

PROVEN, DURABLE RELIEF

The Intracept[®] Procedure

FOR CHRONIC VERTEBROGENIC LOW BACK PAIN


medsystems

Vertebral Endplates

are a Significant Source of Chronic Low Back Pain

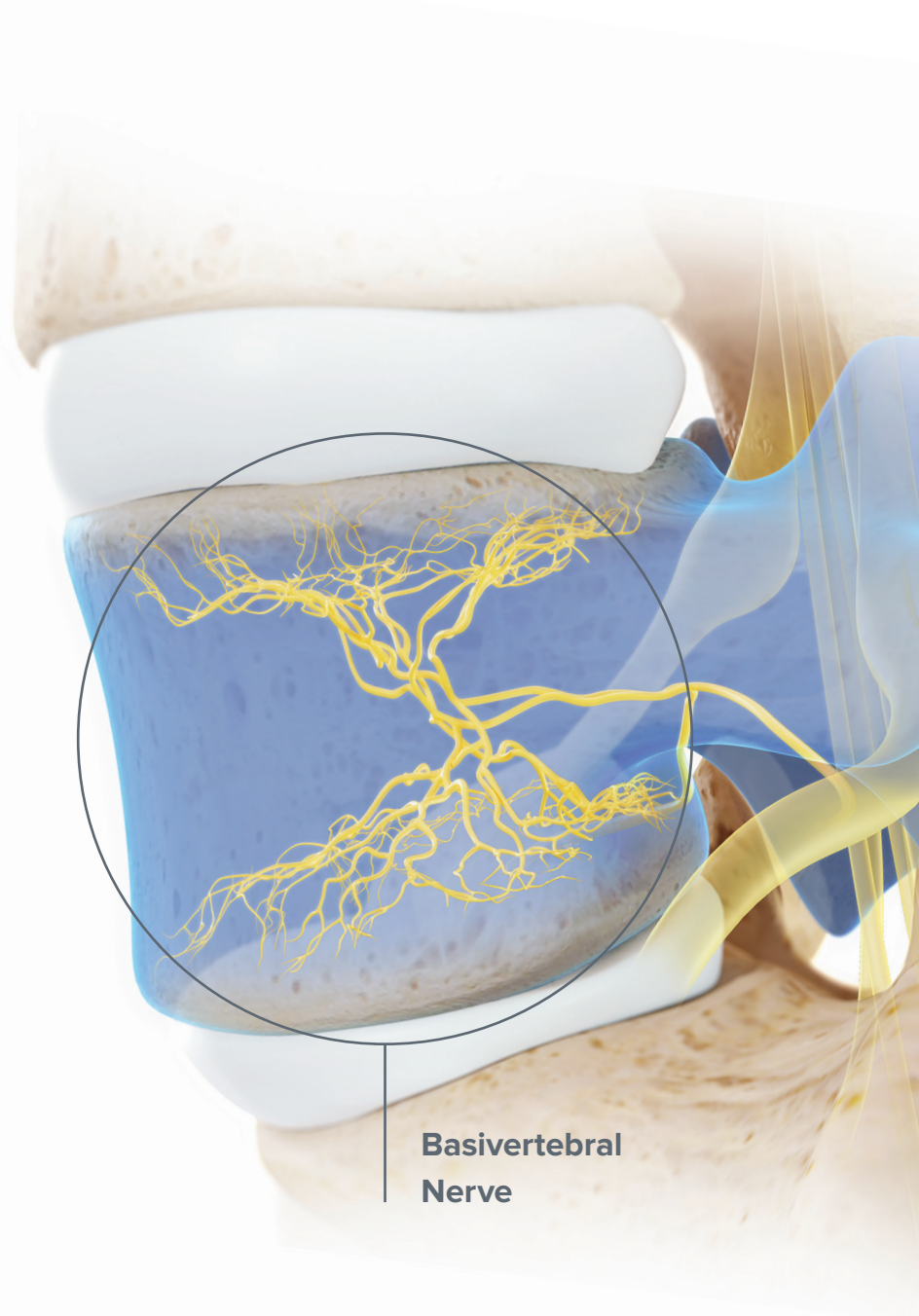
Research Findings

1 Vertebral endplates are more innervated than intervertebral discs¹

2 The basivertebral nerve innervates the endplates and proliferates in damaged and degenerated endplates^{2,3}

3 Modic changes and associated endplate damage strongly correlate with chronic low back pain^{4,5,6,7,8}

Collectively, these findings validate vertebral endplates as a significant source of chronic low back pain in patients with Type 1 or Type 2 modic changes, also referred to as vertebrogenic pain, and this pain is transmitted via the basivertebral nerve.



The Intracept Procedure

for the Relief of Chronic Vertebrogenic Low Back Pain

The **Intracept Procedure** is a minimally invasive procedure that targets the basivertebral nerve for the relief of chronic vertebrogenic low back pain.

Key Benefits of Intracept

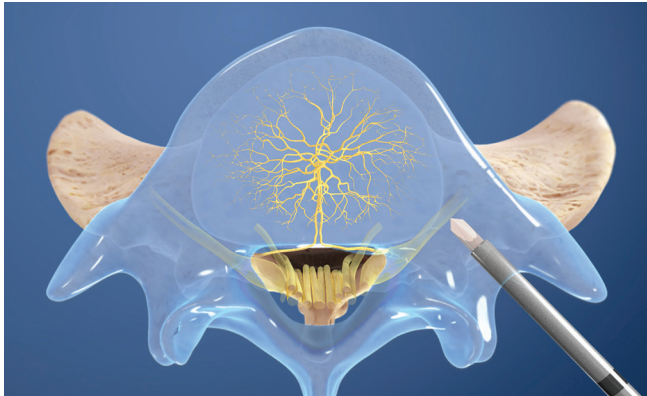
- **Provides a treatment option for patients who have not responded to conservative therapy**
- **Minimally invasive, outpatient procedure**
- **Implant-free and preserves the structure of the spine**
- **Provides durable relief of chronic vertebrogenic low back pain⁹**

Indications and Risks

The Intracept Intraosseous Nerve Ablation System is intended to be used in conjunction with radiofrequency (RF) generators for the ablation of basivertebral nerves of the L3 through S1 vertebrae for the relief of chronic low back pain of at least six months duration that has not responded to at least six months of conservative care, and is also accompanied by features consistent with Type 1 or Type 2 Modic changes on an MRI such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypointensive signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyperintensive signals (Type 2 Modic change).

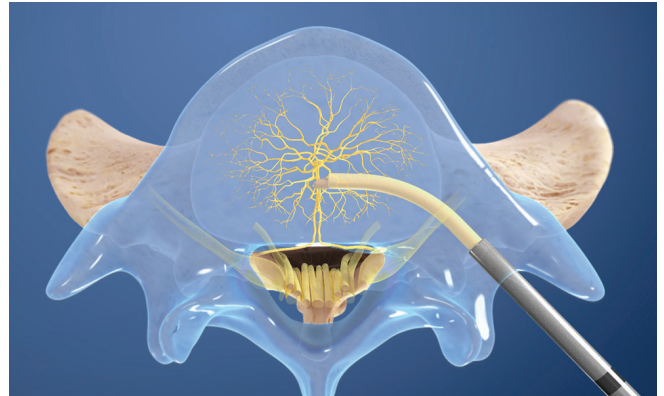
As with any surgical procedure, there are risks and considerations associated with the Intracept Procedure. Please see the device labeling for a discussion of the risks, contraindications, warnings and precautions.

Intrasept Procedure Steps



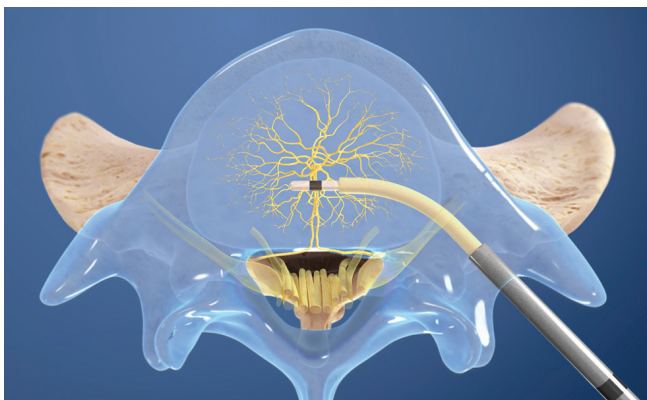
1 Access the pedicle

Under fluoroscopic guidance, the Intrasept Introducer Cannula is advanced through the pedicle



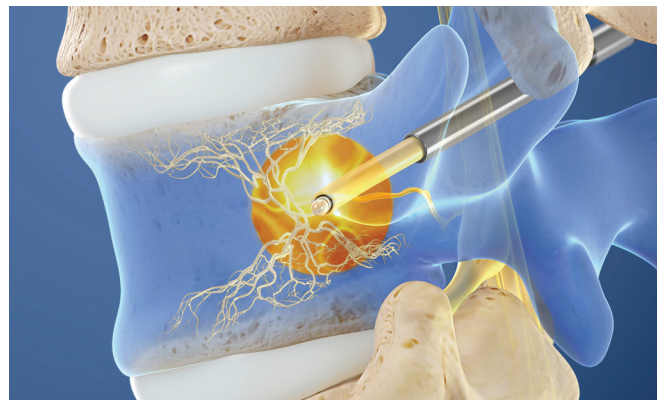
2 Create the channel

The Intrasept Curved Cannula is utilized to create a channel to the trunk of the basivertebral nerve



3 Place the RF Probe

The Intrasept Radiofrequency Probe is inserted into the curved path and placed at the basivertebral nerve



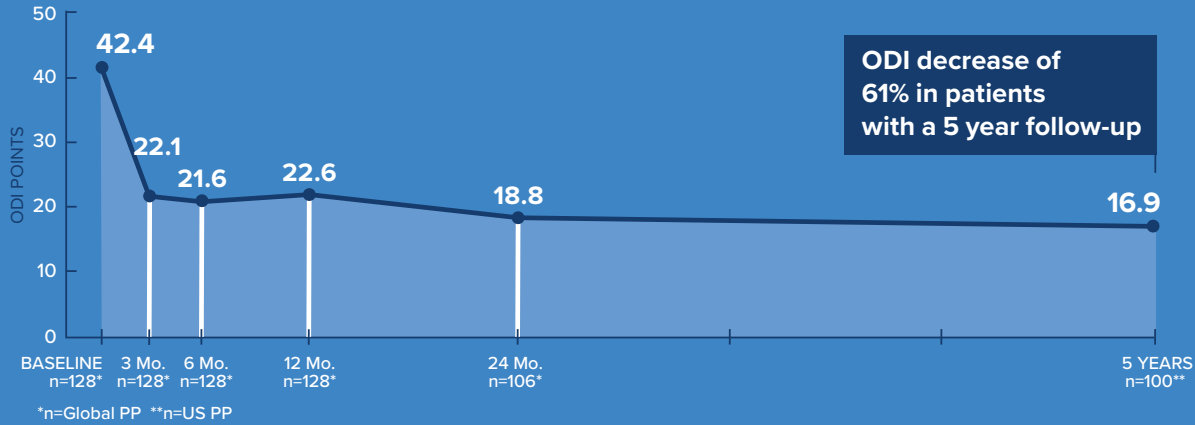
4 Ablate the BVN

The Relevant Radiofrequency Generator is utilized to ablate the basivertebral nerve

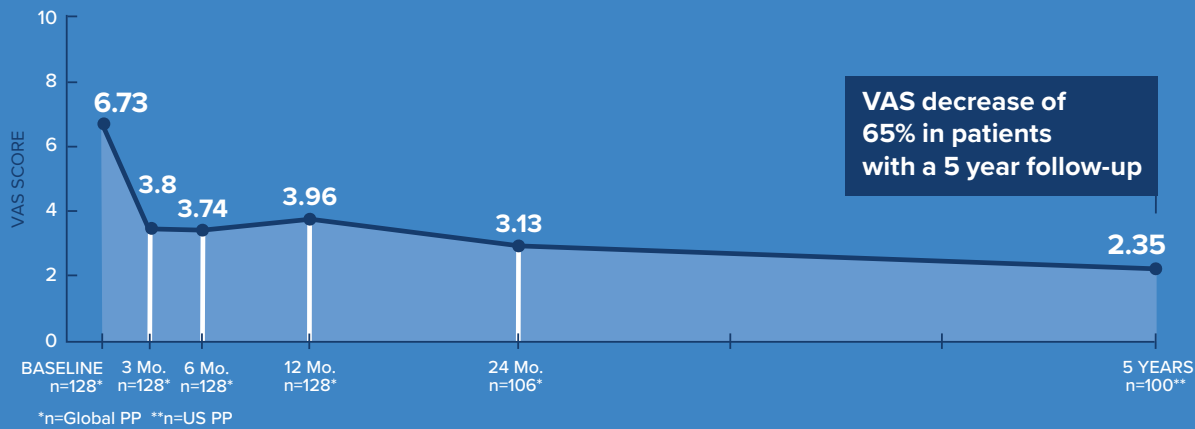
UNPARALLELED Evidence

Demonstrated Durable Relief at 5 Years⁹

Mean ODI Over Time

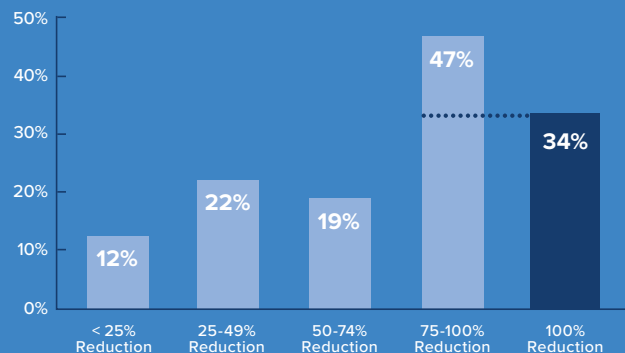


Mean VAS Over Time



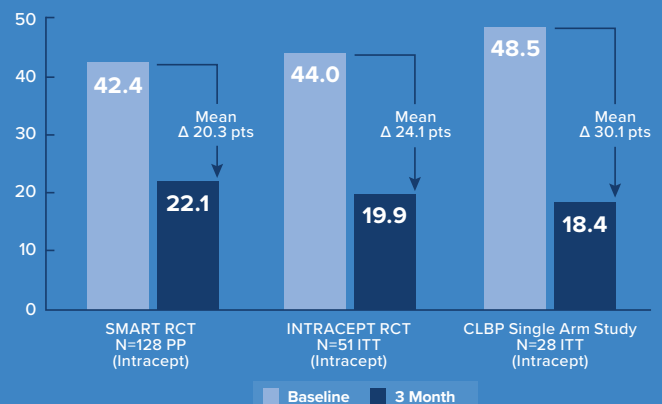
VAS Improvements⁹

Proportion of Patients by % VAS Reduction (Baseline to 5 Years)



Reproducible Outcomes^{10,11,12}

Improvement in ODI from Baseline to 3-Months



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