

# BTL EMSELLA®



SAY NO TO INCONTINENCE & INTIMATE DISCOMFORT

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# BTL EMSELLA

Representa uma Nova  
Categoria de Tecnologia

Um Avanço no Tratamento  
dos Músculos do Assoalho  
Pélvico:

- Incontinência
- Desconforto Íntimo



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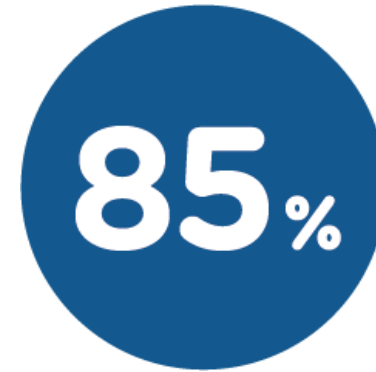
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# RESULTSDOS BASEADOS NA CIÊNCIA



**95% SATISFAÇÃO DE PACIENTES  
INCONTINENTES**

**Joseph Berenholz, MD, Michigan, USA  
Tracey Sims, MD, Liverpool, UK  
George Botros, MD, Liverpool, UK**



**85% MELHORA NA SATISFAÇÃO INTIMA  
NO GERAL**

**Timothy J. Hlavinka, MD, USA  
Pavel Turčan, MD, the Czech Republic,  
Alexander Bader, MD, United Kingdom**



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# AUMENTANDO AS DEMANDAS NA SAÚDE FEMININA



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# AUMENTANDO AS DEMANDAS NA SAÚDE FEMININA

- O número de procedimentos femininos íntimos cresce **27% ao ano\***
- Mais de **US 19 milhões de mulheres e 200 milhões de pessoas ao redor do mundo** sofrem de **incontinência\*\***
- **25-63%** de prevalência de **disfunção sexual feminino** ao redor do mundo\*\*\*
- **45%** de mulheres incontinentes relatam perda da intimidade\*\*
- **54%** dos casos relatam perda da alto confiança\*\*



\*ISAPS - International Society of Aesthetic Plastic Surgery; \*\* NAFC - National Association For Continence; \*\*\* Frank et. al. N Engl J Med 1978; Rosen et. al. J Sex Marital Ther 1993; Spector et. al. Arch Sex Behav 1990



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# AUMENTANDO DEMANDAS NA SAÚDE DA MULHER

- **5 de 10 mulheres** não procuram ajuda.
- **6.5 anos** em média depois dos primeiros sintomas é que irão procurar ajuda
- **Incontinência** representa um dos problemas mais preocupantes na saúde íntima feminina



\* ISAPS - International Society of Aesthetic Plastic Surgery

\*\* NAFC - National Association For Continence



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# O CRESCIMENTO DO MERCADO DA INCONTINÊNCIA

## INCONTINÊNCIA É O CRESCIMENTO MAIS RÁPIDO NA CATEGORIA DE MERCADO DE SAUDE FEMENINA

- **\$900** montante anual gasto por pacientes para produtos de incontinência em adultos
- **12.8 bilhões** em produtos para incontinência em adultos vendidos globalmente em 2010.
- **18.5 bilhões** em produtos para incontinência em adultos vendidos globalmente em 2015.
- Volume esperado em crescimento é de **25.8 bilhões** em 2020



# O CRESCIMENTO DO MERCADO DA INCONTINÊNCIA

## A SAÚDE INTIMA FEMININA É UMA PREOCUPAÇÃO DA MULHER E REPRESENTA UMA OPORTUNIDADE DE MERCADO

- O Global Sexual Wellness Market foi responsável por US \$ 39,42 bilhões em 2017 e deverá crescer em 13,4%, atingindo US \$ 122,96 bilhões até 2026 \*
- Em 2017 apresentou o maior aumento dos procedimentos de rejuvenescimento vaginal em relação a 2016, que foi de 23% aumento\*\*
- A mulher Americana gasta até \$8,000 em cirurgias de rejuvenescimento vaginal\*\*\*
- A mulher Americana gasta mensalmente mais que 100\$ em sex shop\*\*\*



# EMSELLA & INCONTINÊNCIA



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# MECHANISM OF ACTION



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# HIFEM Technology Can Improve Quality of Life of Incontinent Patients

Joseph Berenholz, MD, Michigan, USA

Tracey Sims, MD; George Botros, MD, Liverpool, UK

- 30 patients; all types of urinary incontinence
- 6 therapies; scheduled 2x a week
- Standardized King's Health Questionnaire, Number of used hygienic pads

## Results:

- **95% of treated patients improved quality of life**
- **67% of treated patients totally eliminated or decreased the use of hygienic pads**
- **The results were maintained during 6-month follow-up**

## HIFEM™ TECHNOLOGY CAN IMPROVE QUALITY OF LIFE OF INCONTINENT PATIENTS

Berenholz J., MD<sup>1</sup>, Sims T., MD<sup>2</sup>, Botros G., MD<sup>2</sup>

### Affiliations:

<sup>1</sup>The Laser Vaginal Rejuvenation Institute Of Michigan Farmington Hills, MI, USA  
<sup>2</sup>The Medical Laser and Aesthetics Group, Wirral, United Kingdom

### Background:

Urinary incontinence (UI) represents one of the most prevalent female intimate health issues negatively affecting a patients' quality of life (QoL). Current treatment options require a combination of pelvic floor muscles exercising and intravaginal electrostimulation or drug treatment with side effects. Women seek non-invasive and efficacious solutions for UI.

### Aim:

The aim was to investigate the effect of High-Intensity Focused Electromagnetic technology (HIFEM) on QoL of incontinent patients.

### Methods:

30 women (mean age 53.05 years) with stress, urge and mixed type of UI took part in the pilot study. They attended 6 therapies scheduled 2x a week. QoL was assessed through King's Health Questionnaire (KHQ). The number of used hygienic pads and patients' subjective feedback were recorded. Data was collected pre-, post-treatment, during 3- and 6-month follow-ups. KHQ scores were statistically evaluated through t-test ( $p < 0.05$ ). Number of used hygienic pads and patients' subjective feedback were evaluated through frequency of occurrence.

### Results:

After 6 treatments, 95 % of treated patients improved their QoL according to the scores of the KHQ. These results were maintained during the 3- and 6-month follow-ups. 67 % of the treated patients reduced or totally eliminated the use of hygienic pads in day-to-day life. 100 % of patients reported better awareness of the pelvic floor muscles.

### Conclusion:

Results suggest that the tested device significantly improves the QoL of incontinent patients.

### Keywords:

urinary incontinence, hygienic pads, King's Health Questionnaire, Quality of Life, HIFEM technology, FDA

## 1. INTRODUCTION

### 1.1. Definition of the problem

Urinary incontinence (UI) is involuntary loss of urine, which objectively and subjectively represents a social, psychological and hygienic problem. It is estimated that 1 in every 4 women aged between 30 and 59 years has experienced a problem with urinary leakage. Estimation of worldwide UI prevalence is around 40 % of the female population. However, a vast majority of the patients is reluctant to discuss this intimate issue with their medical doctors. National Association for Incontinence (NAFC) reports that 4.5 out of 10 patients do not seek help. (1, 11)

### 1.2. Types of urinary incontinence

UI can be divided into 3 types according to its' etiology. Clinical symptoms of stress urinary incontinence (SUI) usually involve involuntary leakage of urine when events with increased intra-abdominal pressure are performed (e.g. coughing, sneezing, laughing and lifting). The cause of SUI is due to a loss of support of urethra and deconditioned pelvic floor musculature (PFM), which is usually a consequence of damage to the pelvic support structures. SUI is strongly associated with vaginal childbirth and menopausal hormonal changes (1). The second UI type is associated with a strong desire to void and pathological contractions of the bladder, so-called urge incontinence. Urge incontinence is a neuromuscular dysfunction commonly treated with pharmacotherapy. Urge incontinence is usually a symptom of an underlying problem (e.g. diabetes mellitus). The third UI type is mixed urinary incontinence (MUI) and involves a combination of the SUI and urge incontinence symptoms (1).



# HIFEM Technology – A New Perspective In Treatment of Stress Urinary Incontinence

Red Alinsod, MD, Laguna Beach, California

Vasil Vasilev, MD, Sofia, Bulgaria

38<sup>th</sup> ASLMS Annual Conference on  
“Energy-based Medicine and Science”, 2018

- 30 patients; stress urinary incontinence
- 6 therapies; scheduled 2x a week
- Standardized King’s Health Questionnaire

## Results:

- 93% of treated patients reported decreased negative incontinence impact on quality of life
- The results were maintained during 6-month follow-up

## HIFEM® TECHNOLOGY – A NEW PERSPECTIVE IN TREATMENT OF STRESS URINARY INCONTINENCE

Alinsod R.<sup>1</sup>, Vasilev V.<sup>2</sup>, Yanev K.<sup>3</sup>, Buzhov B.<sup>2</sup>, Stoilov M.<sup>2</sup>, Yanev K.<sup>3</sup>, Georgiev M.<sup>3</sup>

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Presented at 38<sup>th</sup> American Society for Laser Medicine and Surgery Annual Conference on “Energy-based Medicine and Science”, April 11-15, 2018

### ABSTRACT

**Background:**  
Stress urinary incontinence (SUI) is a prevalent condition among women and negatively affects their quality of life (QoL). The aim of the study was to assess the effect of High-Intensity Focused Electromagnetic (HIFEM) technology in the treatment of SUI.

**Study Design/Materials and Method:**  
30 women from two clinics (United States, Bulgaria) with SUI were delivered a treatment course with HIFEM technology. Patients attended 6 therapies scheduled 2x a week. QoL was assessed through King’s Health Questionnaire (KHQ). Data was collected pre-, post-treatment, at 3- and 6-month follow-up visits. All patients reported the number of used hygienic pads. Scores of questionnaires were calculated and statistically evaluated through t-test (p<0.001). Number of used hygienic pads was calculated as average.

**Results:**  
Course of the treatment with the HIFEM technology significantly improved QoL of all women. This was demonstrated as 77% level of improvement in incontinence impact according to the KHQ scores during 6-month follow-up. 95% of patients decreased the use of hygienic pads to 2.0 pads per day and night post-treatment. 71% of patients significantly decreased the use of hygienic pads to 1.33 pad per day and night during 6-month follow-up.

**Conclusion:**  
Results suggest that HIFEM technology is an efficacious therapy for treatment of SUI.

### 1. INTRODUCTION

**1.1. Medical background of stress urinary incontinence**  
Urinary incontinence (UI) is a prevalent condition manifested as involuntary urine leakage and represents a hygienic and a social problem. UI may be classified as a stress, urge or mixed type. The stress urinary incontinence (SUI) is usually caused by stress applied over the pelvic floor muscles and bladder, where in the common case this stress is led by coughing, sneezing, laughing or physical activities. In women, the reasons for SUI include events such as condition after childbirth, hormonal changes in menopause, physical inactivity, obesity, aging or pelvic organ prolapse (cystocele, rectocele, uterine prolapse). Further concomitant effects in sexually active women, such as decreased gratification during intercourse and other related dysfunctions, could also be present. In the majority of the cases, patients with SUI, evaluate their QoL as affected in a negative manner due to their condition.

**1.2. Current treatment methods for SUI**  
Therapeutic approaches for SUI depend on the underlying causes of the problem and involve medications, pelvic floor muscles exercising and re-education or surgical interventions.

**1.2.1. Drug treatment**  
The most used drugs for SUI are Alpha-adrenergic agonists, anticholinergic and antispasmodic agents. However, their effectiveness is not always certain and wide range of side-effects are present.



# HIFEM Technology – The Non-invasive Treatment of Urinary Incontinence

Julene Samuels, MD, Louisville, KY;  
Nathan Guerette, MD, Richmond, VA

38<sup>th</sup> ASLMS Annual Conference on  
“Energy-based Medicine and Science”, 2018

- 20 patients; stress/urge/mixed urinary incontinence
- 6 therapies; scheduled 2x a week
- Standardized King’s Health Questionnaire (KHQ)

## Results:

- 60% improvement in both parts of KHQ
- The results were maintained during 6-month follow-up

## HIFEM TECHNOLOGY – THE NON-INVASIVE TREATMENT OF URINARY INCONTINENCE

Samuels J., MD<sup>1</sup> and Guerette N., MD<sup>2</sup>

<sup>1</sup>Julene B. Samuels, MD, FACS, Louisville, KY

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Presented at 38<sup>th</sup> American Society for Laser Medicine and Surgery Annual Conference on “Energy-based Medicine and Science”, April 11-15, 2018

### Background:

Urinary incontinence (UI) has a prevalence of 30-40% in post-partum and menopausal women. Women may be reluctant to discuss UI with their healthcare providers as well as the degree to which it may negatively impact their quality of life (QoL) for numerous reasons including embarrassment and fear associated with treatment options. Women consistently express the preferred desire to address UI in a non-surgical and discreet manner. This study sought to report on results of a novel non-surgical treatment that may provide an affordable and discrete solution to this common problem.

### Study Design/Materials and Method:

This is a retrospective two-site study investigating the effectiveness of the treatment using quantified data, as well as the impact on QoL of incontinent women using a High-Intensity Focused Electromagnetic Technology (HIFEM) device.

20 women, 45 to 77 years (58.63±SD=9.86) who presented with urinary incontinence including stress, urge and mixed UI, were included in a pilot study. All patients completed a total of 6 treatments performed twice weekly for 3 consecutive weeks. Twenty patients completed King’s Health Questionnaire (KHQ) pre- and post-treatment. The same data was collected during 3 and 6-month follow-up as well. Additionally, patients reported the frequency of urinary leakage episodes and pad usage. Scores of the KHQ were calculated and statistically evaluated through t-test (p<0.05). The frequency of urinary leakage episodes and number of used hygienic pads were calculated through frequency of occurrence.

### Results:

Treatment with the HIFEM technology significantly improved QoL scores in all patients. There was a 60% improvement

in both parts of the KHQ which were maintained through the 6-month follow-up (p<0.05). Nearly 75% of patients significantly decreased urinary leakage or achieved total dryness and maintained these results through follow-up. Pre-treatment, 16 patients used on average 2 hygienic pads per 24 hour period. During 3-month follow-up, 6 patients used 0.6 pads, 10 patients were completely dry. Twenty patients completed the 6-month follow-up, with eleven patients completely dry and 5 patients used 0.5 pads per 24 hour period. The vast majority of the patients decreased usage of hygienic pads to a minimum or totally eliminated usage.

### Conclusion:

Results suggest that HIFEM technology significantly improves the QoL and reduces UI in post-partum and menopausal female patients who present with all types of UI. This study confirms that further investigation is warranted.

## 1. INTRODUCTION

### 1.1. Prevalence of urinary incontinence

Urinary incontinence (UI) is defined as an involuntary loss of urine affecting mainly the female population. It is estimated that prevalence in young women is 20-30%, in mid-aged women 30-40%, whereas in elderly women prevalence rises to 50%.

### 1.2. Cause and consequence of urinary incontinence

The pelvic floor muscles (PFM) support pelvic organs and help control continence. Due to physiological changes such as body aging, childbirth or hormonal changes, PFM decondition and do not provide sufficient support for pelvic organs and continence control. This leads to PFM dysfunction with direct consequence toward incontinence.



# Safety And Preliminary Efficacy of Magnetic Stimulation of Pelvic Floor with HIFEM Technology in Urinary Incontinence

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Estrada Blanco, MD, Madrid, Spain  
Medical and Clinical Research, Vol.3 (2)

- 32 patients; urinary incontinence
- 6 therapies; scheduled 2x a week
- KHQ; ICIQ-SF; MRI; Uroflowmetry; Urethrocytostcopy

## Results:

- Significant changes in objective evaluations were detected in 84% of patients
- Elastographic changes were detected in 94% of patients

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Research Article **Medical & Clinical Research**

**Safety And Preliminary Efficacy of Magnetic Stimulation of Pelvic Floor with Hifem Technology in Urinary Incontinence**

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<sup>1</sup>Anesthesiologist, CEO and Founder Advanced Pain Management Center Madrid.  
<sup>2</sup>Urogynecologist, CEO and Founder CIMEG MADRID Research Center Madrid

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Submitted: 01 May 2018; Accepted: 10 May 2018; Published: 07 June 2018

**Abstract**

**Introduction:** BTL EMSELLA™ utilizes High-Intensity Focused Electromagnetic technology (HIFEM) to cause deep pelvic floor muscle stimulation and restoration of the neuromuscular control. Key effectiveness is based on focused electromagnetic energy, in-depth penetration and stimulation of the entire pelvic floor area. A single BTL EMSELLA™ session brings thousands of supramaximal pelvic floor muscle contractions, which are extremely important in muscle re-education of incontinent patients.

**Objective:** Prospective study to evaluate the safety and preliminary effectiveness of the use of BTL EMSELLA magnetic stimulation in urinary incontinence.

**Method:** Thirty-two patients with light and moderate urinary incontinence were recruited to perform 6 sessions of BTL EMSELLA during three weeks of initial treatment. Follow-up after three months. The patients received sessions lasting 28 minutes, completing the different treatment protocols. Initially the patients underwent a quality of life test before and after treatment, evaluation with advanced ultrasound using elastography to measure the initial tissue's elasticity and be able to compare after treatment, clinical/functional evaluation and urodynamic test.

**Results:** No adverse reactions were observed. All the patients finished the treatment sessions. Two patients reported increased pain after treatment in the first session corresponding to a VAS scale greater than 3 with duration greater than three hours. The treatment was highly satisfactory in 84.4% of the patients. After the first three months the improvement was maintained in 77% of the patients. No muscle injuries were observed. Elastographic changes and improvement of muscle tone were detected by advanced ultrasound (elastography) in 100% of patients.

**Conclusions:** BTL EMSELLA is safe, well tolerated and effective for the treatment of mild and moderate urinary incontinence. The observed elastographic changes demonstrate the improvement of pelvic floor muscle tone after treatment. A reduction in the symptoms of urinary incontinence was demonstrated.

**Recommendations:** Continue increasing the number of cases for research and increase the variables that we have decided to incorporate in the next research section such as MRI and pressure calculation.

**Introduction**

Urinary incontinence (UI) is a health problem that affects the quality of life of patients who suffer from it and the impact is different depending on the severity, the type of UI and the woman's experience of this problem. The diagnosis and treatment and treatment of UI in women is presented in the form of algorithms with accompanying notes that incorporate existing evidence and assigned a level of evidence (NE) and a grade of recommendation (GR) [1].

The algorithms are divided into two parts: algorithms for the initial treatment and algorithms for specialized treatment referring to diagnostic techniques and treatments that should only be used by specialists with specific training to establish personalized treatment behavior.

According to the National Observatory of Incontinence (ONI) it is estimated that in Spain could be affected by urinary incontinence about six million people [2].

In the studies carried out on women in Spain, although there are regional variations, the estimated average prevalence for women is

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# EMSELLA & DESCONFORTO ÍNTIMO



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# CONHECENDO O PACIENTE

**O Desconforto Intimo, diminui a satisfação íntima e pode ser resultado :**

- Idade
- Parto Normal
- Menopausa

**Mulher pós parto e menopausada** representa **a maior** população de paciente. Isso pode desencadear a Disfunção Sexual Feminina. **Female Sexual Dysfunction (FSD).**



# TIPOS DE DISFUNÇÃO SEXUAL FEMENINA FSD

## FSD E DIVIDIDO EM:

- **Desordem do Desejo** é o medo ou a aversão ao contato sexual que pode ser persistente ou temporário.
- **Desordem da Excitação** é a incapacidade persistente ou recorrente de se excitar sexualmente, muitas vezes caracterizada por lubrificação vaginal inadequada para penetração.
- **Desordem do Orgasmo** é a incapacidade de se ter orgasmo que pode ser persistente ou recorrente.
- **Distúrbio da Dor Sexual** isestá relacionada ao dor durante o ato sexual.



# MÚSCULOS DO ASSOALHO PÉLVICO E FSD

## CAUSA E CONSEQUÊNCIA

- Além do suporte dos órgãos do assoalho pélvico, controle da continência, os músculos do assoalho pélvico desempenham um papel crucial na excitação genital adequada e na obtenção do orgasmo.
- Sua fraqueza ou descondicionamento fornecem atividade insuficiente necessária para o atrito vaginal ou fluxo sanguíneo e, portanto, inibem o potencial orgásmico
- O tratamento eficaz requer reeducação do músculo do assoalho pélvico



# MECHANISM OF ACTION

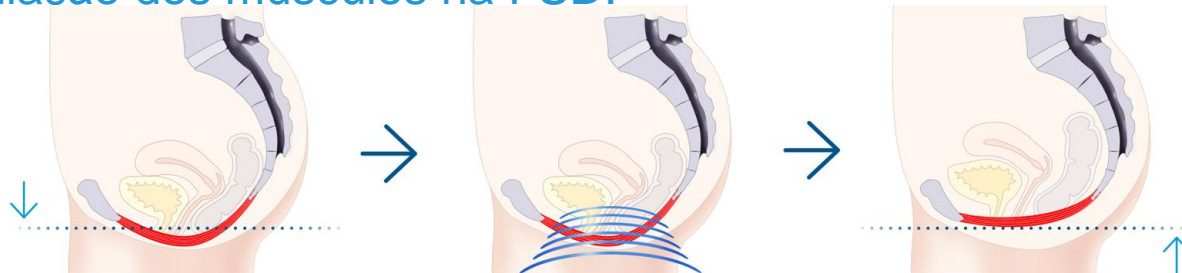


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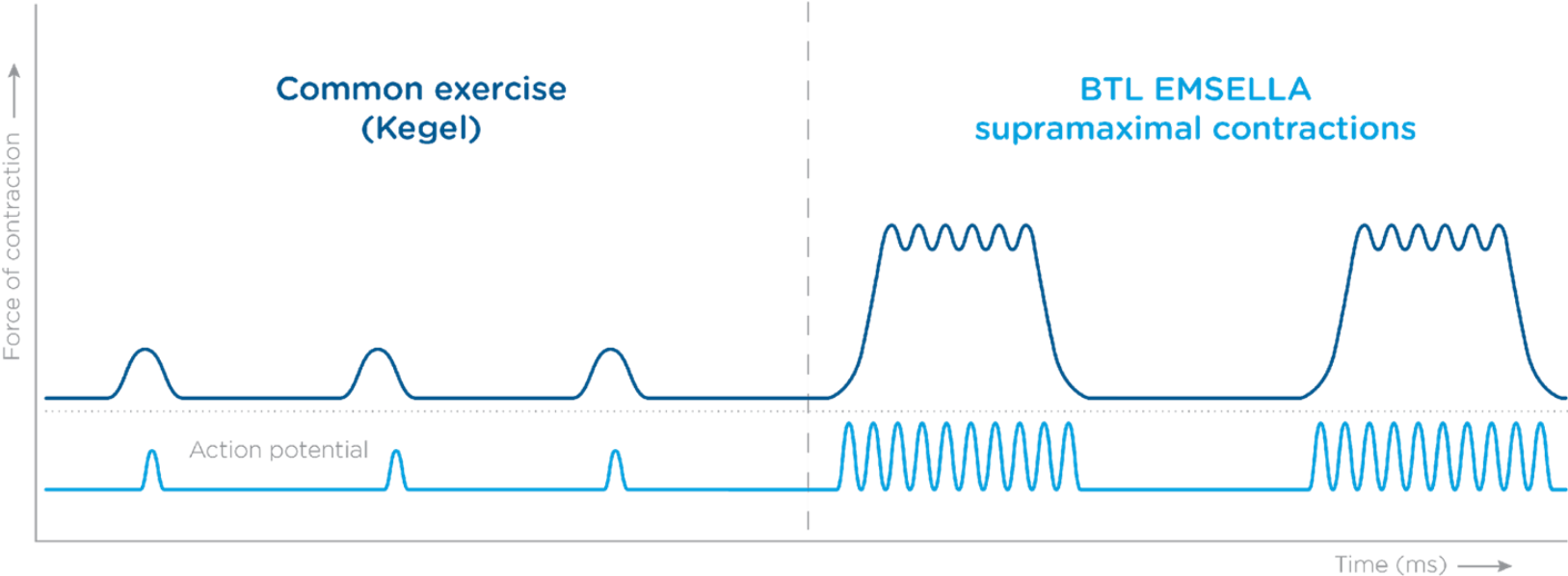
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# MECHANISM OF ACTION

- BTL EMSELLA usa **High Intensity Focused Electromagnetic Technology (HIFEM)** para causar a estimulação da musculatura do assoalho pélvico
- A chave da efetividade é baseada em **Energia Electromagnética Focalizada**, em profundidade, e a estimulação de **toda a área do assoalho pélvico**
- Uma simples sessão pode trazer milhares de contrações supramaximas da musculatura do assoalho pélvico, as quais são extremamente importantes na estimulação dos músculos na FSD.



# SUPRAMAXIMAL CONTRACTIONS



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# RECOMENDAÇÕES TERAPIA

## NÚMERO DE TERAPIAS

- 6 sessões

## TEMPO DE TERAPIA

- 28 minutos

## FREQUENCIA

- 2 sessões por semana

## CANDIDATA CERTA

- Mulher procurando por melhoria da vida íntima.



# The Use of HIFEM Technology in the Treatment of Pelvic Floor Muscles as a Cause of Female Sexual Dysfunction - A Multi-Center Pilot Study

Hlavinka T. Ch., MD, San Antonio, USA;  
 Turčan P., MD, Olomouc, CZ;  
 Bader A., MD, London, UK

- 30 female patients
- Limited arousal, ability to achieve orgasm and painful intercourse
- 6 therapies; scheduled 2x a week
- Standardized Female Sexual Function Index (FSFI)

## Results:

- 93% of patients improved overall FSFI score post-treatment
- The results were maintained during 3-month follow-up in all treated patients
- The most significant improvements were items desire (86%), orgasm (70%) and satisfaction (85%)

*Under review in the Journal of Women's Health Care*

## THE PRELIMINARY RESULTS OF THE MULTI-CENTER PILOT STUDY THE USE OF HIFEM TECHNOLOGY IN THE TREATMENT OF PELVIC FLOOR MUSCLES AS A CAUSE OF FEMALE SEXUAL DYSFUNCTION

### AUTHORS

Timothy Charles Hlavinka, MD (USA); Pavel Turčan, MD (Czech republic); Alexander Bader, MD (United Kingdom)

### ABSTRACT

**Background:** Pelvic floor muscles support the pelvic floor organs, control the continence and play a crucial role in adequate genital arousal and attainment of orgasm.  
**Aim:** We aimed to investigate the effect of a non-invasive High-Intensity Focused Electromagnetic (HIFEM) technology on pelvic floor muscles in women with sexual dysfunctions.

**Methods:** 30 women (average age 36.4±5.62) with impeded sexual functioning through limited arousal, ability to achieve orgasm and increased intercourse pain were comprised in this study. Patients underwent 6 treatments, scheduled twice a week. They completed standardized Female Sexual Function Index (FSFI) questionnaire pre-, post- 6 treatments, and during a 3-month follow-up visit. Data of 30 patients were collected and statistically evaluated through t-test (p<0.05).

**Results:** In all treated patients we observed significant improvement in all FSFI items post-treatment. These results were maintained during 3-month follow-up. The results are summarized in the table below.

	FSFI SCORE						
	DESIRE	AROUSAL	LUBRICATION	ORGASM	SATISFACTION	PAIN	FULL SCORE
BEFORE (pre-t)	2.79	3.41	3.43	3.50	3.08	4.24	20.06
3-MONTH FOLLOW-UP (post-t)	4.87	5.24	4.68	5.06	5.20	5.26	30.29
3-MONTH FOLLOW-UP IMPROVEMENT	86%	86%	67%	70%	85%	84%	57%

**Conclusion:** Although performed on a limited number of patients, our initial experience shows that HIFEM technology seems promising in increasing quality of female intimate life.

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# POSICIONAMENTO DO PRODUTO



SAY NO TO INCONTINENCE & INTIMATE DISCOMFORT

**BTL EMSELLA®**

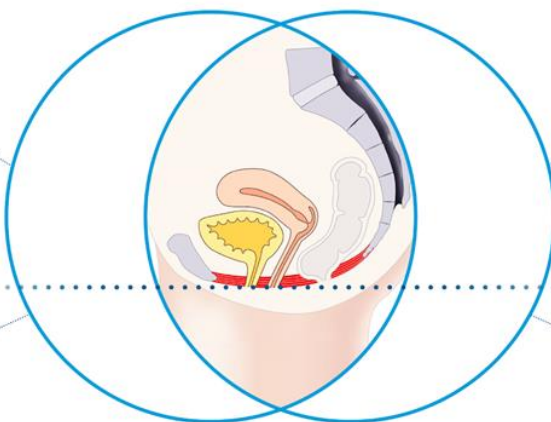
# A SOLUÇÃO DA BTL PARA SAÚDE INTIMA

## ULTRA FEMME 360™

Para Flacidez Vaginal e Disfunção Sexual

Restauração do colágeno e elastina

Aumento do Fluxo Sanguíneo



## BTL EMSELLA®

Para Incontinência Urinária e Músculos do Assoalho Pélvico

Restauração do controle motor

Fortalecimento e estimulação muscular



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# TESTEMUNHOS



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COM

IENTE

Eu nunca vi nada tão inovador quanto o BTL EMSELLA para o tratamento da incontinência. Depois de tratar e observar 20 mulheres diferentes com incontinência de estress e mistas, fiquei agradavelmente surpreso e feliz de ver o alívio que meus pacientes obtiveram com essa terapia ”



**Red Alinsod, M.D.**  
Alinsod Institute for Aesthetic  
Vulvovaginal Surgery  
Laguna Beach, CA

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**Incontinence.** After treating and observing 20 different women with both urge and stress and mixed forms of incontinence I was pleasantly surprised and happy to see the relief my patients obtained from this therapy.”

**Joseph Berenholz, M.D.**  
Michigan Institute of OB/GYN  
Farmington Hills, MI

Nossos resultados com Emsella foram extremamente impressionantes. A tecnologia permite uma reabilitação mais abrangente da musculatura pélvica do que as técnicas de estimulação padrão e trabalha os músculos de uma forma supra-fisiológica. Com base nos resultados da nossa prática e dos meus colegas, isso produziu uma melhoria mais rápida e significativa em relação às opções comparativas.”



**impressive.** The technology allows for more comprehensive rehabilitation of the pelvic musculature than standard stimulation techniques and works the muscles in a supra-physiologic fashion. Based on our practice's and my colleagues' results, this has produced more rapid and significant improvement over comparative options.”

**Nathan Guerette, M.D.**  
The Female Pelvic Medicine  
Institute of Virginia  
Richmond, VA



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IN

Os resultados foram realmente recompensadores. Há muitos pacientes que realmente chamam isso de experiência de mudança de vida. Quando tratamos os pacientes com o BTL EMSELLA, fazendo um tratamento com o BTL EMSELLA com tratamento com o BTL EMSELLA, coisas que mais importantes é o

Os benefícios que estamos começando a perceber são que o tônus muscular mais forte na região pélvica e a satisfação sexual em nos pacientes é aumentada. Sendo assim, a resposta orgásmica envolvendo a contratilidade muscular, concluído com o aumento da força e do fluxo sanguíneo para a área, há uma melhora na gratificação sexual

BTL EMSELLA é um ótimo oportunidade em termos de velocidade de eficácia e modéstia porque os pacientes não precisam se despir. O BTL EMSELLA pode oferecer uma melhora significativa e tangível na qualidade de vida dos pacientes”.



“The results were really rewarding. Many patients call this a life-changing experience. When we treat patients with the BTL EMSELLA, whether we are using the treatment in conjunction with laser treatment or laser treatment in conjunction, one of the things I am most impressed with as a provider is how much their lives are changed.”

**Julene B. Samuels, M.D.**  
Julene B. Samuels, MD, FACS  
Louisville, KY

...to the improved sexual gratification.”

**Carolyn DeLucia, M.D., FACOG**  
Carolyn DeLucia, M.D., FACOG  
Ob/Gyn & Co-Founder V-Spot  
Medispa, New York, NY



to understand the BTL EMSELLA treatment significantly improves the patients' quality of life.”

**Tracey Sims, M.D.**  
The Medical Laser and Aesthetics Group  
Wirral, United Kingdom



# QUAL É O SEGREDO DO SUCESSO DELES?

ELES ESTÃO SEGUINDO A TENDÊNCIA DO  
**REJUVENESCIMENTO DA DEMANDA DA SAÚDE ÍNTIMA!**

- **Tratamento Inovador & não- invasivo** para saúde Intima
- **Clinicamente efetivo**
- Grande potencial de diferentes indicações relacionadas aos **Músculos do Assoalho Pélvico**
- **Uma solução complementar** para os conhecidos procedimentos de laser e RF
- Tratamento com **pagamento exclusivamente em cash**
- **O fluxo ideal de perfil de paciente** que vai poder pagar por este tratamento



**OBRIGADA**

**#Saudeintima**  
**#Incontinencia**  
**#Incontinenciaurinaria**  
**#Disfunçãosexual**  
**#Atrofiavaginal**  
**#Rejuvenescimentovaginal**  
**#Rejuvenescimentointimo**  
**#Recuperaçãoposparto**  
**#Dorpelvica**  
**#Emsella**  
**#btlemsella**  
**#Emsculpt**  
**#Btlemsculpt**  
**#kegel**  
**#HIFEM**  
**#Assoalhopelvico**  
**#Musculaturapelvica**  
**#musculospelvicos**  
**#pelvicfloor**  
**#ultrafemme360**  
**#exilisultra360**



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