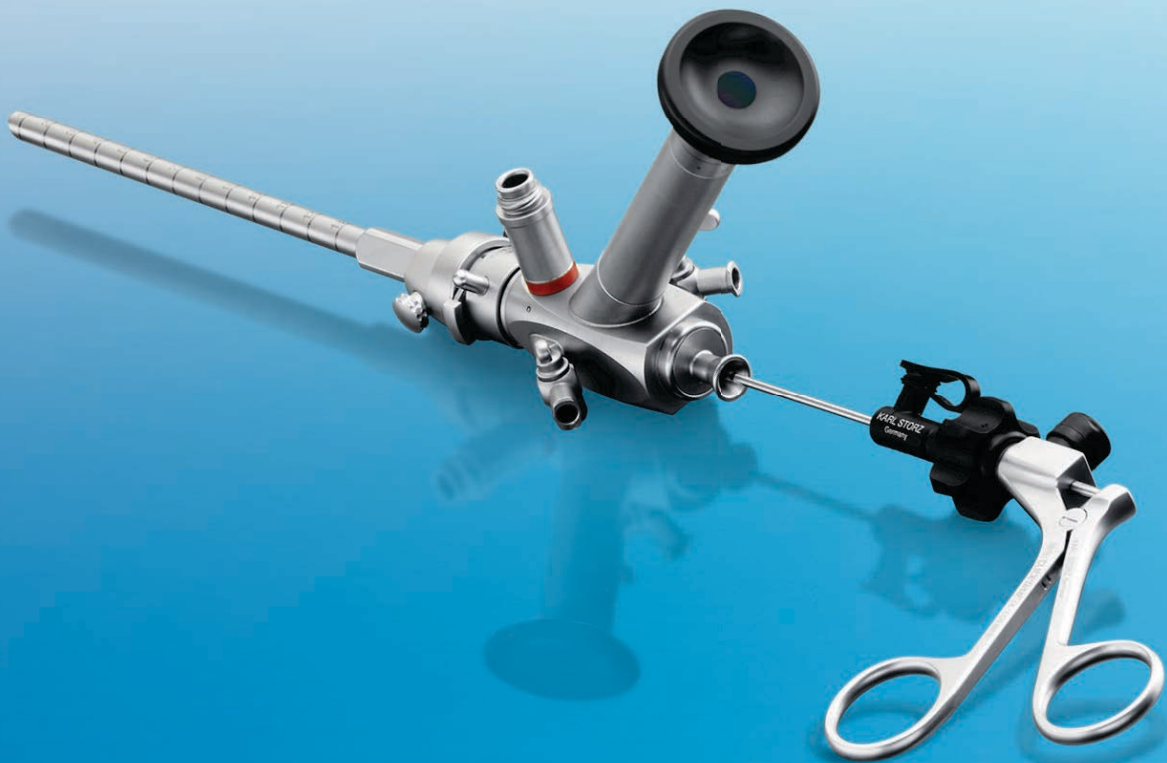


KARL STORZ – LOTTA® Family

Offering you the ability to avoid implanting shunts
in your obstructive hydrocephalus patients



Current Status - Hydrocephalus



Over **1 million** Americans have Hydrocephalus¹

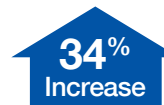


Could potentially be treated with Endoscopic Third Ventriculostomy (ETV)



\$30K in savings

Potential hospital stay cost reduction, per patient, with ETV vs. VP shunt²

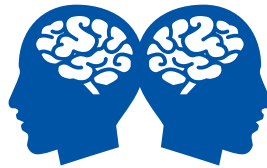


In hospital utilization and LOS* in the US³

Patients with obstructive hydrocephalus are most commonly treated with:

Implantation of a ventriculoperitoneal (VP) shunt –

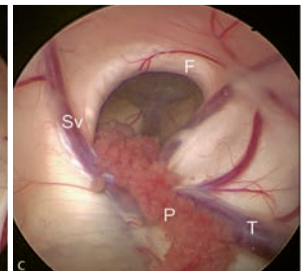
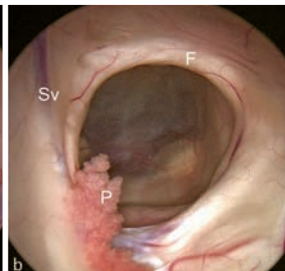
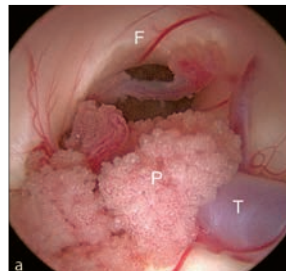
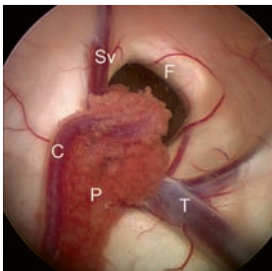
Implant that drains excess fluid from the brain to another part of the body.



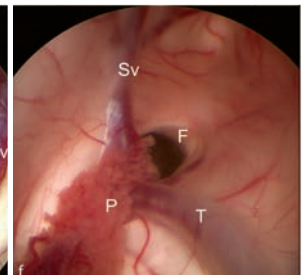
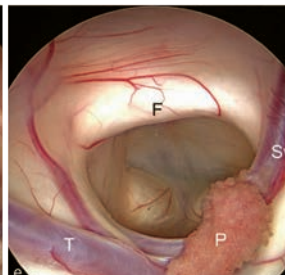
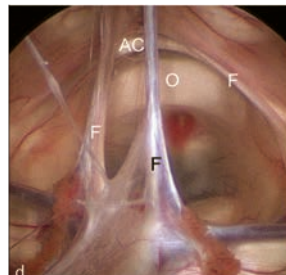
ETV –

Opening created in the floor of the 3rd ventricle allows fluid to flow into another part of the brain.

Hydrocephalus is expensive, prevalent and there is no cure. For a segment of the hydrocephalus patient population, ETV provides numerous clinical benefits. For providers, the LOTTA[®] System makes it possible to perform a full range of endoscopic intraventricular interventions including an ETV instead of implanting a VP shunt. The smaller outer diameter of the Little LOTTA[®] (3.6 mm) proves to be particularly valuable for treating patients with narrow foramina of Monro and small ventricles.



Legend of Acronyms	
AC	anterior commissure
C	choroidal vein
F	fornix
O	optic chiasm
P	choroid plexus
Sv	septal vein
T	thalamostriate vein



Ventricular images from LOTTA[®] scope

*Length of Stay (LOS)

Endoscopic Third Ventriculostomy Differentiators

1. Improved Clinical Outcomes

- Significantly lower complication rate⁴
- Lower reoperation rate in the long term^{5,6}
- Lower infection rate, less than 1%⁸
- Effective and safe⁴
- Gold standard for treatment of obstructive hydrocephalus^{4,7}
- Patients most likely to succeed with ETV can be accurately identified⁹

	Age Range	Infection Rate	Success Rate	Failure window
VP Shunt	All ages	4.1 to 20.5% ¹⁰	41 to 60% ⁹	Lifelong risk of failure ¹¹
ETV	Over 2 years old	Less than 1% ⁸	70 to 90% ^{4,9,12}	If ETV fails, failure usually happens in 3-6 months ⁴

2. Reduced Expenses

- Reduced hospital stay cost by \$30K per patient²
- Preventing future shunt infections, an ETV could save up to \$140K per patient in future hospital cost²
- Reduced use of healthcare facilities²

3. Increased Patient Satisfaction

- Patients can be spared the long-term complications of VP shunting
- Likely lead to improved quality of life^{2,9}
- Fewer overall procedures, which results in less disruption to life in society^{2,13}
- Reduced healthcare cost for individual, family and society^{2,13}

Why KARL STORZ?

KARL STORZ offers a **reusable visualization** hydrocephalus portfolio to help you **improve efficiency** and **surgeon/patient satisfaction**, and allow you to provide personalized care and treatment options for your patients. **With the added bonus of removing the patient's life-long risk of shunt failure.**

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More than
75
Years

*Shaping the Future
of Endoscopy with you*

STORZ
KARL STORZ—ENDOSKOPE

THE DIAMOND STANDARD

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