

# Assisting Surgeons. Protecting Patients.

# SURGEON BENEFITS

The ProPep Surgical® Nerve Monitoring System identifies critical, non-visible somatic nerves at risk during Robotic-Assisted Radical Prostatectomy (RARP), providing surgeons with real-time information; thus providing them with better information for informed decisions during surgery. While traditional nerve-sparing techniques focus on preservation of parasympathetic nerves, it is well documented that somatic nerves also play a direct role in erectile function and continence control. The variability of the location of these nerves correlates to peer-reviewed, published studies that report 38% to 40% impotency and 20% to 44% incontinence 12 months after surgery if these nerves are compromised during surgery<sup>1,2</sup>.

The ProPep® Nerve Monitoring System allows the surgeon to:

- Identify the location and assess the integrity of somatic nerves critical to sexual function and urinary control prior to prostate removal
- Verify the location and integrity of somatic nerves during dissection
- Validate the integrity of somatic nerves post-dissection

Segments of the RARP procedure where somatic nerves are at risk:

- Wide excision
- Posterior dissection
- Pedicle dissection
- Apical dissection
- Posterior reconstruction
- Anastomosis
- Sabine Geiger-Gritsch, Wilhelm Oberaigner, Nikolai, et al. Patient-Reported Urinary Incontinence and Erectile Dysfunction Following Radical Prostatectomy: Results from the European Prostate Centre Innsbruck. Urologia Internationalis. 2015; 419-427. DOI: 10.1159/000369475
- Rafael F. Coelho, M.D., Bernardo Rocco, M.D., Manoj B. Patel, M.D., et al. Retropubic, Laparoscopic, and Robot-Assisted Radical Prostatectomy: A Critical Review of Outcomes Reported by High-Volume Centers. JOURNAL OF ENDOUROLOGY Vol. 24, No.12, December 2003-2015.

# **FAST**

Adds only 5-10 minutes

### **ACCURATE**

Identifies somatic nerves 100% of the time

## **EASY TO USE**

1 case learning curve

## **REAL-TIME**

Provides nerve location real-time throughout surgery

PROFESSIONAL FEE REIMBURSEMENT

NO ADDED COST TO PROCEDURE With Patient Pay Model

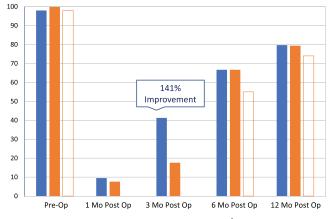
# PATIENT BENEFITS: Earlier Return to Continence, Shorter Recovery

A single, highly-experienced surgeon, prospective cohort study was performed at Indiana University for patients undergoing robotic assisted radical prostatectomy from 2015-2017.

These patients were aligned 1:2 with contemporary controls from the same surgeon on age (within 5 years), biopsy Gleason score, and nerve-sparing status.

#### **Study Group Assignment at Surgery:**

Control Group = 138 men ProPep Patients = 69 men



#### ■ ProPep Patients

daVinci Robotic Surgery With ProPep Nerve Monitoring

#### Control Data

daVinci Robotic Surgery Without ProPep Nerve Monitoring, With Conventional Nerve Sparing

#### ■ UK ProtecT Trial Data

Open Retropubic Approach Surgery With Nerve Sparing



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# SURGEON EXPERIENCE

Surgeons using the ProPep® Nerve Monitoring System range in experience from less than 200 robotic-assisted, radical prostatectomies (RARP) performed to over 3,500. Of those surveyed, 80% feel the ProPep® Nerve Monitoring System should be the standard of care for RARP.

"ProPep Nerve Monitoring [System] bridges the gap between surgical repair and nerve preservation for the improvement of urinary incontinence after prostate cancer surgery. This nerve monitoring is the next step in the evolution of the robotic prostatectomy. Nerve monitoring will soon become the standard care in patients undergoing robotic prostatectomies," – Dr. Ronald Kuhn

Dr. Kuhn has performed over 3,200 da Vinci prostatectomies has performed over 700 surgeries using the ProPep® Nerve Monitoring System)

# 100% Of surgeons report using

100% Of surgeons report using ProPep® makes them more confident of nerve location

INCREASED SURGEON CONFIDENCE

# FAQ'S

# Q: I already perform a nerve-sparing technique. Why do I need this?

A: While current nerve-sparing techniques focus on preservation of parasympathetic nerves, it is well documented that somatic nerves also play a direct role in erectile function and continence control. The ProPep® Nerve Monitoring System identifies critical non-visible somatic nerves at risk during Robotic-Assisted Radical Prostatectomy (RARP). The location of these nerves can vary greatly, from patient to patient, or even from side to side within the same patient. The somatic nerves are at risk during posterior dissection, pedicle dissection, apical dissection, posterior reconstruction, wide excision and anastomosis.

# Q: What nerves do the ProPep® Nerve Monitoring System identify?

**A:** The perineal branch and the deep perineal branch (muscle branch) of the pudendal nerve.

# Q: The nerves for urinary control lie just to the outside of the nerves for sexual function. That means if I do nerve sparing I'm automatically sparing these nerves for urinary control and don't need this product:

**A:** As is true of most anatomy, the location of these nerves varies. Although they often lie lateral to the nerves for sexual function, in our initial clinical use trials we found these nerves to lie not only lateral to, but also medial to, and sometimes under, the neurovascular bundle. Their location was often different on opposing sides of the prostate in the same patient.

# Q: Does using the ProPep® Nerve Monitoring System add time to surgery?

A: Surgeons reported using ProPep® added only 5-10 minutes.

# PRODUCT OVERVIEW

The ProPep® Nerve Monitoring System (US Patent 8,083,685 B2) is an electroneurodiagnostic device that measures and displays muscle activity for electromyography (EMG) applications.

**Pep Monitor®** - generates the specific electrical signal used to stimulate the tissue of interest, and records, analyzes and displays the response to that signal.

**Pep Control Switch®** – enables the surgeon to switch the robotic surgical instrument from cautery mode to stimulation mode and back.

Pep Electrode® Kit - a single use disposable kit containing the Pep Electrode® and the Pep Electrode® Introducer. The Pep Electrode® is connected to the Pep Monitor® and introduced into the surgical field via the Pep Electrode® Introducer. Once in the surgical field, the Pep Electrode® is placed in the tissue of interest to receive the electrical signals generated as a result of tissue stimulation.

FOR ADDITIONAL PRODUCT
INFORMATION OR TO SCHEDULE
PRODUCT TRAINING

CALL 512-617-6740 VISIT www.ProPepSurgical.com