

Take the next steps

Visit your general practitioner or cardiologist to learn more about your risk for cardiovascular disease.

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ED
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Find your ED cure

End your frustration.

Renew your confidence.

Feel complete.

Welcome



This brochure is designed to help you learn more about the connection between erectile dysfunction (ED) and cardiovascular disease — and how you can find a solution to regain the confidence, control and wholeness you seek with an active, satisfying sex life.

The quotes featured throughout this brochure are from real men 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 — the inability to maintain an erection sufficient enough for sexual intercourse — is 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}

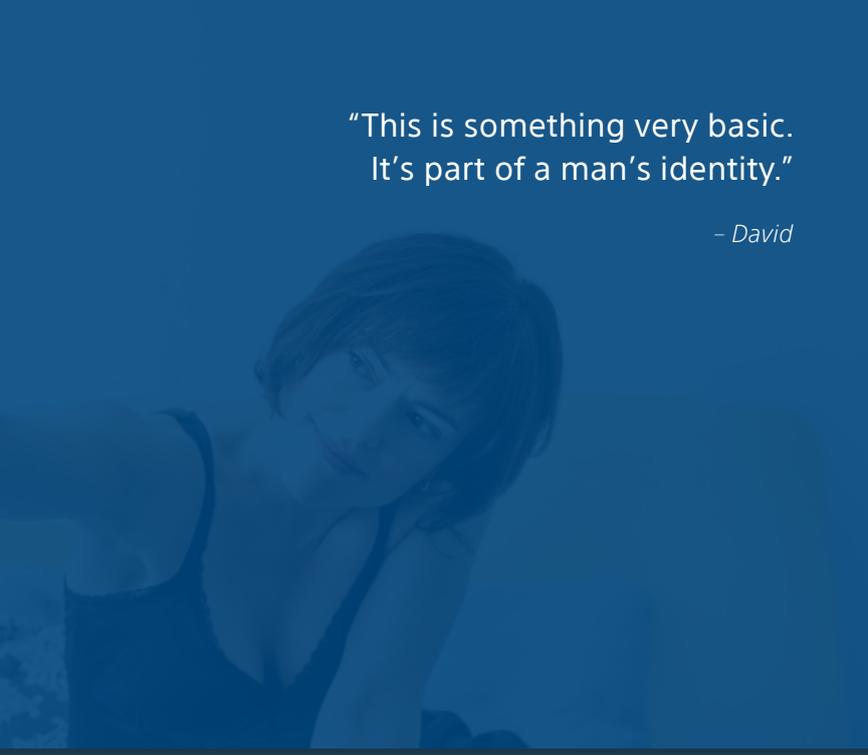
"I began experiencing ED in 1999. It was no doubt caused by my cardiovascular issues. I had a myocardial infarction in 2003, with eight stents implanted."

– Bill



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

– David



ED & heart disease

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

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.

“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

Taking the next step

Once you've talked to your doctor about your risks for heart disease, there are many treatment options for you to explore to resolve your erectile dysfunction. 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.

"I had heart problems so I had the little nitro pills in my pocket. I couldn't take Viagra™ or any of those drugs because they can't be combined. So I went on to the next step."

– David

Find your best ED cure

If your doctor says your heart is healthy enough for sex, you may be ready to learn more about your options. Fortunately, there are many ways to treat ED today. Men taking nitrates for heart disease are generally not candidates for oral ED medications and those taking alpha-blocking agents for blood pressure may need to be closely monitored by their doctor.⁵ In addition, if blood flow to the penis is compromised due to atherosclerosis, or plaque buildup, medications may not be effective.



When ED medication is not the answer, there are other options.

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

– Tom

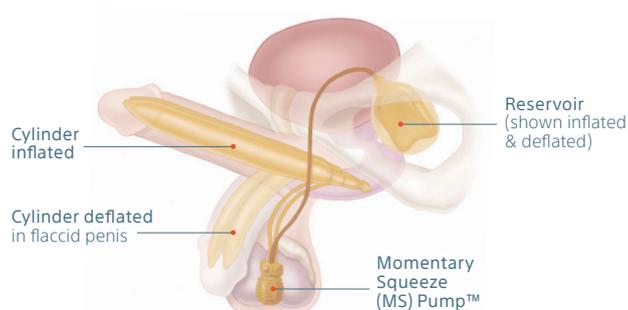
“Why go the rest of your life without being able to have physical intimacy with your partner when there is a fix for it?”

– Bill

Know all your options

The important thing to know is that you are not alone – there is hope for nearly every man suffering from ED. Treatment options include oral medications, vacuum devices, suppositories, injections and penile implants. These treatments work differently for different people, and some may be more effective than others for you.

An AMS 700™ Penile Implant is a unique solution because it allows you to be intimate wherever, whenever and for as long as you want. It lets you be spontaneous again, and it is reliable with no medication side effects or ongoing costs.



92% of patients and **96% of their partners** reported sexual activity with the implant to be excellent or satisfactory.⁸

Penile implants have been in clinical use for over 40 years⁶ and nearly **500,000 patients** have been treated with a Boston Scientific penile implant.⁷

“In my case and I’m sure in other men’s cases—it has brought us back to wholeness.”

– David



Penile implants have helped hundreds of thousands of men return to an active, satisfying sex life.⁹

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 and easy 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.^{8,10}

The AMS 700 Implant is the only implant on the market clinically proven and supported by the FDA to reduce the risk of revision surgery due to infection.¹¹

Caution: US 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™ Inflation Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS 700™ with MS Pump™ Inflation 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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