

Enlightened questions. A proven answer.

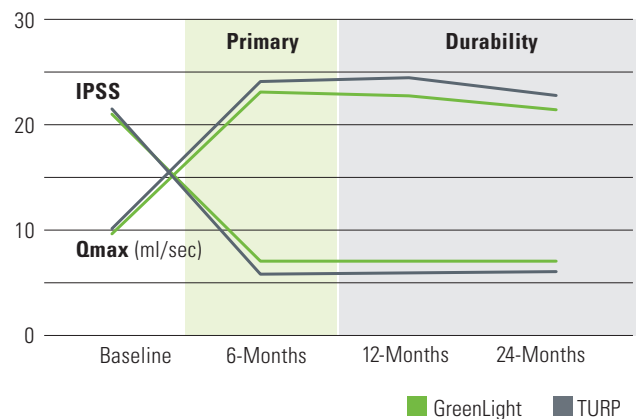
The challenge

Benign prostatic hyperplasia (BPH) prevents millions of men from living life to the fullest. Unfortunately, drug therapy doesn't always work or can have side effects, and transurethral resection of the prostate (TURP) can't be used to treat all BPH patients.

The solution

GreenLight™ Laser Therapy was designed to be a safe, effective, easy-to-learn BPH treatment. It is grounded in advanced science and proven in a head-to-head trial. When compared to TURP, it has fewer serious adverse events, shorter recovery and lower overall hospital costs.^{1-8*}

BPH symptom relief at 2 years¹



How do I elevate the experience for all of my patients?

The average patient spends 49 hours in the hospital versus 78 hours for TURP.²

Patients reached stable health status in 26 hours versus 52.8 for TURP patients.²

Median catheterization time is 22 hours versus 46.7 for TURP.²

No patients experienced a severe adverse event within the first 30 days of the GOLIATH study.^{2*}

May be appropriate for all classes of BPH patients, especially those at higher-risk.⁹



Urologist's #1 choice for laser BPH therapy¹¹

How do I optimize clinical outcomes?

The vast majority of men treated with GreenLight Laser Therapy were **complication-free** after 6 months.²

There was no significant difference in dysuria rates between GreenLight Laser Therapy and TURP patients.²

Shown to reduce BPH symptoms, not just for the first few weeks or months, but over a full 2-year period.¹⁻³

NEARLY
ONE MILLION
PATIENTS TREATED¹¹



How do I lower the overall cost of care?

The total costs of GreenLight Laser Therapy were \$4,266 ± \$1,182 compared with \$5,097 ± \$5,003 for TURP.⁸

Most GreenLight Laser procedures were performed as outpatient surgery, helping to reduce the overall cost of hospital care.¹⁰

93%
PATIENT
SATISFACTION³

More enlightenment at www.GOLIATHStudy.com

The GreenLight™ Laser System is intended for incision/excision, vaporization, ablation, hemostasis and coagulation of soft tissue, including photoselective vaporization of the prostate for benign prostatic hyperplasia (BPH). The laser system is contraindicated for patients who: are contraindicated for surgery, contraindicated where appropriate anesthesia is contraindicated by patient history, have calcified tissue, require hemostasis in >2mm vessels, have uncontrolled bleeding disorders, have prostate cancer, have acute urinary tract infection (UTI) or severe urethral stricture. Possible risks and complications include, but are not limited to, irritative symptoms (dysuria, urgency, frequency), retrograde ejaculation, urinary incontinence, erectile dysfunction, hematuria - gross, UTI, bladder neck contracture/outlet obstruct, urinary retention, perforation - prostate, urethral stricture.

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

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device. Information for use only in countries with applicable health authority registrations. Material not intended for use in France.

*Serious adverse events defined as Clavien Dindo grades 3 and higher.

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5. Thangasamy I, Chalasani V, Bachmann A, Woo H. Photoselective Vaporisation of the Prostate Using 80-W and 120-W Laser Versus Transurethral Resection of the Prostate for Benign Prostatic Hyperplasia: A Systematic Review With Meta-Analysis from 2002 to 2012. *Euro Urol* May 2012; (62): 315-323.
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10. Thomas JA, Tubaro A, Barber N, et al. The Continuing Story of the Cost-Effectiveness of Photoselective Vaporization of the Prostate versus Transurethral Resection of the Prostate for the Treatment of Symptomatic Benign Prostatic Obstruction. *Value Health*. 2015 Jun;18(4):376-86.
11. Data on File at Boston Scientific.