Medtronic

Strategize your chronic rhinosinusitis postoperative care plan

Effective postoperative care is critical to maintaining sinus surgery outcomes in patients with chronic rhinosinusitis (CRS).[1,2] Intranasal steroid (INS) sprays are commonly prescribed after sinus surgery.[3] Suboptimal delivery of low volume topical corticosteroids limit their expected efficacy.[4] Patients with CRS may benefit from postoperative care with minimized reliance on patient compliance, in order to achieve improved sinus surgery outcomes.

PATIENT COMPLIANCE

After surgery, less than **35% of patients** use INS sprays as prescribed[5]

SINUS PENETRATION

About **60% of the active dose** in a metered dose INS spray is removed by mucociliary clearance within 15 minutes[6]

Overall, the underlying disease is hard to predict and postoperative inflammation related to surgery can hinder the benefits of surgery. So, consider a proven therapy that maintains patency and delivers drug to the mucosa following sinus surgery. **The PROPEL™ family of implants are inserted by a physician, minimizing reliance on patient compliance.**

PROPEL™ mometasone furoate sinus implants can improve your sinus surgery outcomes ...

Add PROPEL™ mometasone furoate sinus implants to your action plan

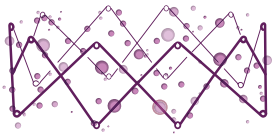
To minimize reliance on patient compliance

PROPEL implants feature an innovative **2-in-1 mechanism** that opens in the sinuses while gradually releasing 370 µg of mometasone furoate.[7-9] In a pre-clinical study, mometasone furoate was present in mucosal tissue for **60 days.**[10*]

PROPEL implants can reduce the need for postoperative interventions, which include the need for oral steroids and surgical interventions[7-9†]

+PROPEL

For ethmoid sinus[7]



+PROPEL Mini

For ethmoid sinus and frontal sinus opening[8]

+PROPEL Contour

For sinus ostia: frontal and maxillary[9]

*Pre-clinical animal data. †Postoperative interventions was a composite endpoint that included surgical intervention required to separate an adhesion and/or oral steroid intervention to resolve recurrent sinus inflammation, edema, and/or polyp recurrence.

In more than 400K patients since 2011, the trusted performance of PROPEL products have provided patients with **proven improvements in sinus surgery outcomes.**

YOUR PATIENTS + PROPEL IMPLANT = IMPROVED OUTCOMES

Explore the PROVEN benefits of the PROPEL family of implants at PROPELOpens.com.

Indications, contraindications and precautions

The PROPEL sinus implants are intended to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery: PROPEL implant for the ethmoid sinus, PROPEL Mini implant for the ethmoid sinus/frontal sinus opening, and PROPEL Contour for the frontal/maxillary sinus ostia. Contraindications include patients with confirmed hypersensitivity or intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of the implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For full prescribing information see IFU at www.IntersectENT.com/technologies/. Rx only.

References: 1. Sedaghat AR. Am Fam Physician. 2017;96(8):500-506. **2.** Vennik J, et al. BMJ Open. 2018;8(12):e022643. **3.** Portela RA, et al. Int Forum Allergy Rhinol. 2012;2(1):27-33. **4.** Shen J, et al. Expert Rev Clin Pharmacol. 2018;11(12):1163-1170. **5.** Hankin CS, et al. Allergy Asthma Proc. 2012;33(3):258-264. **6.** Shah SA, et al. Allergy Asthma Proc. 2015;36(1):48-57. **7.** PROPEL [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2013. **8.** PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016. **9.** PROPEL Contour [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016. **10.** Li PM, et al. Am J Rhinol Allergy. 2009;23(6):591-596.

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