

Optilume[®] Patient Education Handbook



What is a urethral stricture?

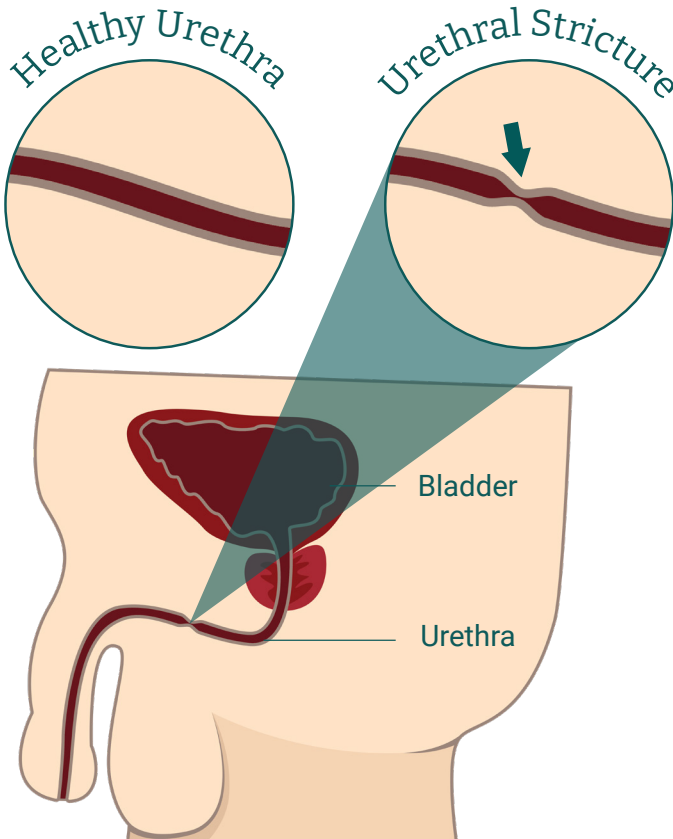
The urethra is the tube that carries urine out of the body. When a scar forms that blocks or slows the flow of urine, it is called a urethral stricture.

Causes

- Injury to the urethra
- Infection such as a sexually transmitted disease
- Complications from previous medical procedures

Symptoms

- Hesitancy when waiting for the stream of urine to begin
- Weak or irregular flow
- Straining to urinate
- Painful urination
- Sense of incomplete emptying
- Dribbling after urination
- Urinary tract infection



**Immediate
and durable
symptom relief
for men***

Pre-Op

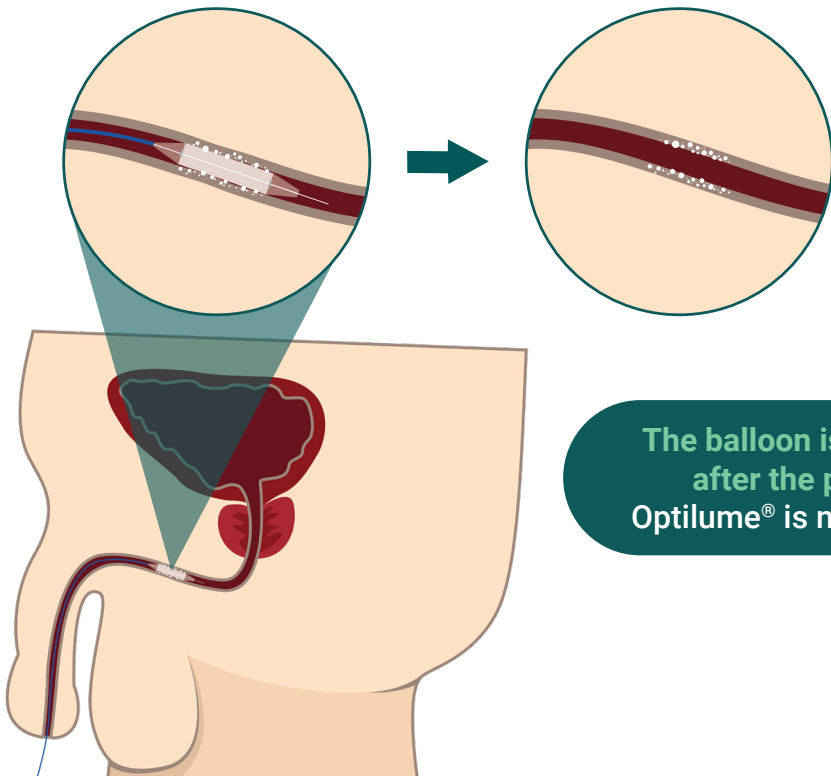


Post-Op



A quick outpatient procedure to treat your stricture

- A small cylindrical drug-coated balloon is passed through the urethra and expanded at the stricture location.
- The drug releases from the balloon and adheres to the stricture.
- The drug is designed to prevent the stricture from recurring.



The balloon is removed
after the procedure.
Optilume® is not a stent.

What to expect after your Optilume[®] Stricture procedure

- Immediate improvement in urinary flow rate.¹
- No impact on erectile function.¹
- A catheter may be left in place for a few days at the discretion of your physician.
- Blood in the urine and painful urination may occur for a couple of weeks after the procedure.
- The drug washes out of your urine within 3 months.
- Abstain from sex or wear a condom for 30-days post-treatment to avoid exposure of sexual partner to the drug.
- Postpone sexual activity or use highly effective contraception with sexual partners that could become pregnant for at least 6 months after treatment with Optilume[®] Stricture to avoid potential risks to a fetus.

Compared to a similar standard of care, the drug coated balloon nearly triples the chance of long-term success.¹



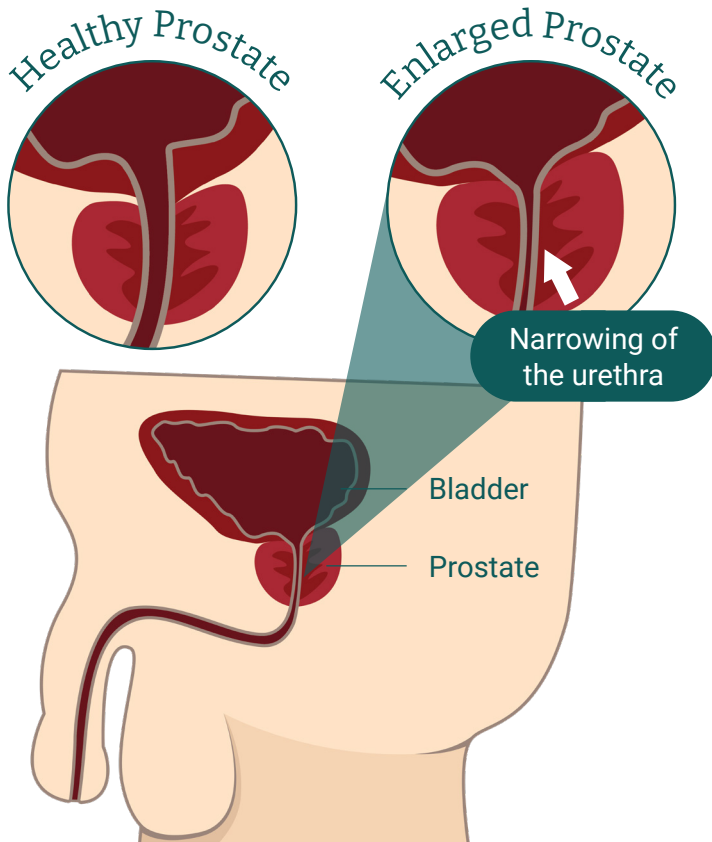
What is benign prostatic hyperplasia?

Cause

- As men* age, it's common to encounter prostate enlargement, leading to a condition known as benign prostatic hyperplasia (BPH).

Symptoms

- Frequent trips to the bathroom, day and night
- Weak, slow or intermittent flow
- Urgent need to urinate
- Inability to fully empty bladder



Immediate
and durable
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Baseline

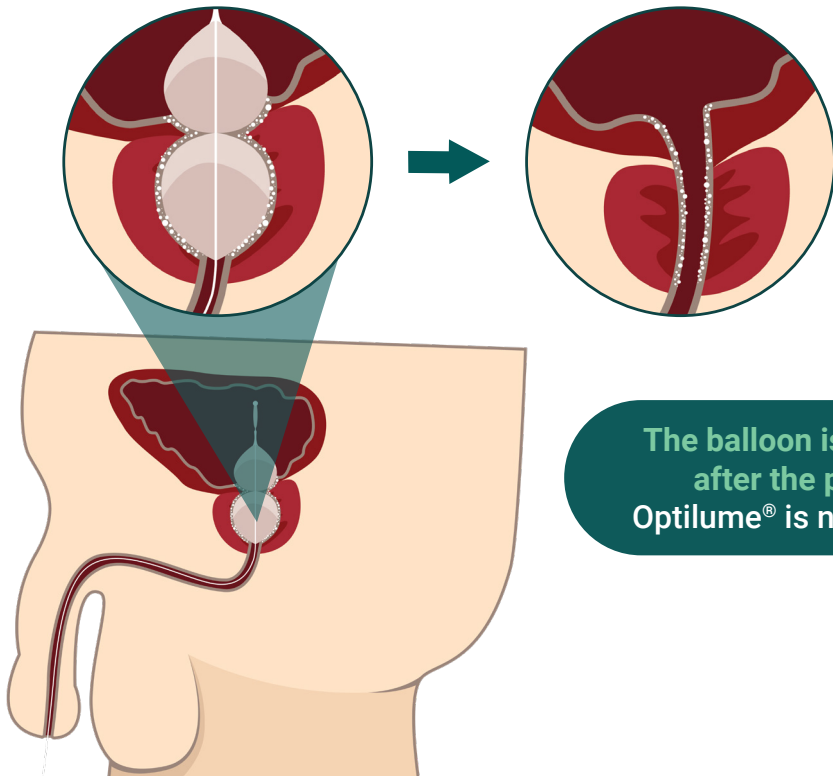


6 Months



A quick outpatient procedure to treat your BPH condition

- A drug-coated balloon is passed through the urethra and expanded in the prostate.
- The drug releases from the balloon and is absorbed by the urethra.
- The drug is designed to prevent the narrowing from recurring.



The balloon is removed
after the procedure.
Optilume® is not a stent.

What to expect after your Optilume[®] BPH procedure

- Immediate improvement in urinary flow rate.²
- No impact on erectile function.²
- Avoid any physical exertion for the first two weeks following treatment or as directed by your physician. Overexertion may exacerbate bleeding.
- Start medications prescribed by your physician immediately after treatment.
- Expect blood in the urine and semen after the procedure for up to fourteen days. This is normal and may be intermittent for up to six weeks. Blood clots in the urine may also be observed after the procedure. Some patients may also experience temporary incontinence or the temporary inability to urinate.
- Call your physician immediately if you experience fever, chills, severe pain, or the inability to urinate.
- Abstain from sex or wear a condom for 30 days post-treatment to avoid exposure of sexual partner to the drug.
- Utilize effective contraception with sexual partners that could become pregnant for at least 12 months after treatment with Optilume[®] BPH to avoid pregnancy.
- This is typically an outpatient procedure. A catheter may be left in place for a few days at the discretion of your physician.

Clinical trial results have shown that post-procedure urinary flow rates more than double compared to pre-procedure.²





Learn More
optilume.com/Stricture



Learn More
optilume.com/BPH



1 DeLong J, et al. Outcomes of Bulbar Urethral Stricture Treatment With Optilume: ROBUST I Study Results. J Urol. 2025 Jan;213(1):90-8.

2 Kaplan, S.A. Prostate Cancer Prostatic Dis (2024)

*Trans-women, with or without gender reassignment, may have a prostate. If BPH is diagnosed in a trans-woman, this is managed in the same way as for cis-gender men.

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