

ED
CURE

Take the next steps

Visit EDCure.org to:

- Take the online ED quiz and get your customized 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

Talk to someone who's been there.

Email us at MHPatientEducation@bsci.com or call **1-844-4ED-CURE** and we'll connect you with a patient.

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Find your ED cure

End your frustration.

Renew your confidence.

Feel complete.

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Erectile dysfunction and Peyronie's disease



86-90%

of patients with erectile dysfunction and Peyronie's disease report satisfaction with an inflatable penile prosthesis.¹

Welcome

This brochure is designed to help you learn more about the connection between erectile dysfunction (ED) and Peyronie's disease (PD) – and how you can take steps to find a solution to regain the confidence, spontaneity and intimacy that is part of an active, satisfying sex life.

Erectile dysfunction is the inability to get and/or maintain an erection sufficient enough for sexual intercourse. Sometimes men with ED also have Peyronie's disease. Fortunately, urologists specializing in sexual health are trained to treat both erectile dysfunction as well as Peyronie's.

Peyronie's disease

Peyronie's disease is characterized by penile pain, curvature and/or deformity of the penis. The causes of PD aren't fully understood, but the disease may result from repeated injury to the penis, genetics, connective tissue disorders, age or other health conditions.²

Penises vary in size and shape so a curved penis may not be cause for concern. If, however, curvature prevents you from having sex or causes pain, you should talk with your doctor. Nearly a third of men with PD complain of pain and abnormal penile curvature.³

Erectile dysfunction & Peyronie's disease

Erectile dysfunction is common among men with Peyronie's disease. Peyronie's occurs in up to 9% of adult men, but approximately 75% of men with the disease will also experience ED.⁴

Studies have shown that 22-54% of men with PD often struggle with having erections firm enough for sex.⁵

The effects of PD and ED can be long-lasting if left untreated. These conditions often result in increased risk of depression, low self-esteem and relationship difficulties. These issues can affect both the man's and his partner's quality of life.⁶



Men with ED can effectively be treated with a penile implant by Boston Scientific, whether or not they have Peyronie's disease.



Following implant surgery, **more than two-thirds** of patients with PD and ED reported greater self-confidence.⁷

Taking the next step

Once you've talked to your doctor about Peyronie's disease and erectile dysfunction, there are many treatment options for you to explore. Finding a satisfying treatment for PD 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 intimate relationships.

Find your best ED cure

During procedures to address Peyronie's disease, an inflatable penile prosthesis can be implanted to treat erectile dysfunction. In a study of men with ED and PD, 98% had complete resolution of penile curvature with a Boston Scientific penile implant and modeling.⁷

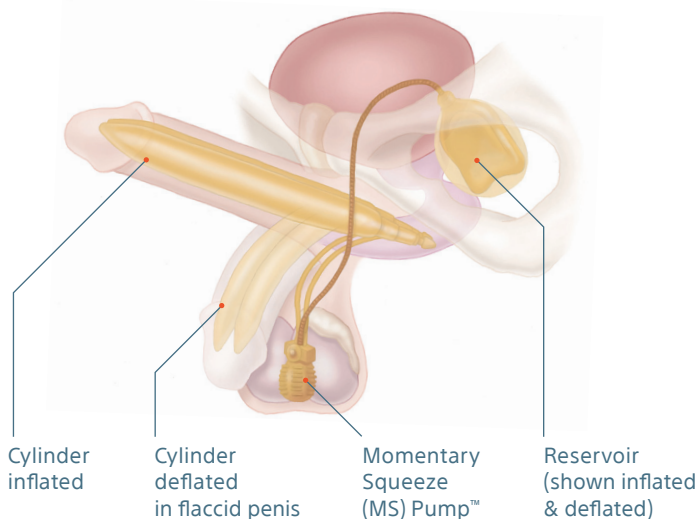
Know all your options

The important thing to understand is that you are not alone – there is hope for nearly every man suffering from ED and Peyronie's. Treatment options for ED include oral medications, vacuum devices, suppositories, injections and penile implants. Treatment options for PD include medication (XIAFLEX®) or plication, incision or excision, and grafting procedures. If a man also has erectile dysfunction, a penile implant procedure with or without grafting material is another option.²

These treatments work differently for different people, and some may be more effective than others.

Penile implants have been in clinical use for over 40 years⁸ and nearly 500,000 patients have been treated with a Boston Scientific penile implant by Boston Scientific.⁹ Using a penile implant results in a rigid erection and enables men to be spontaneous. It is reliable with no medication side effects or ongoing cost.

AMS 700 Penile Implant



Could an AMS 700™ Penile Implant be right for you?

A penile implant is entirely contained within the body and is designed to be simple to operate. It provides the ability to have an erection anytime you choose, and once activated, you can maintain an erection as long as you desire. It typically does not interfere with ejaculation or orgasm.¹⁰

The AMS 700 implant is the only implant that comes pre-impregnated with InhibiZone™ antibiotic and is proven to reduce the risk of revision surgery due to infection.

92% of patients and 96% of their partners reported sexual activity with the implant to be excellent or satisfactory.¹⁰

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of the AMS 700™ with MS Pump™ Inflatable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS 700™ with MS Pump™ Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring. Some AMS 700 devices contain an antibiotic (InhibiZone™ Antibiotic Surface Treatment). The device may not be suited for patients who are allergic to the antibiotics contained within the device (rifampin, minocycline or other tetracyclines) or have systemic lupus.

Potential risks may include: device malfunction/failure leading to additional surgery, device migration potentially leading to exposure through the tissue, wearing away/loss of tissue (device/tissue erosion) infection, unintended-inflation of the device and pain/soreness.

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