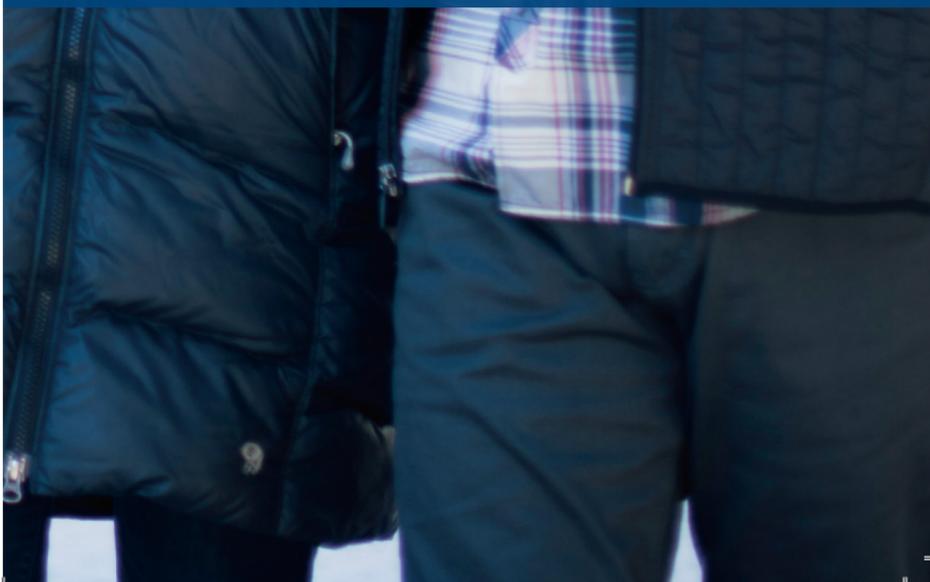


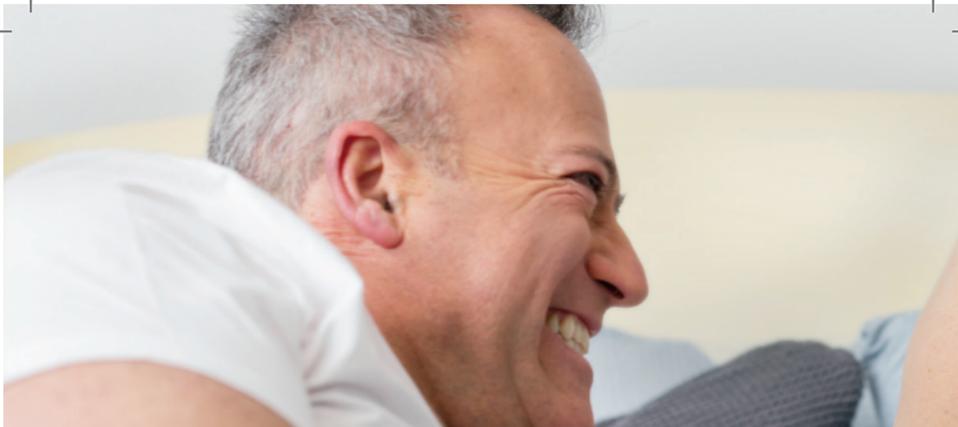


Answers for Men

**End your frustration.
Renew your confidence.
Feel complete.**

Erectile dysfunction





There is hope for every man with ED to regain the control, confidence and wholeness to enjoy an active, satisfying sex life. Your next step:

Visit HARDFacts.com.au
It will help answer some of the more personal questions you may have.

Talk with your doctor
Your doctor can give you the details you need so you can confidently take the next step.

Find your best cure

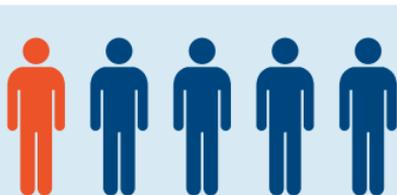
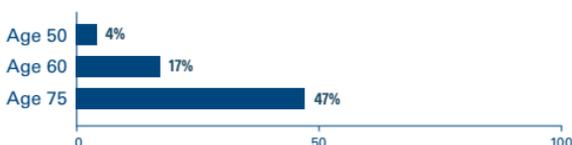
What is erectile dysfunction (ED)?

ED is defined as the persistent inability to achieve or maintain an erection that is firm enough to have sexual intercourse.¹

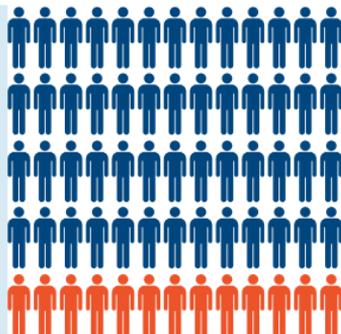
How common is ED?

ED is a common problem and it's important to know you're not alone:

Age breakdown of men with total inability to achieve an erection¹



Approximately **1 in 5 men** aged 40+ suffer from some degree of ED.²



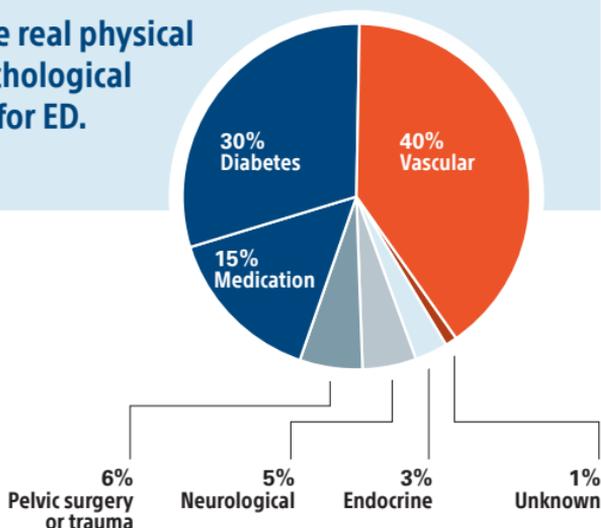
Over 2 million men in Australia over the age of 40 suffer from ED³



What causes ED?^{1,5,6}

There's no single cause of ED.

There are real physical and psychological reasons for ED.



Some common causes:

- Diabetes
- Cardiovascular disease (high blood pressure, heart disease)
- Prostate cancer treatment
- Surgery (prostate, bladder, colon, rectal)
- Medications (blood pressure, antidepressants)
- Lifestyle choices (smoking, excessive alcohol, obesity, lack of exercise)
- Spinal cord injuries
- Hormone problems

ED is not just a medical issue; it can also deeply affect relationships.⁷

"The intimacy that we used to have went away. All of a sudden, it was like we were completely separated. There was no connection."

— Tom





ED and Diabetes

Over time, it's very common for people with diabetes to experience nerve damage due to high blood sugar levels.

Diabetic nerve damage can lead to loss of sensation or feeling in the feet or hands. It can also cause problems with digestion, going to the bathroom or having sex.^{2,3}

If you're a man with diabetes experiencing ED – the inability to get or maintain an erection that's firm enough or lasts long enough to have successful sexual intercourse – you're not alone.

Men with diabetes are 3 times more likely to experience ED than men without diabetes and it affects them 10–15 years earlier in life.²

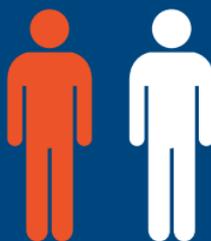
Men with diabetes are more than 2 times more likely to choose a penile implant to treat their ED than those without diabetes.⁴

"I was literally there, in my early 40s, thinking I'm just never going to have a conventional sex life again."

– Benno

The quotes featured throughout this brochure are from real men with diabetes, who have tried other treatment options for their ED and eventually received a penile implant. Their testimony is based on their own experience, and may not be typical for all patients.

ED affects **1 in 2 men**
with diabetes¹



"I was 32, and the doctors told me all the things I could look forward to... problems with my eyes, heart, kidney, liver, circulation and eventually ED. Within the first year I started having problems with ED."

– Tom

Taking the next step

Finding a satisfying treatment for ED can be a life-changing event for many men (and their partners), who may have struggled for years with a condition that can impact their self-esteem and affect their most intimate relationships.

"Dealing with ED really puts a huge emotional burden on you."

– Tom

"I wish my doctors had been more aggressive in asking about this particular complication of diabetes. I would not have waited so long to do something about it."

– Kerry

Find your best ED treatment

Fortunately, there are many ways to treat ED today.

Oral medications are a common first step, but they may not work for everyone – especially those with diabetes: PDE5 inhibitors are shown to be less effective in men with diabetes.²

Men with diabetes and ED are more likely to be prescribed treatment beyond medications.⁴



ED and Cardiovascular Disease

ED – the inability to maintain an erection sufficient enough for sexual intercourse – may be a warning sign of heart problems.

Cardiovascular disease (CVD) and ED share many of the same risk factors.

If you're experiencing symptoms of ED, chances are you have or will develop coronary artery disease (CAD) or coronary vascular disease (CVD) and could be at risk for a heart attack or stroke.

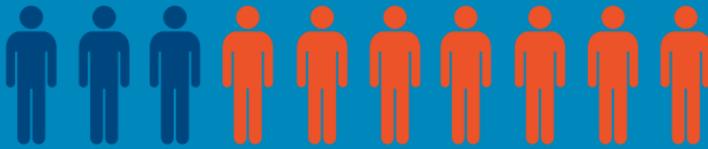
The severity of the ED directly correlates with the severity of heart disease in many patients.^{1,2}

"I began experiencing ED in 1999. It was no doubt caused by my cardiovascular issues. I had a myocardial infarction in 2003, with eight stents implanted."

– Bill

"With ED, you're just not quite measuring up from a masculine standpoint. It works on you in very subtle ways."

– Dave



ED occurs before silent coronary disease **in almost 70% of cases.**⁴

Hardening of the arteries, caused by plaque buildup – atherosclerosis – limits blood flow to various parts of the body.

Since the arteries supplying blood to the penis are much smaller than the ones supplying the heart, this problem may first show up as having difficulty achieving an erection.³

**“This is something very basic.
It’s part of a man’s identity.”**

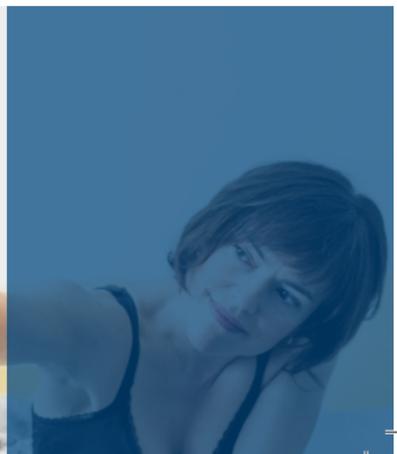
– David

Erectile dysfunction usually occurs, on average, 3 years before the following:^{1,2}

- Coronary artery disease (CAD)
- Peripheral artery disease (PAD)
- Stroke

ED can be a warning sign of a potential heart attack or cardiovascular event.^{1,2}

Talk to your general practitioner or cardiologist about your risk for heart disease.



ED Treatment Options⁵

Whatever is causing your ED, there are many treatment options that can help provide a satisfying solution.

If you try one of the treatment options listed and it doesn't work for you or you aren't completely satisfied, don't be discouraged and give up hope.

These treatment options have varying degrees of success for each man depending on the cause of the ED. Irreversible vessel or nerve damage may impact the success of some of these treatments.

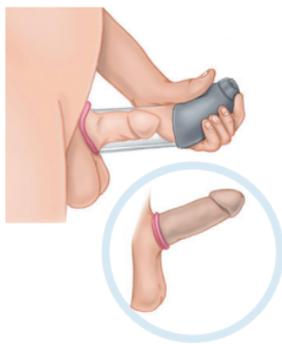
It's important to know all of your available options and discuss them with your doctor to determine which will be appropriate for you and your lifestyle. An ED Specialist will help you find a permanent treatment for your ED.





Oral medications

There are a number of prescription medications available that may improve blood flow to the penis. Combined with sexual stimulation, this can produce an erection.



Vacuum erection devices

A hollow plastic tube is placed over the penis and a pump (hand/battery-powered) is used to create a vacuum that pulls blood into the penis. Once an erection is achieved, an elastic tension ring is placed at the base of the penis to help maintain the erection.



Penile implants

A device is implanted into the penis that is intended to allow a man with ED to have an erection. The device is entirely contained in the body so no one is able to see it and is controlled by the user to achieve an erection. This treatment is designed to allow for spontaneity and the erection is maintained for as long as the man desires.



Injections

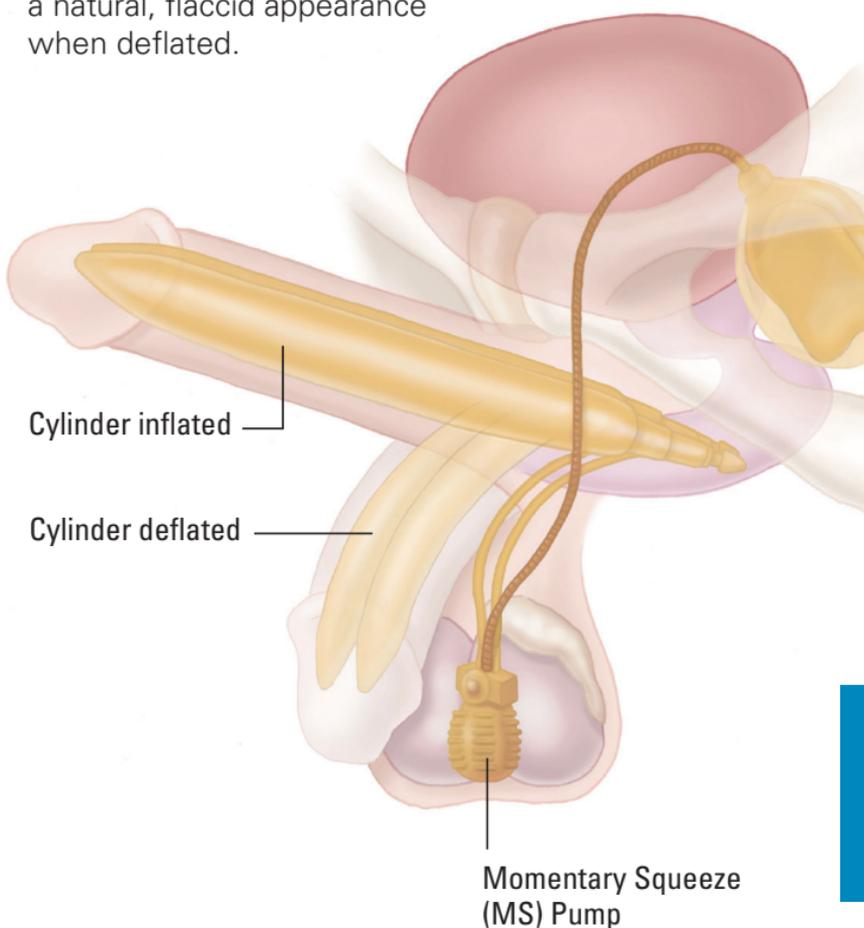
With injection therapy, a needle is used to inject medication directly into the penis. The medication allows blood to flow into the penis, creating an erection.

What is a penile implant?

A penile implant is designed to be a permanent solution for a man suffering from ED and a concealed support for an erection whenever and wherever desired.

Penile implants have been in clinical use for over **40 years**⁹ and nearly **500,000 men** have received an AMS penile implant.³

Of the available Boston Scientific implants, the AMS 700™ Penile Implant is the most popular inflatable prosthesis because it is designed to most closely mimic a natural erection, provide rigidity when inflated and a natural, flaccid appearance when deflated.



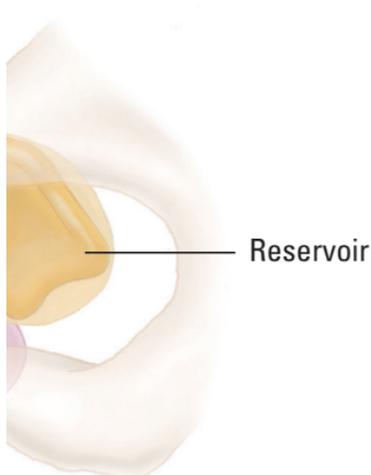
The implant procedure is usually done on a short hospital stay basis. A small incision is made in the scrotum or above the pubic bone and a urologist inserts all components through this small opening. The procedure is performed under anesthesia.

It generally takes a few days to return to your regular routine of light activity. Urologists typically instruct men to wait 4 to 6 weeks before using the implant for sexual intercourse.¹⁰

A penile implant may provide a more permanent option for men who have tried other treatments without success or satisfaction.

Compared with other treatment options, the implant provides spontaneity – it allows you to have sex when the mood strikes and the erection can last as long as you want it to last.

The implant is discreet and entirely contained inside your body – there are no visible components so it would be difficult for someone to know you had this device.



“I could walk into a locker room and you wouldn’t even be able to tell. I look just like everybody else. The implant is all inside my body.”

– Tom

Features of a penile implant:

- Designed to be a permanent solution for ED
- Spontaneous – you can have sex when the mood strikes
- Once activated, the erection can last as long as you desire
- Entirely contained inside the body – no one knows you have one unless you tell them
- Designed to feel natural during intercourse
- High patient and partner satisfaction reported¹¹⁻¹³
- Typically does not interfere with ejaculation or orgasm^{12,14}

Risks of a penile implant:^{9,15}

- Will make natural or spontaneous erections as well as other interventional treatment options impossible
- There may be mechanical failure of the implant, which may require revision surgery
- If the implant needs to be removed and replaced, the penis may become shorter, curved or scarred
- Pain (typically associated with the healing process)
- Men with diabetes, spinal cord injuries or open sores may have an increased risk of infection
- There is a 1–2.5% risk of infection with the AMS penile implant¹⁶



What advice would you give men living with ED?

“Talk to your doctors. If your doctors aren’t talking to you, you have to talk to them. Do whatever it takes to deal with the issue. You can’t ignore it; you can’t sweep it under that carpet. You can sweep it under the carpet but you’re going to come back and you’re going to trip on it.”

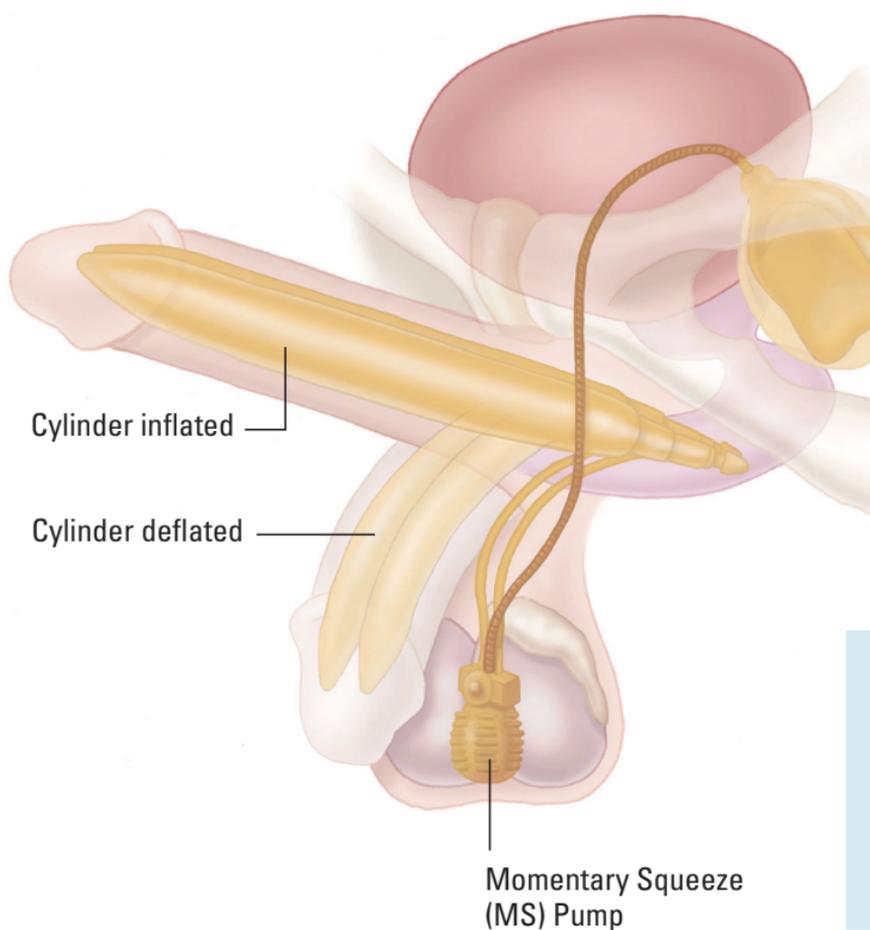
— Kerry

AMS 700™ Three-Piece Inflation Penile Implant

The AMS 700 Implant includes a pair of cylinders implanted in the penis, a pump placed inside the scrotum and a reservoir of saline placed in the lower abdomen.

Squeezing and releasing the pump moves fluid into the cylinders, creating an erection. Deflate the device by pressing the deflate button on the pump.

The penis then returns to a soft, flaccid and natural-looking state.



Unique features of an AMS 700™ Implant

Infection reduction

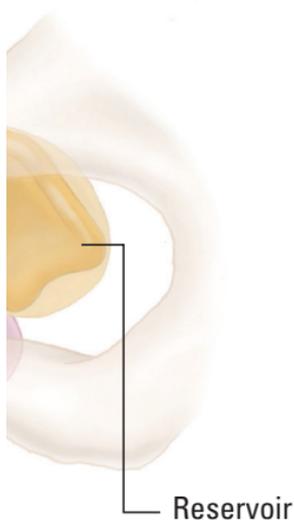
- The only* implant on the market impregnated with antibiotics to reduce the risk of infection¹⁶

Momentary Squeeze Pump™

- One-touch button designed for deflation and ease of use
- Lock-out valve designed to reduce auto-inflation

Reliability and durability

- Device is parylene-coated to improve long-term durability of the device¹⁷
- Designed to be a permanent solution for ED
- Available without antibiotics for those with tetracycline allergies



“You pump it up, you get the desired erection that you want; whenever you’re through you put it down. You just deflate it and it goes away and the feelings are all natural. I still feel when I have an erection, it feels like if nothing ever happened. The feelings are there. The sensations are there. So everything is the same.”

– Fabio

“I did quite a bit of research on devices and I elected to go with the AMS... it was the only device [AMS 700 LGX] in the marketplace that allowed for expansion in girth and length, which was important to me.”

– David

*Assessed 29 AUG 2019

Boston Scientific offers three types of three-piece implants:

AMS 700™ LGX Penile Implant

- The only* penile implant on the market with cylinders designed to expand in length 10–25% depending on patient anatomy³
- Cylinders designed to address the #1 concern men with ED have – loss of penile length¹⁸
- Controlled expansion is designed to provide maximum rigidity and optimal girth expansion
- Firm, rigid erection that can last as long as desired
- Designed to have a natural, flaccid appearance when deflated

AMS 700™ CX Penile Implant

- Controlled expansion is designed to provide maximum rigidity and optimal girth expansion
- Firm, rigid erection that can last as long as desired
- Designed to have a natural, flaccid appearance when deflated

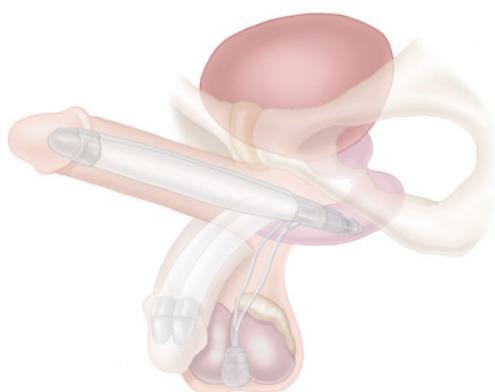
AMS 700™ CXR Penile Implant

- All the benefits of the AMS 700 implant series, including girth expansion for patients who may require narrower cylinders
- Controlled expansion is designed to provide maximum rigidity and optimal girth expansion
- Firm, rigid erection that can last as long as desired
- Designed to have a natural, flaccid appearance when deflated

*Assessed 29 AUG 2019

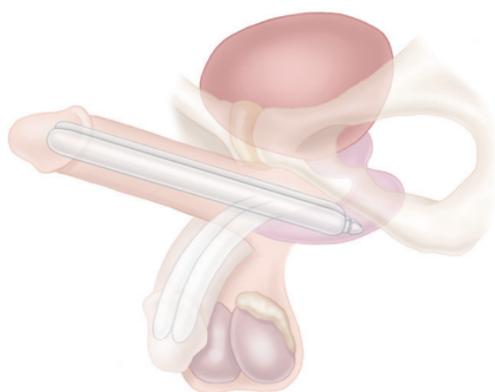
Additional implant selections

Please talk to your doctor to determine which implant is right for you.



Ambicor™ Penile Implant

- Consists of 2 cylinders and a pump
- Offers firm, rigid erection without a separate reservoir



Spectra™ Malleable Penile Implant

- Manually positioned for intercourse and concealment when not in use
- Contained completely inside the body
- No pump or reservoir required

Patient satisfaction

ED can limit your intimacy, affect your self-esteem and impact your most important relationships.⁷

Many studies show that penile implants may offer the satisfying results that so many couples seek. Consult your doctor to determine which type of implant is best suited for your condition and lifestyle.

In one study of 200 patients and 120 partners, both men and their partners found the AMS 700™ Penile Implant to be satisfying:¹²

98% of patients reported their erections to be excellent or satisfactory following surgery

92% of patients reported sexual activity with the implant to be excellent or satisfactory

In a survey of 253 patients who received an AMS 700™ Penile Implant, there was a:¹⁹

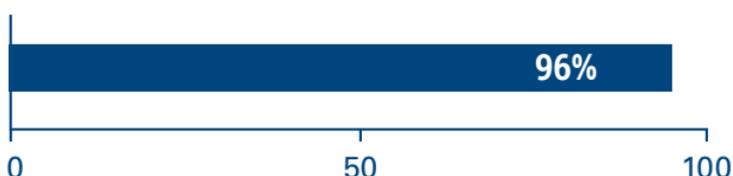
97% overall patient satisfaction for the AMS 700 Implant



Partner satisfaction

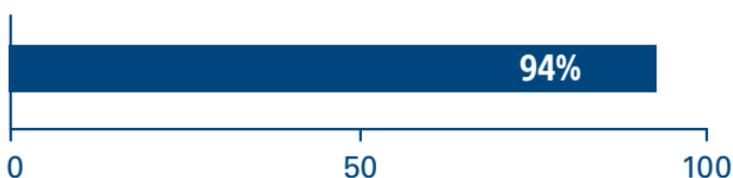
Often patients wonder if their sexual activity will be the same and if they will be able to experience orgasms and sensation.

In one study of 200 patients and 120 partners, both men and their partners found the AMS 700™ Implant to be satisfying:¹²



96% of partners reported sexual activity with the implant to be excellent or satisfactory

In a 4-year study, over 248 patients and 207 couples who received a penile implant were asked their overall satisfaction with intercourse.¹³



94% of patients were very satisfied or satisfied with the AMS implant

"For me, it's very exciting. Once he has an ejaculation, the erection is still there. We can be intimate for as long as I want, which is very satisfying for me."

– Linda

What does having a penile implant



Regain your confidence

"I'm concerned about satisfying my partner. And I know that I will be able to do that. [In my experience], there is no ifs, ands or buts about it. It's something that is definitely going to be done. For me it's joy. The penile implant brought back joy and confidence and everything that is normal."

—Herschel



Knowing that you can perform

"It's not just about being able to perform, its knowing that I can whenever I want. The real positive side of having an implant is you can have an orgasm but the erection doesn't go away. So it's a real plus for your partner because it's still there."

—Danny



Get back what you're missing

"I think that you forget what you're missing. If you put it away, you forget about it and say, 'everything's ok', then you realise, wow, that's what we were missing all that time. It brings you closer."

—Vilma

Testimonials recount the experiences that are specific to these individuals. As with all medical treatment, not every response is the same. We recommend you talk to your doctor or urologist about which treatment is right for you.

: mean to you?



A dependable option

"When I want to get an erection, it works every time; [for me] it is 100% reliable. No sense of failure and it's going to last as long as I want it to. The little phrase that I use is that the prosthesis took me from 'ED' Erectile Dysfunction to 'EOD,' which is Erection on Demand."

—Marsha and Graham



Togetherness and spontaneity

"If I want to have sex with my wife and we want that time together, we can do it and there isn't an injection involved. There isn't a vacuum canister, the vacuum tube with the bands and all the things that just interfere with the spontaneity of the moment. It's so much like a natural erection that you almost forget you have an implant after a while. It feels so normal and so regular that I think it's made a big impact."

—Wilma and Kerry

Talk to someone who's been there:

Email us at MHPatientEducation@bsci.com and we can connect you with a patient who found a successful treatment for his ED.

It's worth the wait

"The only difficult part was they said that for 6 weeks you couldn't... 'do anything.' After the 6 weeks, all I can say is it was well worth it."

— Sarah

Frequently asked questions about penile implants:

Will my penis look different to me or will others notice a penile implant?

Once in place, your implant will be completely undetectable. It's fully concealed in the body. No one will know unless you tell them – even in the locker room.

How long is the recovery time after ED surgery, and when can I have intercourse?

Most men return home within a day of penile implant surgery and are back to all their normal activities within a week, typically having intercourse around 6 weeks post-surgery.¹⁰

How long does an implant last? Will I ever need to replace it?

It is impossible to predict how long a particular implant will function in every patient. As with any medical device, penile implants are subject to wear and mechanical failure over time. A recent study of patients who received an AMS 700™ Penile Implant showed that the 7-year mechanical survival of an AMS penile implant is greater than 94.5%.²⁰ To prolong the life of your implant, follow the advice of your urologist.

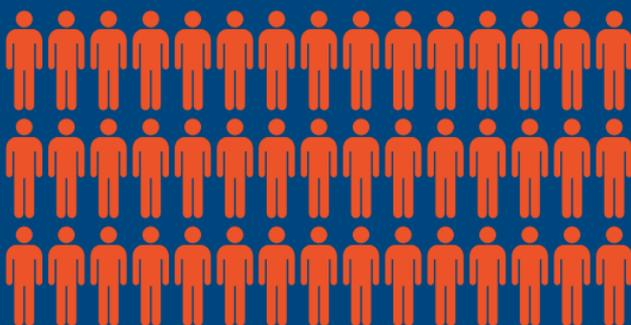
Are penile implants covered by insurance?

Implantable medical devices such as a penile prosthesis or implant, that are intended for long term use, are covered under the Protheses List which is released by the Department of Health and Ageing. Most private health funds (and/or Medicare) cover the medically necessary diagnosis and treatment of ED. Dependent on the patient's level of private health cover, there may be some expenses incurred not reimbursed by the health fund.

For a full list of FAQs, visit
HARDFacts.com.au

Did you know?

Over 2 million men in Australia over the age of 40 suffer from ED.³



Visit HARDFacts.com.au to:

- Take the online ED quiz and get your customised treatment results
- Find an ED specialist in your area
- Register for free educational seminars to learn more about treatment options
- Hear how real people like you have found their ED cure
- Get common answers to common questions about ED, penile implants and insurance coverage

HARDFacts.com.au
UNSHAMING MEN'S SEXUAL HEALTH

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. Data on file with Boston Scientific and based on market research by Dymedex.
4. Nehra, A. (2009). Erectile Dysfunction and Cardiovascular Disease: Efficacy and Safety of Phosphodiesterase Type 5 Inhibitors in Men With Both Conditions. *Mayo Clinic Proceedings*, 84(2), 139–148. doi: 10.4065/84.2.139.
5. Erectile dysfunction (ED). www.auanet.org/content/education-and-meetings/med-stu-curriculum/ed.pdf. American Urological Association Web site. Downloaded January 21, 2013.
6. Shabsigh R, MD, Lue TF, MD. *A Clinician's Guide to ED Management*. New York: Haymarket Media Inc.; 2006.
7. DiMeo PJ. Psychosocial and relationship issues in men with erectile dysfunction. *Urol Nurs*. 2006 Dec;26(6):442-6.
8. Walter S, Lehu P. What Happens During Sexual Intercourse. <http://www.dummies.com/how-to/content/what-happens-during-intercourse.html>. Accessed June 7, 2016.
9. Scott FB, Bradley WE, Timm GW. Management of erectile impotence: use of implantable inflatable prosthesis. *Urology*. 1973 Jul;2(1):80-2.
10. AMS 700™ Patient Manual. Information and Instructions for Patients Considering an Inflatable Penile Prosthesis. American Medical Systems. 2012.
11. Rajpurkar A, Dhabuwala CB. Comparison of satisfaction rates and erectile function in patients treated with sildenafil, intracavernous prostaglandin E1 and penile implant surgery for erectile dysfunction in urology practice. *J Urol*. 2003 Jul;170(1):159-63.
12. 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.
13. Otero JR, Cruz CR, Gómez BG, et al. Comparison of the patient and partner satisfaction with 700CX and Titan penile prostheses. *Asian J Androl*. 2016 Jan 22.
14. Penile Implants – Erectile Dysfunction. Sex Health Matters Website: <http://www.sexhealthmatters.org/erectile-dysfunction/penile-implants-erectile-dysfunction/P7>. Accessed Dec. 3, 2014.)
15. AMS 700™ Penile Prosthesis Product Line Instructions for Use.
16. Carson CC 3rd, Mulcahy JJ, Harsch 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.
17. Salem EA, Wilson SK, Neeb A, et al. Mechanical reliability of AMS 700 CX improved by parylene coating. *J Sex Med*. 2009 Sep;6(9):2615-20.
18. Sellers T, Dineen M, Salem E, et al. Vacuum preparation, optimization of cylinder length and postoperative daily inflation reduces complaints of shortened penile length following implantation of inflatable penile prosthesis. *Adv in Sex Med*. 2013;3:14-8.
19. Natali A, Olianias R, Fisch M. Penile implantation in Europe: successes and complications with 253 implants in Italy and Germany. *J Sex Med*. 2008 Jun;5(6):1503-12.
20. Enemchukwu 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.

CAUTION: Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device.

This information is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

Boston Scientific

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