



Medtronic

Discover Treatment Options for Parkinson's Disease

COME LEARN FROM LOCAL PHYSICIANS

Friday, April 9, 2010

Registration: 11:30 a.m.

Program: 12:00 – 1:30 p.m.

Puget Sound Healthcare Center

4001 Capital Mall Drive SW

Olympia, WA 98502

Speakers

Kevin F. Connolly, MD
Neurologist

*Northwest Neuromuscular
Associates*

Peggy O'Neil Shortt
ARNP – DBS Coordinator
Swedish Neuroscience Institute

At this event, local physicians will go over some of the treatment options for Parkinson's disease. The physicians will also discuss Medtronic DBS Therapy, an FDA-approved, nondrug therapy for controlling some of the symptoms of Parkinson's disease that has been used by more than 75,000 people worldwide to treat a variety of movement disorders.

If you or a family member suffer from Parkinson's disease, please plan to attend this informative session.

Lunch will be served.

This event is free, but space is limited.

Please register online at:

http://www.activadbs.com/attend_event.asp

or call **1-877-438-3574.**

Brief Summary Disclosure for Parkinson's Control Therapy

Activa® Parkinson's Control Therapy: Product technical manual must be reviewed prior to use for detailed disclosure.

Indications: Bilateral stimulation of the internal globus pallidus (GPI) or the subthalamic nucleus (STN) using Medtronic® Activa® Parkinson's Control Therapy is indicated for adjunctive therapy in reducing some of the symptoms of advanced, levodopa-responsive Parkinson's disease that are not adequately controlled with medication.

Contraindications: Contraindications include patients who will be exposed to MRI using a full body radio-frequency (RF) coil or a head transmit coil that extends over the chest area, patients who are unable to properly operate the neurostimulator, or for patients for whom test stimulation is unsuccessful. Also, diathermy (e.g., shortwave diathermy, microwave diathermy or therapeutic ultrasound diathermy) is contraindicated because diathermy's energy can be transferred through the implanted system (or any of the separate implanted components), which can cause tissue damage and can result in severe injury or death. Diathermy can damage parts of the neurostimulation system.

Warnings/ Precautions/Adverse Events: There is a potential risk of tissue damage using stimulation parameter settings of high amplitudes and wide pulse widths. Extreme care should be used with lead implantation in patients with a heightened risk of intracranial hemorrhage. Do not place the lead-extension connector in the soft tissues of the neck. Placement in this location has been associated with an increased incidence of lead fracture. Theft detectors and security screening devices may cause stimulation to switch ON or OFF, and may cause some patients to experience a momentary increase in perceived stimulation. Although some MRI procedures can be performed safely with an implanted Activa System, clinicians should carefully weigh the decision to use MRI in patients with an implanted Activa System. MRI can cause induced voltages in the neurostimulator and/or lead possibly causing uncomfortable, jolting, or shocking levels of stimulation. MRI image quality may be reduced for patients who require the neurostimulator to control tremor, because the tremor may return when the neurostimulator is turned off. Severe burns could result if the neurostimulator case is ruptured or pierced. The Activa System may be affected by or adversely affect medical equipment such as cardiac pacemakers or therapies, cardioverter/ defibrillators, external defibrillators, ultrasonic equipment, electrocautery, or radiation therapy. Safety and effectiveness has not been established for patients with neurological disease other than Parkinson's disease, previous surgical ablation procedures, dementia, coagulopathies, or moderate to severe depression; or for patients who are pregnant, under 18 years or over 75 years of age. Additionally, the abrupt cessation of stimulation for any reason should be avoided as it may cause a return of disease symptoms. In some cases, symptoms may return with an intensity greater than was experienced prior to system implant ("rebound" effect). Adverse events related to the therapy, device, or procedure can include: stimulation not effective, cognitive disorders, pain, dyskinesia, dystonia, speech disorders including dysarthria, infection, paresthesia, intracranial hemorrhage, electromagnetic interference, cardiovascular events, visual disturbances, sensory disturbances, device migration, paresis/asthenia, abnormal gait, incoordination, headaches, lead repositioning, thinking abnormal, device explant, hemiplegia, lead fracture, seizures, respiratory events, and shocking or jolting stimulation.

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