



## Karen's Pain Story:

"I had back pain from lumbar spinal stenosis (LSS) for 3 years. I went to a physical therapist, had 9 rounds of injections, and even reviewed options with a surgeon. I was referred to Dr. Vucetic at Lake Health, and he recommended the Vertiflex Procedure."

## Karen's Experience With the Vertiflex Procedure:

"I was a little sore from the procedure, but honestly that same day I could stand up straight without pain for the first time in years. Five days after the procedure, I wanted to go back to playing pickleball I was feeling so great. The Vertiflex Procedure cured 100% of the back pain caused by my LSS."

## What would Karen say to others who are considering the Vertiflex Procedure?

"I would say ask your pain physician if the Vertiflex Procedure could help your LSS pain. It could honestly change your life. I want to educate as many people as possible about this life-changing procedure."

Clinical studies show that the Vertiflex Procedure provides effective, long-term relief from pain:

**90%** patient satisfaction at five years<sup>1,\*</sup>

**85%** reduction in opioid dependence at five years<sup>2,\*</sup>



Learn more at Pain.com. Scan this code with your smartphone camera.

The patient quotes in this material describe real personal experiences. Individual results may vary. Patients can experience different levels of pain management and different changes in their activities and use of medications. Consult with your physician to determine if you are a candidate for this procedure and what you may gain from the therapy. Results from clinical studies are not predictive of results in other studies. Results in other studies may vary.

Indications for Use. The Superion™ Indirect Decompression System (IDS) is indicated to treat skeletally mature patients suffering from pain, numbness, and/or cramping in the legs (neurogenic intermittent claudication) secondary to a diagnosis of moderate degenerative lumbar spinal stenosis, with or without Grade 1 spondy/lolisthesis, having radiographic evidence of thickened ligamentum flavum, narrowed lateral recess, and/or central canal or foraminal narrowing. The Superion™ Interspinous Spacer is indicated for those patients with impaired physical function who experience relief in flexion from symptoms of leg/buttock/groin pain, with or without back pain, who have undergone at least 6 months of non-operative treatment. The Superion Interspinous Spacer may be implanted at one or two adjacent lumbar levels in patients in whom treatment is indicated at no more than two levels, from L1 to L5. Contraindications, warnings, precautions, side effects. The Superion Indirect Decompression System (IDS) is contraindicated for patients who: have spinal anatomy that prevent implantation of the device or cause the device to be unstable in situ (i.e., degenerative spondylolisthesis greater than grade 1), Cauda equina syndrome, or prior decompression or fusion at the index level, scoliosis or spinous process fractures, osteoporosis, infection, allergy or reaction to any metal or implant or a high Body Mass Index. Avoid strenuous activity for 6 weeks after surgery, contact your physician if there is fluid leaking from your incision, if you have pain, swelling or numbness in your legs or buttocks or if you fall. Refer to the Instructions for Use provided on www.vertiflex.com for additional Indications for Use, contraindications information and potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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<sup>†</sup> Superion™ Indirect Decompression System

<sup>\*</sup>Study completers when compared to baseline scores.

<sup>1.</sup> Nunley PD, et al. Five-year durability of stand-alone interspinous process decompression for lumbar spinal stenosis. Clinical Interventions in Aging. 6 Sep 2017, Pages 1409-1417 (N=88).
2. Nunley PD, et al. Interspinous process decompression is associated with a reduction in opioid analgesia in patients with lumbar spinal stenosis. J Pain Res. 2018 Nov 20;11:2943-2948 (N=107).