

* Based on observation of 100 patients implanted with LINX. Bothersome heartburn decreased to 11.9% at 5 years from 89%(p<0.001), bothersome regurgitation decreased to 1.2% at 5 years from 57% (p<0.001), PPI dependence decreased to 15.3% at 5 years from 100% (p<0.001)

† Based on a retrospective analysis of 1-year outcomes of patients undergoing MSA and LNF from June 2010 to June 2013. Matched-pair analysis of 100 patients. There were no patients with severe gas and bloating in the MSA group compared with 10.6% in the LNF group (p=0.022).

‡ Based on a prospective study of 100 adults who underwent MSA in which all patients reported the ability to belch and vomit (if necessary), and a retrospective matched-pair analysis of 1-year outcomes of 100 patients undergoing MSA and LNF from June 2010 to June 2013. After MSA 8.5% of patients were unable to belch compared to 25.5% of patients after LNF (p=0.028), and 4.3% of MSA patients were unable to vomit compared to 21.3% of LNF patients (p=0.004).

§ Based on a study observing 100 patients who were implanted with LINX, daily use of PPIs decreased to 15.3% at 5 years. (p<0.001)

¶ Based on a 5 year prospective, multi-center, single-arm study observing 100 patients who were implanted with LINX, bothersome heartburn was 89% at baseline and decreased to 11.9% at 5 years. (p<0.001)

** Median operative time for 67 patients was 60 minutes.⁴ Median operative time for 100 patients was 47 minutes.² Median operative time for 100 patients was 39 minutes.³

†† Based on a 5 year prospective, multi-center, single-arm study observing 100 patients who were implanted with LINX, symptoms of bloating/gas decreased from 52% at baseline to 8.3% at 5 years. (p<0.001)

‡‡ Based on a 5 year prospective, multi-center, single-arm study observing 100 patients who were implanted with LINX, there was a significant improvement in the median GERD-HRQL score at 5 years, as compared with baseline, both with and without PPI use, 4 vs 11 and 27 respectively (p<0.001).

§§ Based on a pivotal IDE trial of 100 subjects at 14 clinical sites. Half of the subjects (50/100) were discharged the same day as the surgery, and the other half were discharged the next day.

¶¶ Based on a 5 year prospective, multi-center, single-arm study observing 100 patients who were implanted with LINX, regurgitation was 57% at baseline and decreased to 1.2% at 5 years. (p<0.001)

1. Ganz R, Edmundowicz S, Taiganides P, et al. Long-term Outcomes of Patients Receiving a Magnetic Sphincter Augmentation Device for Gastroesophageal Reflux. Clin Gastroenterol Hepatol. 2016. 14(5):671-7.
2. Reynolds J, Zehetner J, Wu P, et al. Laparoscopic Magnetic Sphincter Augmentation vs Laparoscopic Nissen Fundoplication: A Matched-Pair Analysis of 100 Patients. J American College of Surgeons. 2015. 221(1):123-128.
3. LINX® Reflux Management System 1.5T, Instructions for Use.
4. Bonavina L, Saino G, Bona D, et al. One Hundred Consecutive Patients treated with Magnetic Sphincter Augmentation for Gastroesophageal Reflux Disease: 6 Years of Clinical Experience from a Single Center. J Am Coll Surg. 2013. 217(4): 577-85.
5. Ayazi S, Zheng P, Zaidi AH, et al. Magnetic sphincter augmentation and postoperative dysphagia: Characterization, clinical risk factors, and management. J Gastrointest Surg. 2020;24(1):39-49.

Although many patients benefit from LINX®, results may vary. Please talk to your physician to see if LINX is right for you. Your physician can discuss the benefits and risks with you.

The LINX Reflux Management System is a laparoscopic, fundic-sparing anti-reflux procedure indicated for patients diagnosed with Gastroesophageal Reflux Disease (GERD) as defined by abnormal pH testing, and who are seeking an alternative to continuous acid suppression therapy (i.e. proton pump inhibitors or equivalent) in the management of their GERD. **Rx Only. Contraindications:** Do not implant the LINX System in patients with suspected or known allergies to titanium, stainless steel, nickel or ferrous materials. **Warnings:** The LINX device is considered MR Conditional in a magnetic resonance imaging (MRI) system up to either 0.7 Tesla (0.7T) or 1.5 Tesla (1.5T), depending on the LINX model implanted. Laparoscopic placement of the LINX device is major surgery. **General Precautions:** The LINX device is a long-term implant for use in patients 21 years or older. Medical management of adverse reactions may include explantation and/or replacement. **Potential Risks Associated with LINX System:** belching, decreased appetite, device erosion, device migration (device does not appear to be at implant site), dysphagia (difficulty swallowing), flatulence, hiccups, inability to belch or vomit, infection, nausea, odynophagia (painful swallowing), pain, regurgitation, stomach bloating, weight loss, and worsening of preoperative symptoms.

For more information on the LINX Reflux Management System, contact your physician. For full patient information visit www.linxforld.com.

Manufactured by:

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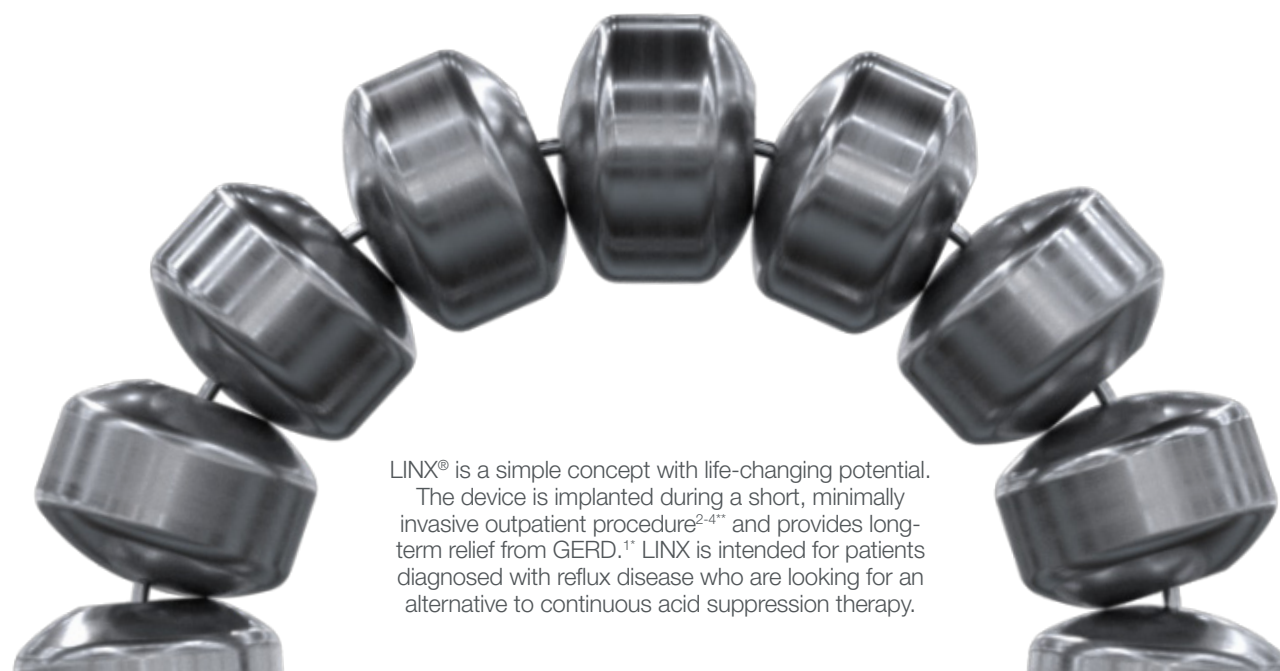
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Don't compromise... Get long-term GERD relief with LINX® 1*

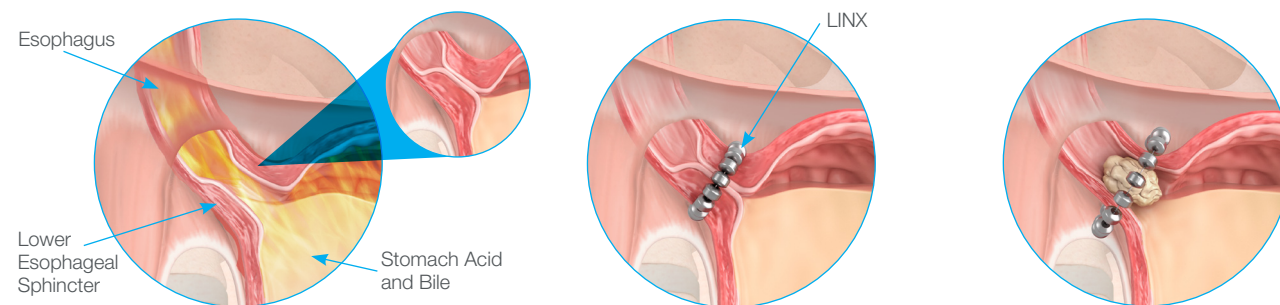


Revolutionary Treatment for Reflux Disease



LINX® is a simple concept with life-changing potential. The device is implanted during a short, minimally invasive outpatient procedure^{2-4††} and provides long-term relief from GERD.^{1*} LINX is intended for patients diagnosed with reflux disease who are looking for an alternative to continuous acid suppression therapy.

How LINX works



Reflux (also called Gastroesophageal Reflux Disease, or GERD) is caused by weakness or inappropriate relaxation in a muscle called the lower esophageal sphincter (LES). Normally the LES acts like a valve allowing food and liquid to pass into the stomach but preventing stomach contents from flowing back into the esophagus.

LINX® Reflux Management System is a flexible ring of small magnets placed around the LES during a minimally invasive procedure. The magnets help to keep the LES closed so that acid and bile do not flow from the stomach to the esophagus. When you eat or drink, the forces from swallowing cause the magnets to separate, the LINX device to expand, and the LES to open for food or liquid to pass into the stomach.



Provides long-term relief from GERD.^{1*}



No alteration to stomach anatomy.

Unlike other procedures to treat reflux disease, LINX requires no permanent anatomic alteration. Patients treated with LINX can resume a regular diet.⁵

Typically discharge within 24 hours.

Most patients have same-day surgery or go home within 24 hours and return to normal activities in a few days.^{3&5}

MRI compatible.

Patients with a LINX device can undergo a wide range of diagnostic imaging tests, including: X-Ray, ultrasound, PET scan, CT scan and MRI.¹¹

Actual size.



¹¹ MRI compatibility information available at <https://linxforlife.com/mri-info>



Just imagine what long-lasting GERD relief might be like for you.

Is LINX right for you?

LINX is intended for patients diagnosed with reflux disease who want an alternative to medication. Are you concerned with a lifetime of medication, pharmacy visits and potential side effects? **It's time to learn more about LINX.**



Reduced Medication.

85% of patients were free from dependence on daily reflux medication after treatment with LINX.¹⁵



Durable resolution of bothersome heartburn.

88% of patients reported that bothersome heartburn had been eliminated after treatment with LINX.¹¹



Durable resolution of regurgitation.

99% of patients eliminated bothersome regurgitation after treatment with LINX.¹¹¹¹



Significantly less gas and bloating.^{2†}

LINX preserved the ability to belch and vomit.^{1-2†} The titanium beads open and close to let food down, and if it needs to come up, it can.



Improved quality of life.

Patients reported significant improvement in their quality of life after surgical treatment with LINX.^{111†}

It's time to win the battle against reflux.^{1*}

Visit www.linxforlife.com for more information about LINX.