Abbott

MANAGING KNEE PAIN AFTER SURGERY

DRG THERAPY FOR
CRPS I AND CAUSALGIA (CRPS II)

DO YOU SUFFER
FROM KNEE PAIN?

- ○ Experiencing pain following a surgical procedure
- ○ Pain has lasted beyond the expected healing time
- ○ Not satisfied with other treatment options
- ○ The pain impacts your everyday life

IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, YOU MAY BE A CANDIDATE FOR

PROCLAIM™ DRG THERAPY

LEARN MORE AND FIND A DRG PHYSICIAN AT

ABOUTYOURPAIN.COM

WHY DO YOU HAVE KNEE PAIN?

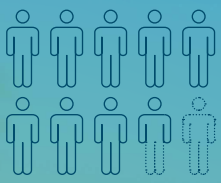
The knee area contains multiple nerves.
During knee surgery — even with the utmost care and best surgical technique — a nerve can be injured.

The nerve pain that may develop from this injury is often long-lasting and may heavily impair your quality of life.

PROCLAIM™ DRG THERAPY MAY HELP YOU

Proclaim™ DRG Therapy is a non-opioid technology specifically designed to help manage chronic nerve pain due to causalgia (CRPS II) following surgery.[1] It works by sending mild electrical pulses to the nerves responsible for the painful sensations. This could **SIGNIFICANTLY REDUCE THE PAIN** from the affected nerve to the brain.[2,3]

A LONG-TERM CLINICAL STUDY SHOWS THAT DRG THERAPY PROVIDES



SIGNIFICANT PAIN RELIEF TO MORE THAN

8 OUT OF **10**

PARTICIPANTS[2]

ABBOTT'S DORSAL ROOT GANGLION (DRG) THERAPY

- Eliminates the tingling sensation felt with traditional neurostimulation[2]
- Provides hassle-free pain relief with a battery that lasts 6.5 years at nominal settings, without ever needing to charge the system*
- Has been proven to improve many quality of life measures, including physical activity, sleeping habits and overall mood[2]

WHAT DOES PROCLAIM DRG THERAPY MEAN FOR PATIENTS?

"FOR ME THERE IS NO ALTERNATIVE EXCEPT THIS PAIN THERAPY. IT REALLY TRANSFORMED MY LIFE."

In 2006, I underwent a knee replacement. After the surgery I suffered from chronic pain in the whole knee area. I had a second surgery in 2008, but it didn't improve the pain. In 2016, my knee needed to be replaced, as the pain became intolerable. Fortunately, at this time a new therapy was available and my orthopedic surgeon and general physician told me to consider neurostimulation. They referred me to a pain clinic and I received a DRG neurostimulator.

Since this new therapy, my pain is completely gone. It feels like a new life. I am back in control of my everyday life. I can pursue my hobby of traveling together with my husband.

Mrs. Dietzel
68 years old

TRY IT FIRST

TRIALS ARE A MINIMALLY INVASIVE WAY FOR PATIENTS TO TRY PROCLAIM DRG THERAPY WITHOUT SURGERY.

These are the experiences of this patient. Individual experiences, symptoms, situations and results may vary.

CONTACT US

FOR A CONSULTATION

LEARN MORE AND FIND A DRG PHYSICIAN AT

ABOUTYOURPAIN.COM

*Dual-lead system with one-year shelf life at 1600-ohms impedance and 24 hours of 20-Hz frequency, 300-µs pulse width and 0.8 mA amplitude stimulation. Hassle-free means recharge-free.

1. Abbott. Proclaim™ DRG Neurostimulation System Clinician's Manual. Plano, TX. 2018.
2. Deer TR, Levy RM, Kramer J, et al. Dorsal root ganglion stimulation yielded higher treatment success rate for complex regional pain syndrome and causalgia at 3 and 12 months: a randomized comparative trial. *Pain*. 2017;158(4):669-681.
3. Hunter CW, Sayed D, Lubenow T, et al. DRG FOCUS: A Multicenter Study Evaluating Dorsal Root Ganglion Stimulation and Predictors for Trial Success. *Neuromodulation*. 2019;22(1):61-79.

Abbott
One St. Jude Medical Dr., St. Paul, MN 55117 USA, Tel: 1 651 756 2000
Neuromodulation.Abbott

Rx Only
Brief Summary: Prior to using these devices, please review the User's Guide for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. The system is intended to be used with leads and associated extensions that are compatible with the system.

Indications for Use: U.S.: Spinal column stimulation via epidural and intra-spinal lead access to the dorsal root ganglion as an aid in the management of moderate to severe chronic intractable* pain of the lower limbs in adult patients with Complex Regional Pain Syndrome (CRPS) types I and II.**
*Study subjects from the ACCURATE clinical study had failed to achieve adequate pain relief from at least 2 prior pharmacologic treatments from at least 2 different drug classes and continued their pharmacologic therapy during the clinical study.
**Please note that in 1994, a consensus group of pain medicine experts gathered by the International Association for the Study of Pain (IASP) reviewed diagnostic criteria and agreed to rename reflex sympathetic dystrophy (RSD) and causalgia, as complex regional pain syndrome (CRPS) types I and II, respectively. CRPS II (causalgia) is defined as a painful condition arising from damage to a nerve. Nerve damage may result from traumatic or surgical nerve injury. Changes secondary to neuropathic pain seen in CRPS I (RSD) may be present, but are not a diagnostic requirement for CRPS II (causalgia).
International: Management of chronic intractable pain.

Contraindications: U.S.: Patients who are unable to operate the system, who are poor surgical risks. Patients who have failed to receive effective pain relief during trial stimulation.
International: Patients who are unable to operate the system, are poor surgical risks, are pregnant, or under the age of 18.

Warnings/Precautions: Diathermy therapy, implanted cardiac systems or other active implantable devices, magnetic resonance imaging (MRI), computed tomography (CT), electrosurgery devices, ultrasonic scanning equipment, therapeutic radiation, explosive and flammable gases, theft detectors and metal screening devices, lead movement, operation of machinery, equipment and vehicles, pediatric use, pregnancy, and case damage.

Adverse Effects: Unpleasant sensations, changes in stimulation, stimulation in unwanted places, lead or implant migration, epidural hemorrhage, hematoma, infection, spinal cord compression, or paralysis from placement of a lead in the epidural space, cerebrospinal fluid leakage, tissue damage or nerve damage, paralysis, weakness, clumsiness, numbness, sensory loss, or pain below the level of the implant, pain where needle was inserted or at the electrode site or at IPG site, seroma at implant site, headache, allergic or rejection response, battery failure and/or leakage. User's Guide must be reviewed for detailed disclosure.

40816 MAT-2002167 v2.0 | Item approved for global use.

Abbott