

UROLIFT™



**Don't let an
enlarged prostate
put a kink in
your hose.**

If your flow doesn't go like it used to, it could be an enlarged prostate blocking the way. The UroLift™ System treatment simply lifts it aside.

Teleflex™
Empowering the future of healthcare

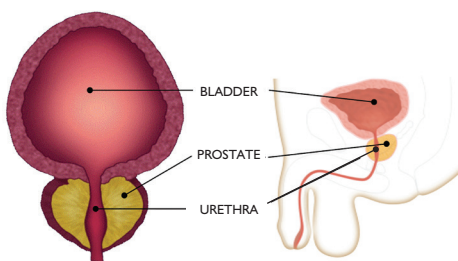
WHAT IS AN ENLARGED PROSTATE?

Benign Prostatic Hyperplasia (BPH), also known as an enlarged prostate, is a progressive condition affecting many men as they get older.

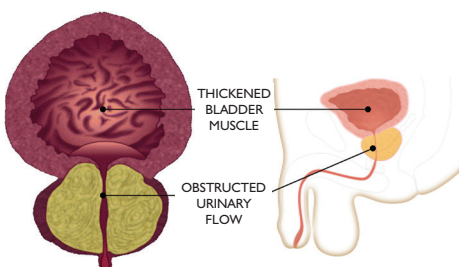
As the prostate enlarges, it presses on and blocks the urethra, which may cause bothersome urinary symptoms such as:

- Frequent need to urinate both day and night
- Urgent feeling of needing to urinate
- Weak or slow urinary stream

Normal Prostate



Benign Prostatic Hyperplasia (BPH)



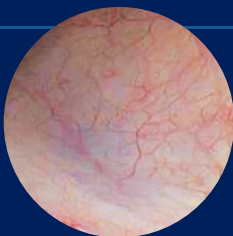
“If I drank a cup of water, I’d have to go immediately after. I’d be up four times in a night going to the bathroom.”

– David, UroLift System Patient

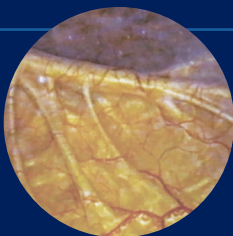
WHAT HAPPENS IF BPH IS NOT TREATED?

If left untreated, BPH can lead to permanent bladder damage¹ and in some cases may cause the inability to urinate, which requires the use of a catheter.²

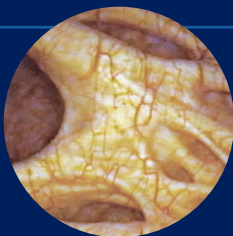
Healthy Bladder



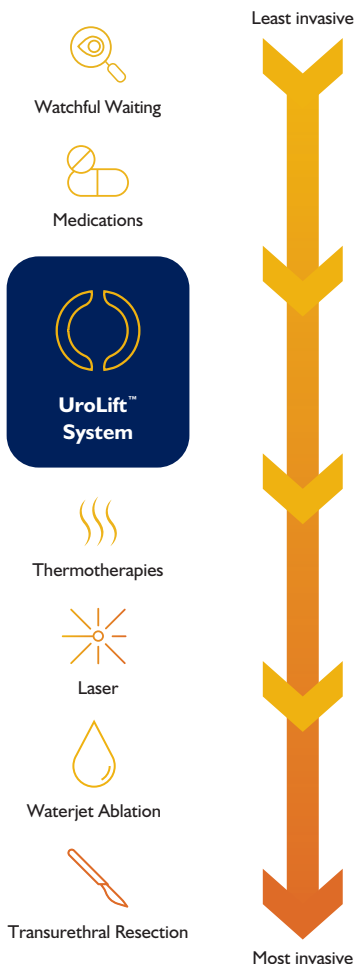
Bladder Worsens³



Permanently Damaged¹



BPH TREATMENT OPTIONS TYPICALLY FALL INTO THESE CATEGORIES:



Talk to your doctor about BPH treatment options
to determine the right treatment for you.

“There was a night-and-day difference in symptom
relief by the second week. It’s been fantastic. I’ve
already recommended it to a friend.”

– David, UroLift System Patient

PUT YOUR PROSTATE IN ITS PLACE

More than **half a million men** worldwide **have been treated with the UroLift™ System.**⁴



The UroLift™ System is the #1 chosen minimally invasive treatment option in the US.⁵ It can help men get off BPH medications and avoid major surgery, while preserving sexual function.^{*6}

- The only leading enlarged prostate procedure that does not require heating, cutting, removal, or destruction of prostate tissue⁷⁻⁹
- Can be performed as a same-day outpatient procedure in the office setting under local anesthesia¹⁰ – and patients typically return home without a catheter^{7,10}
- Covered by most private insurers and Medicare (when medical criteria are met)
- Symptom relief better than reported for medications⁷⁻⁸

“Men shouldn’t be embarrassed to talk about this common problem. I’m proof that there is help available and that it’s important to talk honestly and openly with your doctor.”

– Corey, UroLift System Patient

A PROVEN SAFE AND EFFECTIVE **TREATMENT FOR BPH⁶**

- Rapid symptom relief – in as early as two weeks⁷ – and better relief than reported with medications^{7,8}
- Rapid recovery in days, not months¹⁰ – lowest catheter rate of the leading BPH procedures^{6,10-14}
- Risk profile better than reported for surgical procedures such as TURP^{7-8,15}
- The only leading BPH procedure shown to not cause new and lasting sexual dysfunction^{*8-9,16}



UROLIFT™

PATIENT AMBASSADOR PROGRAM

Scan the QR code to request to talk to a UroLift™ System patient ambassador about their BPH journey.**



“For years, I took BPH medication and endured worsening symptoms including hourly nighttime wakings to void. I’m now sleeping uninterrupted for 6-8 hours!”

– Gordon M. Castleberry M.D., † UroLift System Patient

HOW THE **UROLIFT™** **SYSTEM WORKS**



STEP 1

The UroLift™ Delivery Device is placed through the obstructed urethra to access the enlarged prostate.



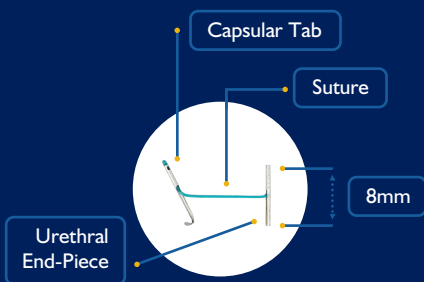
STEP 2

Small implants are permanently placed to lift and hold the enlarged prostate tissue out of the way and increase the opening of the urethra.



STEP 3

The UroLift System procedure provides symptom relief by opening the obstructed urethra.



UroLift™ Implant
ACTUAL SIZE



Watch the video

**IGNORING FREQUENT
TRIPS TO THE BATHROOM**
WON'T MAKE THEM GO AWAY,

and “watchful waiting” can
lead to bladder damage.¹ Ask a
urologist about the UroLift™
System treatment.



Find your
BPH Symptom Score



READY TO PUT YOUR PROSTATE IN ITS PLACE?

Talk to your doctor to determine if the UroLift™ System procedure is right for you. You may be a candidate if you are a male, 45 years of age or older, and have symptoms relating to BPH.

FAQS

Where is the UroLift System procedure performed?

The UroLift System procedure can be performed in either an office, ambulatory surgical center, or hospital.¹⁰ Please speak with your doctor to understand your options and decide which one may be best for you.

How long will my results last?

The UroLift System procedure is intended to be a long-lasting solution for BPH that uses permanently placed implants. A study conducted through five years showed a low retreatment rate of about 2-3% per year, or a total of 13.6% over the course of the study.⁶

Will my prostate continue to grow even after I get a UroLift System procedure? What if I need another procedure?

Your prostate may continue to grow after the procedure; however, receiving the UroLift System treatment does not preclude subsequent treatment with a UroLift System or other BPH treatments.

How quickly can I expect to have symptom relief?

Patients can experience minimal downtime post-treatment and symptom relief as early as two weeks.⁷

When can I resume my usual activities?

Many men experience rapid recovery in days following the procedure.⁷ Your doctor will discuss any restrictions and your specific situation after your procedure.

Will I need to continue taking my BPH medications after the procedure?

The goal of the UroLift™ System procedure is to provide the relief you need to discontinue your BPH medications. Your doctor will decide if continued use of BPH medication is necessary.

Will my sexual function be affected by the UroLift System procedure?

A clinical study has shown the UroLift System procedure does not cause instances of new, sustained erectile or ejaculatory dysfunction.^{*6} The same cannot always be said of other BPH therapies such as TURP, laser, and even medication.²

What happens if the implants need to be removed?

The implants are intended to be permanent. The implant is made up of standard surgical implantable materials: a nitinol capsular tab,[‡] a stainless-steel urethral tab, and a PET (polyethylene terephthalate) suture that holds the two tabs together. Your doctor can remove the urethral tab, if needed. The capsular tab and part of the suture will remain in place inside your body.

I have read that many men don't need a catheter after the UroLift System procedure. Is this true?

Most patients do not require a catheter after having the UroLift System procedure.^{7,10} If a catheter is placed, it is typically only overnight and is removed the next morning.^{7,10} Your doctor will determine if you need a catheter.

Is my prostate too large for this procedure?

The UroLift System is indicated for men with prostate sizes up to 100 grams. Your doctor can perform a test to determine your prostate size.

Can I have an MRI after the UroLift System procedure?

The UroLift Implant is MR conditional and patients can be safely scanned after a UroLift System treatment, provided that the specific MRI instructions are met, which can be found at UroLift.com/mri-information.

Does my insurance cover the procedure?

The UroLift System procedure is covered by Medicare and most national and commercial plans, including all independent licensees of Blue Cross Blue Shield Association, when medical criteria are met. Contact your insurance provider for your specific coverage information.

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**FOR MORE INFORMATION VISIT
UROLIFT.COM**

Find us on  facebook.com/UroLift

Indicated for the treatment of symptoms of an enlarged prostate up to 100cc in men 45 years or older. As with any medical procedure, individual results may vary. Most common side effects are temporary and include pain or burning with urination, blood in the urine, pelvic pain, urgent need to urinate and/or the inability to control the urge.⁷ Rare side effects, including bleeding and infection, may lead to a serious outcome and may require intervention. Speak with your doctor to determine if you may be a candidate.

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

*No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study

**UroLift System Patient Ambassadors are real patients who share their personal experience and are compensated for their time; they do not provide medical advice. Individual results may vary.

†Dr. Gordon M. Castleberry is a paid consultant of Teleflex

‡Warning: This device contains stainless steel and nitinol, an alloy of nickel and titanium. Persons with allergic reactions to these metals may suffer an allergic reaction to this implant. Prior to implantation, discuss any allergy/hypersensitivity to these materials with your physician.

1. Tubaro, Drugs Aging 2003; 2. AUA BPH Guidelines 2021; 3. Flanigan, J Urol 1998; 4. Management estimate based on product sales as of June 2024. Data on file Teleflex Interventional Urology. 5. U.S. 2023 estimates based on US Market Model 2023-25 (3-14-23 FINAL), which is in part based on Symphony Health PatientSource® 2018-22, as is and with no representations/warranties, including accuracy or completeness. 6. Roehrborn, Can J Urol 2017; 7. Roehrborn, J Urol 2013; 8. AUA BPH Guidelines 2003; 9. AUA BPH Guidelines 2020; 10. Shore, Can J Urol 2014; 11. Bachmann, Eur Urol 2013; 12. McVary, J Urol 2016; 13. Mollengarden, Prostate Cancer Prostatic Dis 2018; 14. Das, Can J Urol 2019 15. Sonksen, Eur Urol 2015; 16. McVary, Urology 2019

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