Control Means FREEDOM

If you have recurrent problems with bowel control, you are not alone. While bowel incontinence or BCD (bowel control disorder) affects both genders, up to one-third of women, particularly those who have had children, are likely to have some level of BCD. Sadly, the overwhelming majority (80%) suffer in silence.*

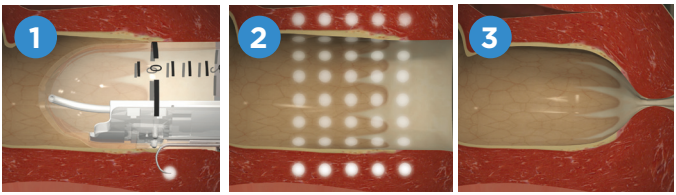
THERE'S A NEW TREATMENT OPTION.
Secca therapy is an effective and minimally invasive treatment that bridges the gap between conservative therapies and invasive surgery or implants for BCD. Up to 84% of Secca patients experience significant improvements.*

If your quality of life is compromised by BCD, ask your doctor if Secca therapy would be right for you, or go to **secca-therapy.com** for more information.

secca®

WHERE CONTROL MEANS FREEDOM

HOW SECCA WORKS



Energy is delivered to tissue

Multi-level treatment remodels sphincter

Anal sphincter function improves

What can patients expect in terms of improvements in bowel incontinence?

As every patient's underlying cause for bowel incontinence may be different, their response to Secca therapy may also be somewhat different. Some patients see improvement more quickly than others and studies show the symptoms may continually improve for 6 months or longer. Some patients' symptoms may worsen immediately after Secca therapy and this worsening may last for 2 to 3 weeks.

Do patients experience pain after Secca Therapy?

Patients may experience pain immediately after Secca Therapy, which in most cases can be managed with OTC analgesia (acetaminophen), or in severe cases narcotics, such as Vicodin or Darvacet. Patient should refrain from using NSAIDS for 14 days after the Secca procedure.

INDICATIONS FOR USE: The Secca System is intended for the treatment of fecal incontinence in those patients with incontinence to solid or liquid stool at least once per week and who have failed more conservative therapy.
PROCEDURE–SPECIFIC CONTRAINDICATIONS: Crohn's disease or ulcerative colitis (inflammatory bowel disease), collagen vascular disease (Raynaud's, Systemic Sclerosis), history of anal abscess, fistula or prolapse, constipation or chronic diarrhea as sole cause or the major contributor in fecal incontinence, abnormal blood coagulation or use of anticoagulant or platelet anti-aggregation therapy (other than aspirin), subject has undergone pelvic irradiation, subject is pregnant, subject has current or history of laxative abuse, poor surgical candidate, ASA IV, subject suffers from unstable psychiatric disorder(s), subject is less than 18 years of age, subject has any type of anorectal foreign body implant, such as a bulking agent.
WARNINGS: Use of electrosurgery for the treatment of fecal incontinence may result in the following complications: Bleeding from the anal canal with the possible need for surgery (to correct bleeding), and/or transfusion; Burn related to position of return electrode; Diarrhea related to antibiotic prophylaxis; Difficulty having a bowel movement, constipation; Fever; Hypoxia and other injury related to conscious sedation; Infection with possibility for surgery and/or antibiotics to correct infection; Injury to the anorectal lining with possible stricture formation; Nausea; Over-tightening or stricture formation (making the anal sphincter too tight; Pain during the procedure or transiently after the procedure; Pain or difficulty with bowel movements; Pain or difficulty with urination; Perforation with possibility for surgery and/or antibiotics to correct perforation; Pudendal nerve injury; Rectovaginal fistula with possibility for surgery and/or antibiotics to correct fistula; Submucosal hematoma, minor; Surgery, colostomy, and/or antibiotics to correct injury or infection related to procedure; Transient worsening of fecal incontinence symptoms.

*Clinical studies on file

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