



MANAGING  
CHRONIC  
PAIN AFTER  
TOTAL KNEE  
OR HIP  
ARTHROPLASTY



PROCLAIM™ DRG  
NEUROSTIMULATION SYSTEM

# TOTAL KNEE OR HIP ARTHROPLASTY (TKA OR THA)

- ✓ MECHANICALLY,  
SURGERY WAS A SUCCESS.
- ✓ SURGEON DOES  
NOT RECOMMEND  
ADDITIONAL SURGERY.
- ✓ PATIENT IS STILL IN PAIN.

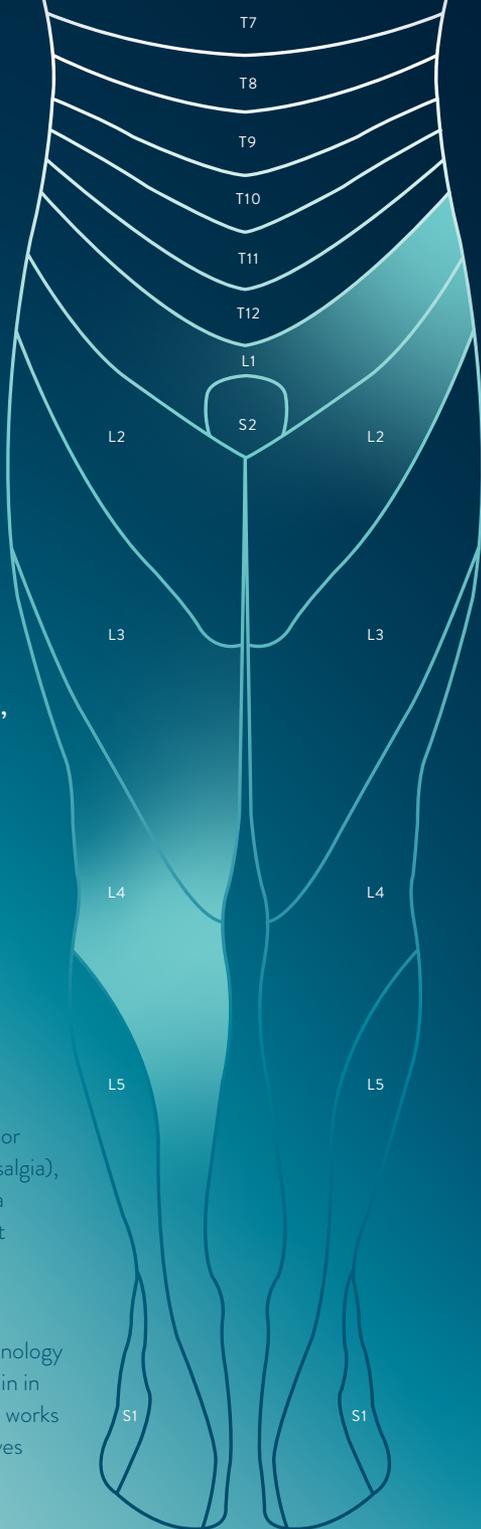
EVEN WITH THE UTMOST CARE  
AND BEST SURGICAL TECHNIQUE,  
A NERVE CAN BE INJURED.

15% OF PATIENTS  
EXPERIENCE CHRONIC  
PAIN FOLLOWING TKA.<sup>1</sup>

6% OF PATIENTS  
EXPERIENCE CHRONIC  
PAIN FOLLOWING THA.<sup>1</sup>

Patients who continue to experience pain beyond the normal healing time (6 months or more) may be suffering from CRPS II (causalgia), a painful condition arising from damage to a nerve. Specifically, this nerve damage might have resulted from surgical nerve injury.

Abbott has developed Proclaim™ DRG Neurostimulation, a novel, non-opioid technology specifically designed for treating chronic pain in patients with causalgia<sup>2</sup> following surgery. It works by sending mild electrical pulses to the nerves responsible for the painful sensations.



# PATIENTS CAN TRY DORSAL ROOT GANGLION (DRG) THERAPY BEFORE COMMITTING TO ANOTHER SURGERY

Connect your patients with a physician trained in Proclaim™ DRG Therapy who can consider providing a trial of this **minimally invasive, non-opioid technology**. The simple trial procedure allows patients to evaluate whether Proclaim™ DRG Therapy works for their chronic pain before committing to another surgery.

## WHAT YOUR PATIENTS SHOULD KNOW ABOUT PROCLAIM™ DRG THERAPY:

- It is backed by the largest randomized, head-to-head, controlled neurostimulation trial for focal chronic pain.<sup>3</sup>
- It provides superior\* and sustainable pain relief and quality of life improvements for focal chronic pain.<sup>3</sup>
- It provides statistically greater improvements in physical function, general health and social function at 12 months.<sup>3</sup>
- It is covered by Medicare and many medical insurance providers.
- It is performed by interventional anesthesiologists, neurosurgeons, PM&R physicians and other specialists trained in DRG therapy.

## THE EVIDENCE IS CLEAR

Abbott's DRG therapy produces consistent, safe and superior\* results in diverse clinical settings around the world.<sup>3-21</sup> It has been studied in 18+ studies over 7 years. The ACCURATE study shows DRG stimulation:

**REDUCES PAIN  
AN AVERAGE OF**  
 **81.4%**  
**AT 12 MONTHS<sup>3</sup>**

**PROVIDES PERSISTENT  
PAIN RELIEF TO**  
**86%** OF PATIENTS  
**AT 12 MONTHS<sup>3</sup>**

LEARN MORE AT [ABOUTDRG.COM](https://www.aboutdrg.com)

# FIND A DRG EXPERT IN YOUR AREA

Learn more about managing chronic pain following TKA and THA today.

Contact your local Abbott DRG expert or visit [AboutDRG.com](http://AboutDRG.com).

\*When compared to traditional tonic spinal cord stimulation based on outcomes from the ACCURATE investigational device exemption study.

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## Abbott

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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), electrostimulation devices, ultrasonic scanning equipment, therapeutic radiation, explosive or 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.

**CAUTION: FEDERAL LAW (USA) RESTRICTS THIS DEVICE TO SALE, DISTRIBUTION AND USE BY OR ON THE ORDER OF A PHYSICIAN.**

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