

Urinary Incontinence (UI) is a **serious** challenge  
for women *and* providers

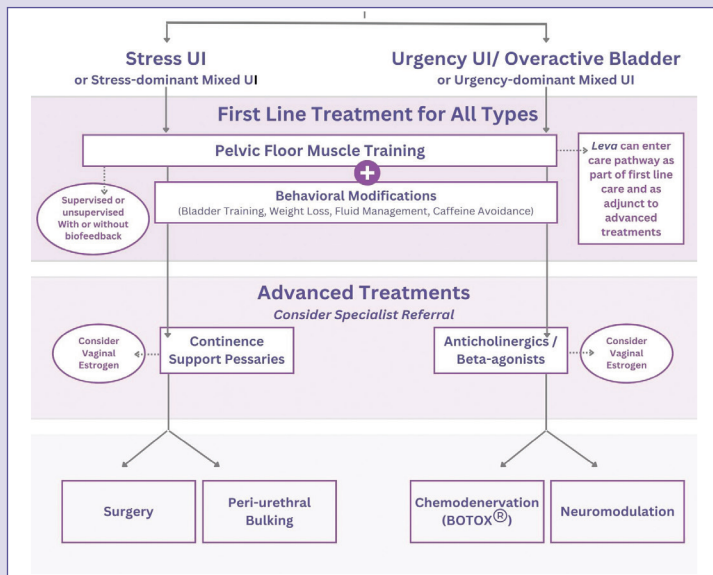


With *Leva*, it doesn't have to be.

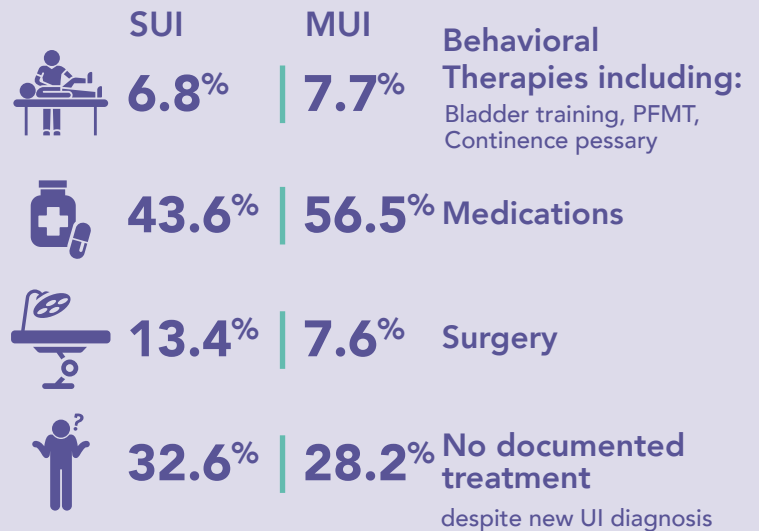
*Leva*<sup>®</sup>  
PELVIC HEALTH  
SYSTEM

# 11 million women seek treatment for UI<sup>1,2</sup>

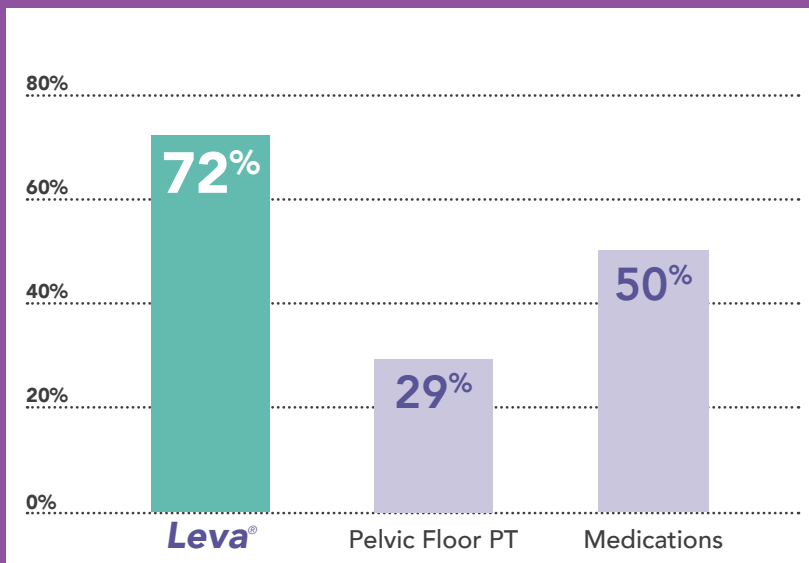
## Female Urinary Incontinence Care Pathway<sup>3</sup>



## Documented First Treatment for Patients Seeking Care for UI<sup>4</sup>



## Typical patient adherence to common treatment options



### Leva Pelvic Health System

- Of women who use *Leva* as directed, **72%** device-reported adherence at one month<sup>5</sup>

### Pelvic Floor PT

- Of women who start PFPT, only **29%** complete a course of care defined as 3 visits<sup>6</sup>

### Medications

- Of women taking medications as prescribed, **50%** discontinue use within five months<sup>7</sup>

**Now there's a serious solution to treat stress, mixed, and urgency UI including overactive bladder (OAB)**

Barriers to supervised PFMT:

Limited number of PTs & long wait times

Time constraints

Internal exams

Financial constraints

**Leva was developed to address these barriers and make first-line care accessible and scalable.**

• Leva is at-home, individualized PFMT and can be used from anywhere

• 2.5 minutes, 2x/day for 12 weeks

• Discreet, non-invasive, motion-based technology with visual guidance

• Leva Women's Center manages benefits check, PAs and appeals

• National/regional insurance coverage; FSA/HSA eligible; payment plan options

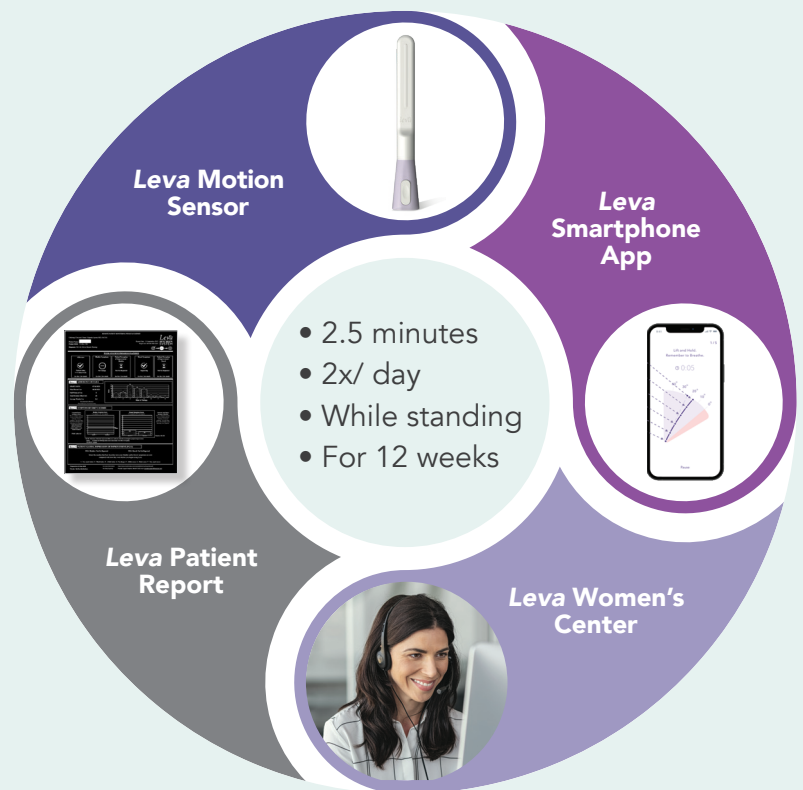
## Why supervised PFMT is recommended

Findings from an Overview of Cochrane Systematic Reviews:

*"There is high certainty evidence that undertaking **pelvic floor muscle training can cure symptoms and improve quality of life for all types of urinary incontinence.**"*

*"There is moderate or high certainty evidence that these **pelvic floor muscle exercises work better if they are more intense, have more support from a health care professional, and are combined with strategies to support continued use.**"<sup>8</sup>*

## Why Leva is a first-line treatment solution



Leva Training (Lift) Video

**Leva**® PELVIC HEALTH SYSTEM



# Evidence-based, proven improvement

## Clinical data for SUI and MUI published in the *Green Journal*

- Results in as early as 4 weeks<sup>9</sup>
- Decrease in leaking episodes from about 2 leaks per day to about 2 leaks per week<sup>9</sup>
- Improvement regardless of UI symptom severity<sup>9</sup>
- Durability for at least a year<sup>10</sup>

## Peer-reviewed real-world evidence study of *Leva*<sup>®</sup> users published in the *International Urogynecology Journal*

- *Leva* is effective for stress, mixed, and urgency UI (including overactive bladder)<sup>5</sup>
- 78% of *Leva* users see significant symptom relief<sup>5</sup> which is comparable to supervised PFMT in Cochrane Reviews<sup>11</sup>
- 72% device-reported adherence at 4 weeks<sup>5</sup>

## Serious consequences for the 78M<sup>1</sup> women with UI (if left untreated)

UI symptoms may worsen over time<sup>12</sup>

Women with prior UI have 25x greater odds of UI recurrence<sup>13</sup>

Negative impact on quality of life, physical function, and cognitive performance and associations with obesity, depression, and anxiety.<sup>14-18</sup>

**Provider Support:** (866) 657-5382 • [www.levatherapy.com](http://www.levatherapy.com)

**Important Indication and Other Information for the *Leva* Pelvic Health System:** The *Leva* Pelvic Health System is intended for treatment of stress, mixed and mild to moderate urgency urinary incontinence (including overactive bladder), treatment of chronic fecal incontinence (>3-month uncontrolled passage of feces), and strengthening pelvic floor muscles in women. Talk to your provider to see if the *Leva* System is right for you. Do not use the *Leva* System while pregnant, or if you think you may be pregnant, unless authorized by your doctor. For a complete summary of the risks and instructions for the *Leva* System, see its Instructions for Use available at [www.levatherapy.com](http://www.levatherapy.com).

**Sources:** 1. Patel UJ, Godecker AL, Giles DL, Brown HW. Updated Prevalence of Urinary Incontinence in Women: 2015-2018 National Population-Based Survey Data. *Female Pelvic Med Reconstr Surg*. 2022 Apr 1;28(4):181-187. doi: 10.1097/SPV.0000000000001127. Epub 2022 Jan 12. PMID: 35030139. 2. Waetjen LE (2018) Factors associated with reasons incontinent midlife women report for not seeking urinary incontinence treatment over 9 years across the menopausal transition. *Menopause*. 2018;25(1):29-37. 3. McKinney JL, Keyser LE, Pulliam SJ, Ferzandi TR. Female Urinary Incontinence Evidence-Based Treatment Pathway: An Infographic for Shared Decision-Making. *J Womens Health (Larchmt)*. 2022;31(3):341-346. doi:10.1089/jwh.2021.0266. 4. Pan LC, Datar M, McKinney JL, Keyser LE, Goss TF, Pulliam SJ. Adherence to professional society guidelines among women with stress or mixed urinary incontinence. *Neurourol Urodyn*. 2022;41(6):1489-1497. doi:10.1002/nau.24986. 5. Keyser LE, McKinney JL, Pulliam SJ, Weinstein MM. A digital health program for treatment of urinary incontinence: retrospective review of real-world user data [published correction appears in *Int Urogynecol J*. 2023 Jun 27;]. *Int Urogynecol J*. 2023;34(5):1083-1089. doi:10.1007/s00192-022-05321-3. 6. Shannon MB. Attendance at Prescribed Pelvic Floor Physical Therapy in a Diverse, Urban Urogynecology Population. *PM&R*. 2018;10(6):601-606. 7. Yeowell G, Smith P, Nazir J, Hakimi Z, Siddiqui E, Fatoye F. Real-world persistence and adherence to oral antimuscarinics and mirabegron in patients with overactive bladder (OAB): a systematic literature review. *BMJ Open*. 2018;8(11). 8. Todhunter-Brown A, Hazelton C, Campbell P, Elders A, Hagen S, McClurg D. Conservative interventions for treating urinary incontinence in women: an Overview of Cochrane systematic reviews. *Cochrane Database Syst Rev*. 2022;9(9):CD012337. Published 2022 Sep 2. doi:10.1002/14651858.CD012337.pub2. 9. Weinstein, et al. Digital Therapeutic Device for Urinary Incontinence. *Obstetrics & Gynecology* (April 2022). 10. Weinstein, et al. Digital ice for Urinary Incontinence: A Longitudinal Analysis at 6 and 12 Months. *Obstet Gynecol*. 2023 Jan. 11. Dumoulin C, Cacciari LP, Hay-Smith EJC. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database Syst Rev*. 2018;10(10):CD005654. Published 2018 Oct 4. doi:10.1002/14651858.CD005654.pub4. 12. Minassian VA, Hagan KA, Erekson EA. The natural history of urinary incontinence subtypes in the Nurses' Health Studies. *Am J Obs Gynecol*. 2020;222(2):163.e1-163.e8. doi:10.1016/j.ajog.2019.08.023. 13. Komesu YM, Schrader RM, Ketala LH, Rogers RG, Dunivan GC. Epidemiology of Mixed, Stress & Urgency Urinary Incontinence in Mid-Aged/Older Women: Importance of Incontinence History. *Int Urogynecol J*. 2016;27(5):763-772. doi:10.1007/s00192-015-2888-1. *Epidemiology*. 14. Mendes A, Hoga L, Gonçalves B, Silva P, Pereira P. Adult women's experiences of urinary incontinence: a systematic review of qualitative evidence. *JBIS Database System Rev Implement Rep*. 2017;15(5):1350-1408. doi:10.111124/JBISRIIR-2017-003389. 15. Ca Corrêa L, Pirkle CM, Vafaei A, Curcio CL, Câmara SM. Urinary incontinence is associated with physical performance decline in community-dwelling older women: results from the International Mobility in Aging Study (MIAS). doi:10.1177/0898264318799223. 16. Lussier M, Renaud M, Chiva-Razavi S, Bherer L, Dumoulin C. Are stress and mixed urinary incontinence associated with impaired executive control in community-dwelling older women?. *J Clin Exp Neuropsychol*. 2013;35(5):445-454. doi:10.1080/13803395.2013.789483. 17. Subak LL, Richter HE, Hunskaar S. Obesity and urinary incontinence: epidemiology and clinical research update. *J Urol*. 2009;182(6 Suppl):S2-S7. doi:10.1016/j.juro.2009.08.071. 18. Cheng S, Lin D, Hu T, et al. Association of urinary incontinence and depression or anxiety: a meta-analysis. *J Int Med Res*. 2020;48(6):300060520931348. doi:10.1177/0300060520931348.