

SUPERIOR, SUSTAINED PAIN RELIEF.

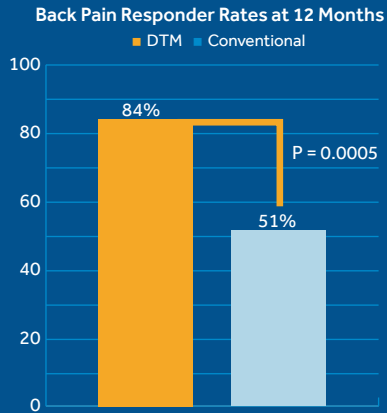
DTM™ SCS compared to conventional stimulation at 12 months in an RCT.



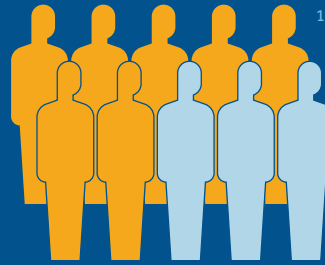
Setting a new benchmark for SCS Outcomes

84%

Highest back pain responder rate reported at 12 months in similar RCTs* (> 50% improvement¹).



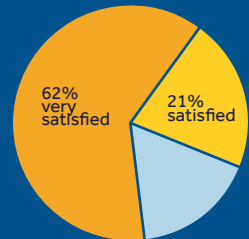
* Descriptive comparison, including studies with similar design (RCT; randomization >100 subjects; comparing 2 SCS therapies; with at least 12-months follow up) and patient populations (inclusion/exclusion criteria; baseline demographics) with back pain responder rates reported. This is not based on a statistical analysis of outcomes between studies.



7 out of **10** experienced profound back pain relief¹ (≥ 80% pain relief)

83%

of patients were satisfied/very satisfied at 12 months²



1. Fishman M, Cordner H, Justiz R, et al. Randomized Controlled Clinical Trial to Study the Effects of Differential Target Multiplexed™ SCS (DTM™ SCS) in Treating Intractable Chronic Low Back Pain: Long-term Follow-Up Results. Presented at: North American Neuromodulation Society 24th Annual Meeting. Jan 15 – 16, 2021. Virtual.

2. Vallejo R, Fishman M, Cordner H, et al. Differential Target Multiplexed™ SCS (DTM™ SCS) for Treating Intractable Chronic Low Back and Leg Pain: Profound Response and Long-Term Benefits in Quality of Life. Presented at: North American Neuromodulation Society 24th Annual Meeting. Jan 15 – 16, 2021. Virtual.

INDICATIONS Spinal cord stimulation (SCS) is indicated as an aid in the management of chronic, intractable pain of the trunk and/or limbs including unilateral or bilateral pain. **CONTRAINDICATIONS Diathermy** - Energy from diathermy can be transferred through the implanted system and cause tissue damage resulting in severe injury or death. **WARNINGS** Sources of electromagnetic interference (e.g., defibrillation, electrocautery, MRI, RF ablation, and therapeutic ultrasound) can interact with the system, resulting in unexpected changes in stimulation, serious patient injury or death. An implanted cardiac device (e.g., pacemaker, defibrillator) may damage a neurostimulator, and electrical pulses from the neurostimulator may cause inappropriate response of the cardiac device. **PRECAUTIONS** Safety and effectiveness has not been established for pediatric use, pregnancy, unborn fetus, or delivery. Avoid activities that put stress on the implanted neurostimulation system components. Recharging a rechargeable neurostimulator may result in skin irritation or redness near the implant site. **ADVERSE EVENTS** May include: undesirable change in stimulation (uncomfortable, jolting or shocking); hematoma, epidural hemorrhage, paralysis, seroma, infection, erosion, device malfunction or migration, pain at implant site, loss of pain relief, and other surgical risks. Refer to www.medtronic.com for product manuals for complete indications, contraindications, warnings, precautions and potential adverse events. Rx only. Rev 0119

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