

It's common.

- ▶ Up to 8% of adults experience problems with bowel control. Unfortunately at least 80% suffer in silence.

If you suffer from bowel incontinence or BCD (bowel control disorder) you are not alone.

Defined as the involuntary leakage of gas, liquid, or solid stool -- the leading causes of BCD include:

- injury from childbirth
- injury from a previous surgery
- nerve-related diseases
- age-related changes in muscle tone.

BOWEL CONTROL DISORDER HAS A DRAMATIC IMPACT ON QUALITY-OF-LIFE.

Many patients are forced to alter their schedules or avoid social and intimate interaction due to the fear and embarrassment of incontinence events. Patients typically remain untreated instead of suffering the embarrassment of discussing their condition, and most sufferers incorrectly assume that poor bowel control is a normal consequence of aging or childbirth.

IS THE SECCA PROCEDURE FOR YOU?

Colon and Rectal surgeons, Urogynecologists, and Gastroenterologists are the primary physicians that treat BCD. After diagnosis they may recommend conservative treatments such as fiber supplements, medication or biofeedback. When these conservative measures fail -- ask your doctor about Secca therapy.

EFFECTIVE RESULTS

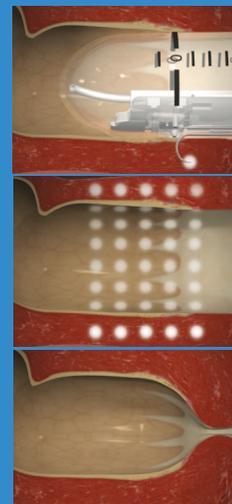
In clinical trials evaluating Secca therapy up to 84%* of patients experienced a positive response to treatment. Any side effects of Secca are less than those associated with surgery. Patients that fail to improve after this treatment may go on to have surgery at a later date.

HOW SECCA WORKS

Secca therapy is a minimally invasive outpatient procedure. Patients return home the same day and return to normal activities in 1-3 days.

This innovative treatment involves the delivery of radiofrequency (RF) energy to the muscle of the anal canal. Through the body's natural healing response to RF energy, the tissue remodels and function is improved.

Many Secca patients see results immediately. Studies have shown continued improvement in symptoms for up to 6 months post-treatment as tissue remodeling continues through this period.



Energy is delivered to tissue

Multi-level treatment remodels sphincter

Anal sphincter function improves

If you or someone you know, is one of the 8% of people who suffer from this problem, ask your health care professional about an innovative and effective outpatient treatment -- **Secca therapy.**

Secca therapy -- bridges the treatment gap when conservative therapies fail.



seCca[®]
WHERE CONTROL MEANS FREEDOM

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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 electrotherapy 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. (Note: Consult instructions for use for full contraindications, warnings and precautions).
*Clinical studies on file