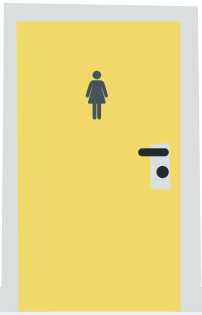
The muscles in your urethra work like a valve, opening and closing as needed to let urine out. But with stress urinary incontinence, also called SUI, the pelvic muscles that normally support the bladder and the urethra are weakened.

When this happens, urine leaks out of the bladder and can leave you feeling embarrassed, frustrated and unsure of what is happening to you.

Symptoms of stress urinary incontinence

Do you leak during any of the following activities?

- Laughing
- Coughing
- Sneezing
- Heavy lifting
- Physical activity
- Sex



If you answered "yes" to one or more of the symptoms above, you should talk to a doctor who is familiar with SUI and discuss a more permanent solution for treating urine leakage.

Not sure if you have SUI?
Take a confidential self-assessment survey here:

coloplast.to/pgsa

Causes of incontinence

Incontinence, also known as the involuntary loss of urine or bladder leakage, can be caused by any number of factors. It can develop slowly or occur as the result of a specific life event.

Stress urinary incontinence (SUI) occurs when there is weakening of the muscles that support the urethra or control the release of urine. SUI does not have a connection to emotional stress.[1]

Some causes of SUI:

- Genetics
- Pregnancy and childbirth
- Menopause
- Pelvic floor disorders
- Previous pelvic surgeries
- Lifestyle

Non-surgical options

Maybe you've tried some of these non-surgical options.

- **Protective undergarments** - Pads/diapers
- **Lifestyle changes** - limiting physical activities, limiting caffeine, losing weight, drinking less fluids, quitting smoking
- **Kegel exercises** or pelvic floor therapy
- **Biofeedback** therapy
- **Vaginal devices** (pessary)

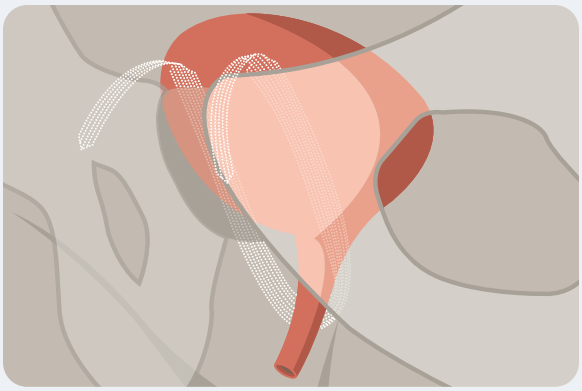
Avoiding and covering up leaks only adds to the burden of having SUI in the first place. **A lasting solution, with minimal downtime, can help relieve the added burden of constantly hiding your SUI symptoms.**

Surgical options

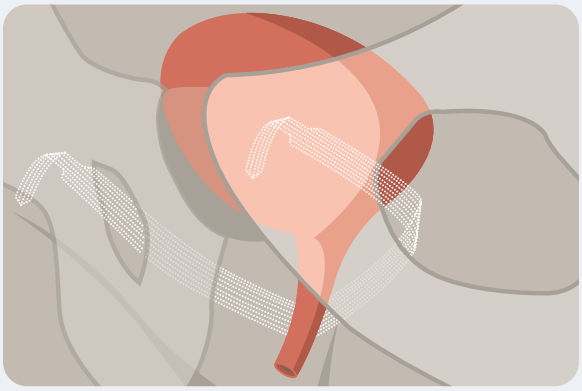
You may have heard about surgical procedures for addressing SUI.

- **Injectable bulking agents** - Synthetic materials are injected into the tissue around the urethra to provide support and to tighten the opening of the bladder neck. It may take two to three or more injections to get the desired result. The injections may improve symptoms but usually do not result in a complete cure of incontinence.
- **Midurethral slings** - There are several types of midurethral slings, including: transobturator, retropubic and single incision. Midurethral slings are the most commonly performed SUI operation. These procedures have been done for over 20 years with excellent results.

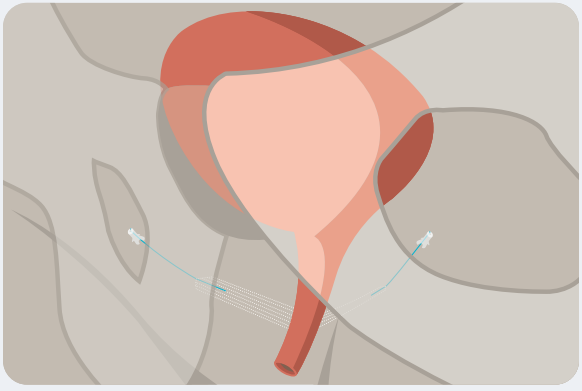
Types of slings for SUI



Supris® Retropubic Sling (full length midurethral sling)



Aris® Transobturator Sling (full length midurethral sling)



Altis® Single Incision Sling (mini-sling)

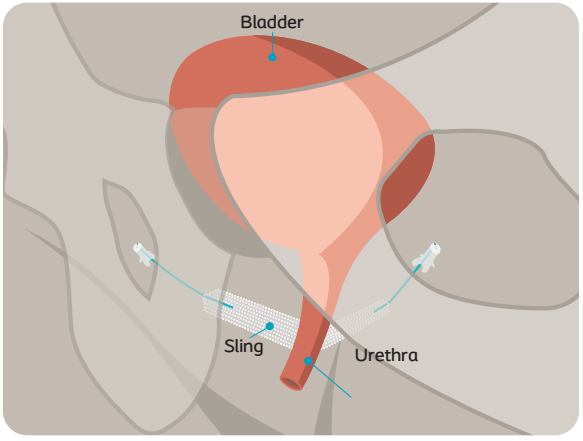
Introducing Altis® Single Incision Sling

Altis is a single incision sling that treats stress urinary incontinence by supporting the urethra to keep it in its correct position and preventing leaks during physical activity.[4]

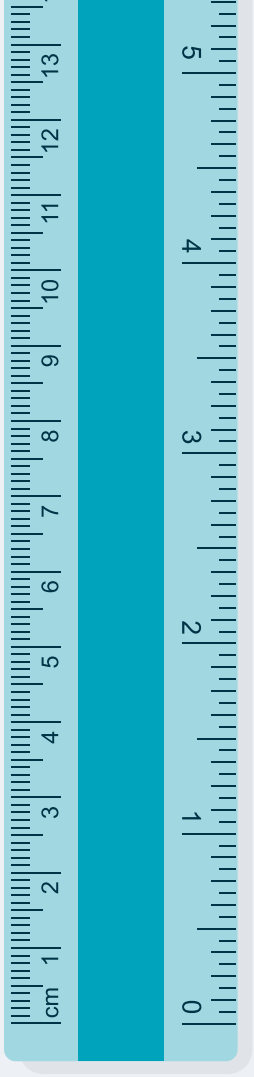
How Altis works

Altis is a lasting solution, with minimal downtime, that can help relieve the added burden of constantly hiding your SUI symptoms and allow you to return to your activities faster.[5] This procedure can be performed in an outpatient setting, under local anesthesia[4] and the surgery takes around 30 minutes or less.[6]

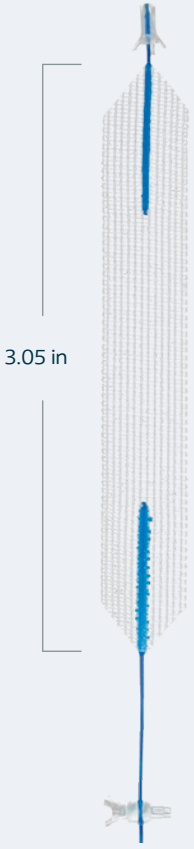
During the procedure, your doctor will make one small incision (typically 0.6-0.8 of an inch) to place an Altis sling as a steady, even "backboard" of support for the urethra[6] when there is stress on your bladder, such as when you cough, laugh or sneeze.[7]



Altis Single Incision Sling



Altis Single Incision Sling *actual size*



Watch the animation on how Altis works

coloplast.to/haw

Women experiencing SUI deserve a clinically proven, effective solution.
The Altis Single Incision Sling is a long-lasting treatment for SUI backed by clinical studies that prove a significant and durable improvement to quality of life after 3 years.[8]

The procedure is minimally invasive with reduced downtime that may allow you to return to your activities faster.

Women who've had the procedure have reported successful outcomes.

92.9%
of women reported feeling "very much better" or "much better" at 3 years[8]

89.1%
of Altis patients were "very satisfied" or "satisfied" and would recommend the surgery to someone else[8]


Debi and Dana, actual patients treated with Altis for SUI

"After I healed from the surgery, I really started feeling like myself again. I was able to do all the things that I wasn't able to do as easily prior to the surgery."

Dana

How surgery helped Debi and Dana regain their confidence and freedom

Debi and Dana, mother and daughter, have both struggled with SUI that affected their daily lives—whether it was exercise, playing with their children and grandchildren, or even traveling. After trying pelvic floor therapy with limited success, they consulted with a specialist who recommended the Altis Single Incision Sling procedure.

Dana was thrilled to be able to jump on trampolines and play outside with her daughter without leaking, and Debi finally enjoyed long walks and travel without constantly searching for restrooms. Both women regained their confidence and freedom, confirming that relief from SUI is possible with the right treatment.

Learn from other womens' journeys though SUI

coloplast.to/sps

What to expect

On average, women wait **6.5 years** from the first time they experience symptoms until they **obtain a diagnosis** for their bladder control problem(s).[9]

Don't wait to talk to a doctor

Congratulations on taking the first step. Reaching out to a doctor to discuss your urinary incontinence treatment options is an important step.

Find an SUI specialist

coloplast.to/fsp

There are several types of doctors who treat urinary incontinence, but within each specialty there are those who focus on certain conditions and treatment options.

Urogynecologists

Urogynecologists are highly specialized – focusing on women's reproductive system and urinary tract.

Most offer treatments for both stress urinary incontinence and pelvic organ prolapse. Since these conditions are often linked, seeing a urogynecologist may be a good option for you.

Urologists

Urologists provide care for both men and women and focus on the urinary tract and urogenital system – the kidneys, bladder and urethra.

If you have stress urinary incontinence, this may be the right specialist to seek. Some, but not all, urologists perform SUI surgeries, so be sure to do your homework and ask questions *like those on page 20* during your appointment.

Gynecologists

Gynecologists specialize in healthcare for women, especially the diagnosis and treatment of disorders affecting the female reproductive organs.

This is a broad specialty, so it is important to ask questions to understand what each gynecologist specializes in. If your gynecologist focuses more on obstetrics (childbirth) than pelvic floor surgeries, it may be best to find someone who has more experience with the care you need.

Questions to ask

If you are considering surgery with the use of a sling to treat your SUI, ask your surgeon these questions before you agree to the procedure:

What treatment options are available for SUI?

What do the procedures involve?

What are the risks and benefits of each treatment option?

How effective are each of these treatment options and how long do they last?

For surgical options, what can I expect after surgery and what is the recovery time?

Insurance information

Most insurance plans, including Medicare, cover these procedures. Consult your insurance carrier to find out the specific criteria for coverage. The reimbursement specialist at your physician's office may also be able to help you with this.

Have questions on coverage or insurance?
Talk to our Reimbursement & Benefit Support Team

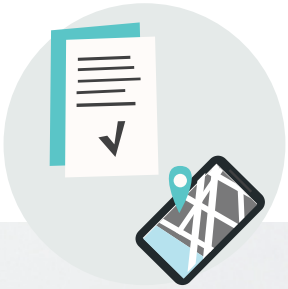
1-855-230-7611
Monday - Friday,
9:00 a.m. to 4:00 p.m. CST

US_MarketAccess@coloplast.com

Before surgery

Medical history

First, your doctor will collect and review your medical history and recent experiences. You will be asked to provide a list of all medications and supplements you take, and information about your urinary habits and normal fluid consumption. It's important to accurately describe the leakage you are having, such as when and under what conditions leakage occurs.



Physical exam

Then, you'll likely have a physical exam, which can include:

- **Cough stress test** – you will cough and bear down with a full bladder to see if urine leaks
- **Urinalysis** – testing of a urine sample
- **Pad test** – from an absorbent pad that is worn, estimate how much you are leaking throughout the day to determine severity of your urinary incontinence
- **Post-void residual** – measures the amount of urine left in your bladder after urinating
- **Cystoscopy** – use of a scope (camera) to examine your bladder
- **Urodynamics** – testing that measures amount of urine in the bladder before urinating and the force of the urine as it leaves

Come prepared to your appointment.
Download a voiding diary here:

coloplast.to/svd

During surgery

A single incision sling procedure is the most common minimally invasive surgical option to correct stress urinary incontinence. It is usually performed as an outpatient procedure, under local anesthesia,[6] in around 30 minutes or less.[7]

Slings are placed through a small incision in the vagina and placed under the urethra. Once placed, the sling provides consistent support and stability to the urethra, reducing the stress to your bladder and possible urine leaks.

Healing and recovery

Your doctor will provide information about your recovery plan. In general, following sling placement, your doctor may suggest you resume some activities after two weeks, while avoiding others like physical strain, sexual intercourse and heavy lifting for up to six weeks.

Contact your physician if you experience bleeding, pain, or any signs of infection.

Jordan, actual patient treated with Altis for her SUI.

Women receiving single incision slings reported **lower post-op pain**, **earlier return to normal activities**, and **earlier return to work** compared to those receiving transobturator or retropubic slings.[10]

To watch Jordan's full story, go here:

coloplast.to/jds

Important safety information

Altis® Single Incision Sling System

Important Safety Information:
Stress urinary incontinence is a condition in which urine involuntarily leaks at times of increased pressure on the bladder (e.g., coughing, sneezing, laughing, lifting heavy objects, exercise). Stress urinary incontinence can be treated with a surgical procedure in which a mesh sling is implanted to act as a "hammock" to support the urethra, the tube that connects to the bladder that carries urine outside the body. An incontinence sling surgery involves anesthesia and may require an overnight hospital stay.

The Altis Single Incision Sling System is indicated for the treatment of female stress urinary incontinence (SUI) resulting from the urethra not closing properly (urethral hypermobility) and/or weakness of the urethral sphincter (intrinsic sphincter deficiency (ISD)).

Your physician should advise that the Altis Single Incision Sling System is not for females who have the following: are pregnant or have desire for future pregnancy • potential for further growth (e.g., adolescents) • known active urinary tract infection and/or infection in operative field • taking blood thinning medication (anti-coagulant therapy) • abnormal urethra (e.g., fistula, diverticulum) • any condition, including known or suspected pelvic pathology, which could compromise implant or implant placement, and • sensitivity/allergy to polypropylene or polyurethane.

Discuss with your physician:

- The reason for choosing a mesh sling including the warnings, precautions and risks associated with its use
- Alternative incontinence treatments that may be appropriate
- The Altis sling to be implanted is permanent
- Serious mesh associated complications may result in one or more revision surgeries
- Partial or complete removal of the mesh may not always be possible or advisable as it may not fully correct these complications
- New onset (de novo) complications and recurring or worsening SUI can occur
- There may be unresolved pain with or without mesh explant and varying degrees of scarring may occur
- Certain underlying conditions may be more susceptible to postoperative bleeding, impaired blood supply, compromised/delayed healing, mesh sling exposure or other complications

Potential additional risks versus benefits of using Altis should be considered in patients with one or more of the following: age-related underlying conditions • autoimmune disease • coagulation disorder • connective tissue disorder • debilitated or immunocompromised state • diabetes • pelvic radiation therapy or chemotherapy • physical characteristics (e.g., body mass index) • renal insufficiency • smoking-related underlying conditions, or • urinary tract anomalies.

Any future pregnancy could negate the benefits of this surgical procedure. Patients should report bleeding, pain, abnormal vaginal discharge or signs of infection at any time.

Complications are known to occur and may be immediate or delayed, localized or systemic, new onset (de novo) or worsening, acute or chronic, transient or permanent, new onset (de novo) or continuing, worsening, transient, or permanent.

Potential complications may include but are not limited to:

- Abnormal vaginal discharge
- Abscess
- Adhesion
- Allergic reaction, hypersensitivity, or abnormal (maladaptive) immune response
- Bladder symptoms (e.g., increased daytime frequency, urgency, nocturia (urinating more than once per night), overactive bladder, urinary incontinence)

- Bleeding/hemorrhage or hematoma
- Delayed/impaired/abnormal wound healing
- Dyspareunia (painful intercourse)
- Exposure, extrusion or erosion of mesh sling or suture into the vagina or other structures and organs
- Fistula formation (abnormal connection or passageway that forms between two structures in the body)
- Granuloma (small area of inflammation)/scar tissue formation
- Hispareunia (male partner pain with intercourse)
- Infection
- Inflammation/irritation
- Necrosis (tissue death)
- Neuromuscular disorder
- Pain
- Palpable mesh (able to be felt by patient and/or partner)
- Pelvic/urogenital pain
- Perforation or injury to adjacent muscles, nerves, vessels, structures, or organs (e.g., bone, bladder, urethra, ureters, bowel, vagina)
- Scarring
- Seroma (fluid buildup at site of surgery)
- Sexual dysfunction
- Sling migration (movement)
- Suture exposure
- Ureteral obstruction
- Urinary tract infection
- Vaginal tightening/shortening
- Voiding symptoms (e.g., dysuria (painful urination), urinary retention, incomplete emptying, bladder outlet obstruction, straining, position-dependent voiding, slow stream)
- Wound dehiscence (re-opening of surgical incision)

This treatment is prescribed by your physician.

Discuss the treatment options with your physician to understand the risks and benefits of the various options to determine if a mesh sling is right for you.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

Minneapolis, MN

PM-03328 02.2024

Aris® Transobturator Kit

Important Safety Information:
Stress urinary incontinence (SUI) is a condition in which urine involuntarily leaks at times of increased pressure on the bladder (e.g., coughing, sneezing, laughing, lifting heavy objects, exercise). Stress urinary incontinence can be treated with a surgical procedure in which a polypropylene sling is implanted to act as a "hammock" to support the urethra, the tube that connects to the bladder that carries urine outside the body. An incontinence sling surgery involves anesthesia and may require an overnight hospital stay.

The Aris Transobturator Kit consists of the Aris implantable midurethral support sling and disposable introducers. The Aris sling and introducers are indicated for the surgical treatment of all types of SUI and for female urinary incontinence resulting from weakness of urethral tissues and its surrounding supports (urethral hypermobility and/or intrinsic sphincter deficiency).

Your physician should advise that the Aris Transobturator Kit is not for patients who have the following: are pregnant or have desire for future pregnancy, potential for further growth (e.g., adolescents), known active urinary tract infection and/or infection in operative field, taking blood thinning medication (anti-coagulant therapy), abnormal urethra (e.g., fistula, diverticulum), any condition, including known or suspected pelvic pathology, which could compromise implant or implant placement, and sensitivity/allergy to polypropylene or polyurethane.

Discuss with your physician:

- The reason for choosing a sling including the warnings, precautions and risks associated with its use
- Alternative incontinence treatments that may be appropriate
- The sling to be implanted is permanent.
- Serious mesh associated complications may result in one or more revision surgeries.
- Partial or complete removal of the mesh may not always be possible or advisable as it may not fully correct these complications.
- There may be unresolved pain with or without mesh explant and varying degrees of scarring may occur.
- Certain underlying conditions may be more susceptible to postoperative bleeding, impaired blood supply, compromised/delayed healing, mesh sling exposure or other complications.

The risks and benefits of using Aris should be considered in patients with:

- Age-related underlying conditions
- Autoimmune disease
- Coagulation disorder
- Connective tissue disorder
- Debilitated or immunocompromised state
- Diabetes
- Pelvic radiation therapy or chemotherapy
- Physical characteristics (e.g., body mass index)
- Renal insufficiency
- Smoking-related underlying conditions
- Urinary tract anomalies

Any future pregnancy could negate the benefits of this surgical procedure. Patients should report any bleeding, pain, abnormal vaginal discharge or sign of infection that occur at any time.

Complications are known to occur and may be immediate or delayed, localized or systemic, new onset (de novo) or worsening, acute or chronic, transient or permanent, new onset (de novo) or continuing, worsening, transient, or permanent.

Adverse events may include but are not limited to: • Abscess (acute or delayed) • Adhesion/scar formation • Allergy, hypersensitivity or other immune reaction • Bleeding, hemorrhage or hematoma • dehiscence (re-opening of surgical incision) • Delayed wound healing • Extrusion, erosion or exposure of mesh sling into the vagina or other structures or organs • Fistula formation (abnormal connection or passageway that forms between two structures in the body) • Infection • Inflammation (acute or chronic) • Local irritation • necrosis (tissue death) • Pain Related: -dyspareunia (painful sexual intercourse) -neuromuscular symptoms -Pain -Partner pain and/or discomfort during sexual intercourse • Perforation or injury of soft tissue (e.g., muscles, nerves, vessels), structures, or organs (e.g., bone, bladder, urethra, ureters, vagina) • Seroma (fluid buildup at site of surgery) • Sling migration (movement) • Urinary Related: -- Bladder storage dysfunction (e.g., increased daytime or nighttime frequency, urgency, overactive bladder, urinary incontinence) -- Ureteral obstruction -- Urinary tract infection -- Voiding symptoms (e.g., dysuria (difficult urination), urinary retention, incomplete emptying, straining, positional voiding, weak stream) • Vaginal Related: -- Granulation tissue formation (abnormal wound healing) -- Palpable mesh (able to be felt by patient and/or partner) -- Sexual dysfunction (difficulty in sexual activity) -- Vaginal discharge (abnormal) -- Vaginal scarring or tightening.

This treatment is prescribed by your physician. Discuss the treatment options with your physician to understand the risks and benefits of the various options to determine if a transvaginal sling procedure is right for you.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

PM-36209 01.2025

Supris® Retropubic Kit

Important Safety Information

Stress urinary incontinence (SUI) is a condition in which urine involuntarily leaks at times of increased pressure on the bladder (e.g., coughing, sneezing, laughing, lifting heavy objects, exercise). Stress urinary incontinence can be treated with a surgical procedure in which a polypropylene sling is implanted to act as a "hammock" to support the urethra, the tube that connects to the bladder that carries urine outside the body. An incontinence sling surgery involves anesthesia and may require an overnight hospital stay.

The Supris Retropubic Kit consists of the Supris implantable midurethral support sling and disposable introducers for placement using a "top-down" or "bottom-up" retropubic surgical approach. The Supris sling and introducers are indicated for the surgical treatment of female SUI, resulting from weakness of urethral tissues and its surrounding supports (urethral hypermobility and/or intrinsic sphincter deficiency).

Your physician should advise that the Supris Retropubic Kit is not for patients who have the following: are pregnant or have desire for future pregnancy, potential for further growth (e.g., adolescents), known active urinary tract infection and/or infection in operative field, taking blood thinning medication (anti-coagulant therapy), abnormal urethra (e.g., fistula, diverticulum), any condition, including known or suspected pelvic pathology, which could compromise implant or implant placement, and sensitivity/allergy to polypropylene or polyurethane.

Discuss with your physician:

- The reason for choosing a sling including the warnings, precautions and risks associated with its use
- Alternative incontinence treatments that may be appropriate
- The sling to be implanted is permanent
- Serious mesh associated complications may result in one or more revision surgeries
- Partial or complete removal of the mesh may not always be possible or advisable as it may not fully correct these complications
- There may be unresolved pain with or without mesh explant and varying degrees of scarring may occur
- Certain underlying conditions may be more susceptible to postoperative bleeding, impaired blood supply, compromised/delayed healing, mesh sling exposure or other complications

The risks and benefits of using Supris should be considered in patients with:

- Age-related underlying conditions
- Autoimmune disease
- Coagulation disorder
- Connective tissue disorder
- Debilitated or immunocompromised state
- Diabetes
- Pelvic radiation therapy or chemotherapy
- Physical characteristics (e.g., body mass index)
- Renal insufficiency
- Smoking-related underlying conditions
- Urinary tract anomalies

Any future pregnancy could negate the benefits of this surgical procedure. Patients should report any bleeding, pain, abnormal vaginal discharge or sign of infection that occur at any time.

Complications are known to occur and may be immediate or delayed, localized or systemic, new onset (de novo) or worsening, acute or chronic, transient or permanent, new onset (de novo) or continuing, worsening, transient, or permanent.

Adverse events may include but are not limited to: • Abscess (acute or delayed) • Adhesion/scar formation • Allergy, hypersensitivity or other immune reaction • Bleeding, hemorrhage or hematoma • Dehiscence (re-opening of surgical incision) • Delayed wound healing • Extrusion, erosion or exposure of mesh sling into the vagina or other structures or organs • Fistula formation (abnormal connection or passageway that forms between two structures in the body) • Infection • Inflammation (acute or chronic) • Local irritation •

Necrosis (tissue death) • Pain Related: dyspareunia (painful sexual intercourse); neuromuscular symptoms; Pain; Partner pain and/or discomfort during sexual intercourse • Perforation or injury of soft tissue (e.g., muscles, nerves, vessels), structures, or organs (e.g., bone, bladder, urethra, ureters, vagina) • Seroma (fluid buildup at site of surgery) • Sling migration (movement) • Urinary Related: Bladder storage dysfunction (e.g., increased daytime or nighttime frequency, urgency, overactive bladder, urinary incontinence); Ureteral obstruction; Urinary tract infection; Voiding symptoms (e.g., dysuria (difficult urination), urinary retention, incomplete emptying, straining, positional voiding, weak stream) • Vaginal Related: Granulation tissue formation (abnormal wound healing); Palpable mesh (able to be felt by patient and/or partner); Sexual dysfunction (difficulty in sexual activity); Vaginal discharge (abnormal); Vaginal scarring or tightening.

This treatment is prescribed by your physician. Discuss the treatment options with your physician to understand the risks and benefits of the various options to determine if a transvaginal sling procedure is right for you.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

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Notes

For more information and available resources about pelvic health, visit **coloplast.to/sfps** or scan the QR code.

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