

EMSELLA®

PRESENTACIÓN DEL PRODUCTO



DESPÍDETE DE LA INCONTINENCIA
DILE SÍ AL BIENESTAR ÍNTIMO

EMSELLA®

BTL: MÁS DE 25 AÑOS DE INNOVACIÓN



Más de 55 oficinas
alrededor del mundo



1.500 empleados
mundialmente



Más de 300
ingenieros



2 departamentos
dedicados:
médico y estético

Creciendo para satisfacer sus necesidades



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EMSELLA®

Representa una nueva
categoría de tecnología

Un tratamiento innovador
para la Salud del Suelo Pelvico:

INCONTINENCIA

BIENESTAR ÍNTIMO



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EMSELLA®

EMSELLA EL NOMBRE

EM significa tecnología
Electromagnética

SELLA significa
silla en latín



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EMSELLA IMPULSADA CON LA TECNOLOGÍA HIFEM®

EMSELLA utiliza la tecnología electromagnética focalizada de alta intensidad (HIFEM) patentada*

Se trata de un campo electromagnético focalizado de intensidad extremadamente elevada. Su alta intensidad provoca contracciones supramáximas de los músculos mientras la paciente está cómodamente sentada en el aplicador de **EMSELLA**.

*Este producto, los métodos de fabricación y el uso están protegidos por una o más patentes estadounidenses y extranjeras, o patentes pendientes de solicitud.



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EMSELLA DESPÍDETE DE LA INCONTINENCIA

AUTORIZADO CON MARCA CE

EMSELLA está indicada para el fortalecimiento del músculo del suelo pélvico en el tratamiento de la incontinencia urinaria.

Autorizado por la FDA

BTL Emsella está destinado a proporcionar estimulación electromagnética totalmente no invasiva de la musculatura del suelo pélvico con el fin de la rehabilitación de los músculos pélvicos débiles y la restauración del control neuromuscular para el tratamiento de la incontinencia urinaria masculina y femenina.



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EMSELLA

BENEFICIOS PARA EL PACIENTE



SE REALIZA
CON LA ROPA
PUESTA



NO INVASIVO



PROCEDIMIENTO
COMPLETAMENTE
AMBULATORIO



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LOS MÉDICOS DICEN "SÍ" A EMSELLA



**OPERADOR
INDEPENDIENTE***



**SIN
CONSUMIBLES**



**INGRESOS
ADICIONALES**

*Una vez iniciado el tratamiento, no se precisa la intervención del operador.



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CRECIMIENTO DEMANDA DE LA SALUD PÉLVICA



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CRECIMIENTO DE LA DEMANDA SOBRE SALUD FEMENINA

- Más de **19 millones de mujeres estadounidenses y 200 millones de personas en todo el mundo** sufren de **incontinencia***
- **El 54%** de los casos informa de la pérdida de confianza*
- **El 45%** de las mujeres con incontinencia informó pérdida de intimidad*

* NAFC - National Association For Continence



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LOS HOMBRES TAMBIÉN SON AFECTADOS

- **La incontinencia** no es solo un problema de mujeres
- **La prevalencia mundial** de IU en la población masculina es de hasta un 11%
- **El 78% de los pacientes varones** no conocen la solución no invasiva para la IU**



* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1476070/>, ** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777062/>



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LOS COSTOS DE LA INCONTINENCIA URINARIA

La incontinencia urinaria se asocia con costos sustanciales de atención de rutina y los pacientes están dispuestos a pagar por una resolución significativa de sus síntomas.

\$900

monto anual gastado por el paciente para productos de incontinencia para adultos cada año*



*The "Costs" of Urinary Incontinence for Women. Leslee L. Subak et al., Obstet Gynecol. 2006 Apr; 107(4): 908–916.; **[The Future is Adult Incontinence](#)

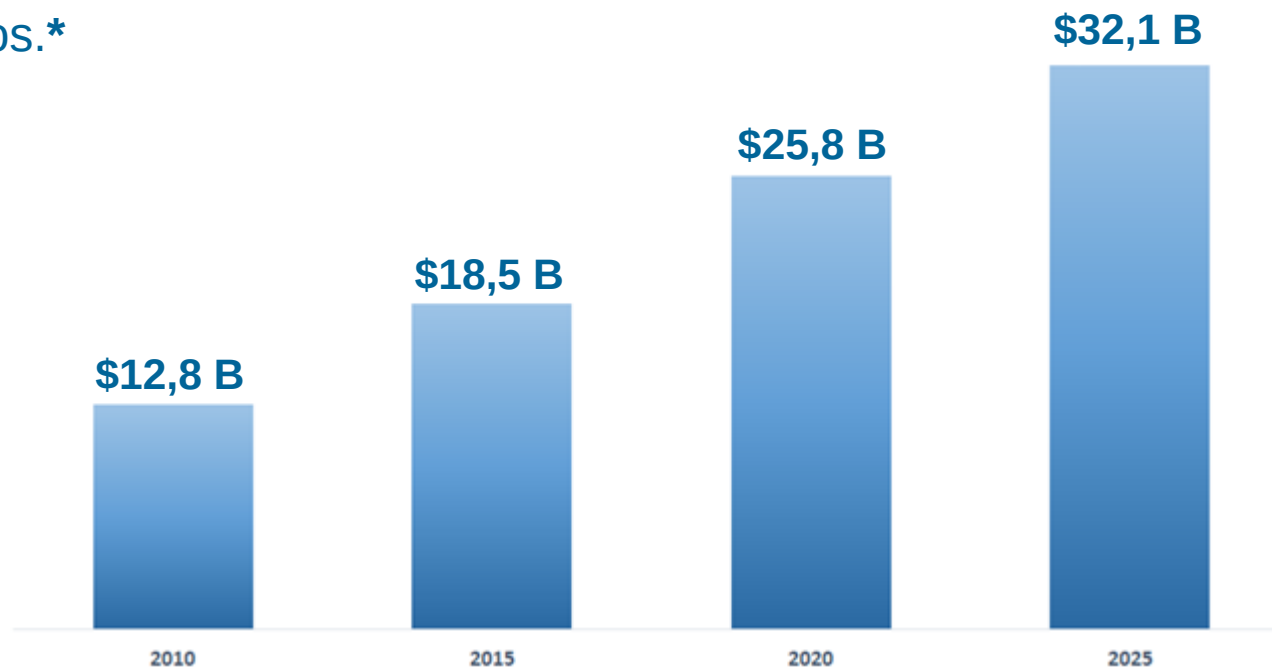


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EL CRECIMIENTO DEL MERCADO DE LA INCONTINENCIA

La incontinencia es la categoría de más rápido crecimiento en el mercado de la salud íntima. Se gastan miles de millones de dólares en productos para la incontinencia para adultos.*



Entre los principales impulsores del crecimiento se encuentran el envejecimiento de la población y una mayor conciencia relacionada con niveles de vida más altos.

*Datos en archivo; **[The Future is Adult Incontinence](#)



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EL CRECIMIENTO DE LA SALUD INTIMA

- **25-63%** es la prevalencia mundial de **disfunción sexual femenina***
- El mercado global de bienestar sexual representó **\$39.42 mil millones** en 2017 y se espera que crezca a un **13,4% para alcanzar los \$ 122,96 mil millones en 2026****
- **En 2017 el rejuvenecimiento vaginal** mostró el mayor aumento de procedimientos desde 2016, con un **aumento del 23%*****



*Frank et. al. N Engl J Med 1978; Rosen et. al. JSex Marital Ther 1993; Spector et. al. Arch Sex Behav 1990;

** Sexual Wellness Global Market; ***ISAPS GLOBAL SURVEY 2017 American Society of Plastic Surgeons



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EMSELLA[®] INCONTINENCIA



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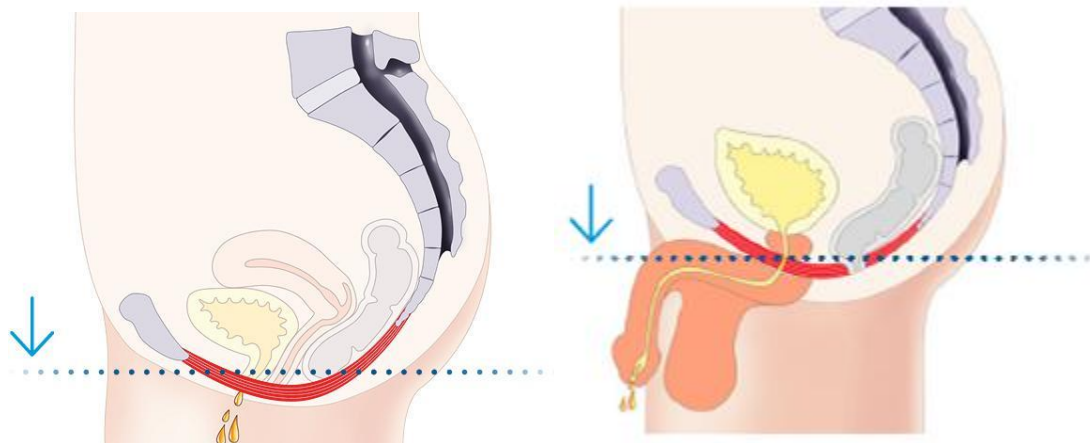
CONOZCA AL PACIENTE

Las mujeres en el posparto o posmenopáusicas representan la mayor población de **pacientes femeninas**.

Los hombres y hombres ancianos representan la mayor población de **pacientes masculinos**.

La incontinencia urinaria (IU) es una fuga involuntaria de orina causada por:

- Parto vaginal
- Envejecimiento
- Menopausia
- Nervios dañados
- Agrandamiento de la próstata
- Otro



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TIPOS DE INCONTINENCIA URINARIA

DISTINGUIR ENTRE:

- **La incontinencia urinaria de esfuerzo** se asocia a actividades que incrementan la presión intraabdominal (p. ej., tos, estornudo o risa).
- **La incontinencia de urgencia** implica una pérdida de orina involuntaria cuando la persona tiene una necesidad fuerte y repentina de orinar.
- **La incontinencia urinaria combinada** incluye síntomas de la incontinencia de esfuerzo y de la de urgencia.



PROBLEMAS DE LA INCONTINENCIA

INCONTINENCIA	Síntomas	Pacientes objetivo	Necesidades objetivo
Incontinencia urinaria de esfuerzo	Pérdida de orina al toser, estornudar o realizar actividad física	Principalmente mujeres posparto, hombres después de la prostatectomía	Calidad de vida, Confianza en sí misma/mismo
Incontinencia urinaria de urgencia	Pérdida de orina al percibir una necesidad fuerte y repentina de orinar	Mujeres y hombres de todas las edades	
Incontinencia urinaria combinada	Combinación de la incontinencia urinaria de esfuerzo y urgencia	Principalmente mujeres posmenopáusicas, hombres ancianos	

- Según NAFC - Incontinencia urinaria de estrés, la forma más prevalente de incontinencia entre las mujeres, afecta a un estimado de 15 millones de mujeres adultas en los Estados Unidos.
- Según GFI* – La mayoría de las mujeres sufren de SUI, la mayoría de los hombres sufren de incontinencia OAB/Urge

*GFI –Global Forum On Incontinence

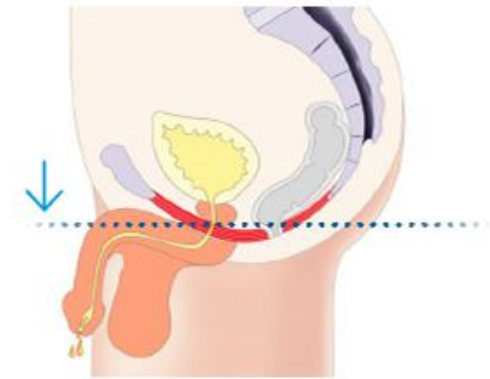
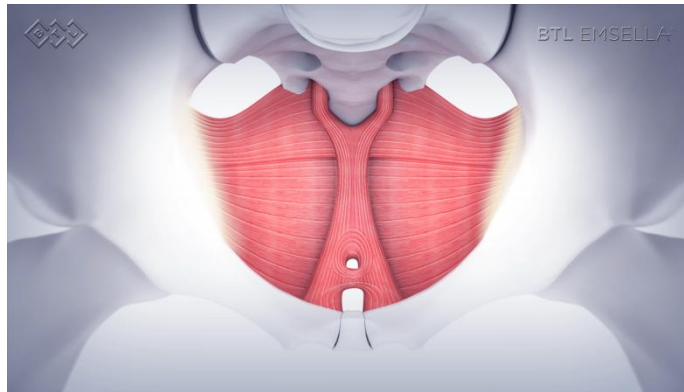
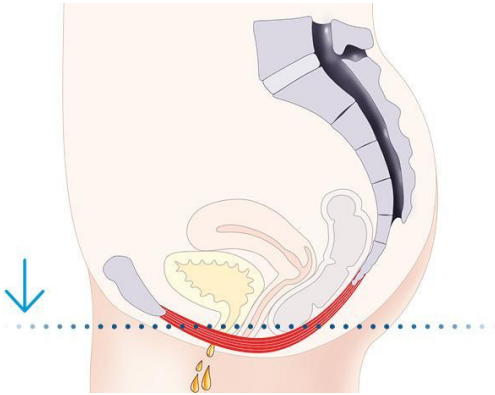


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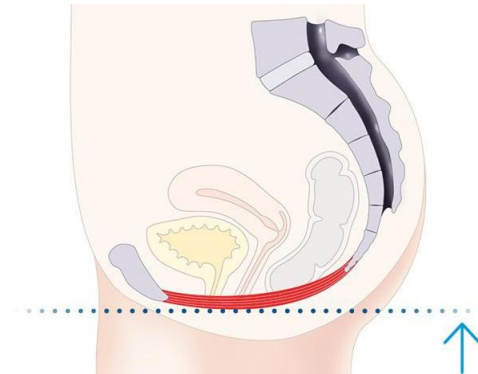
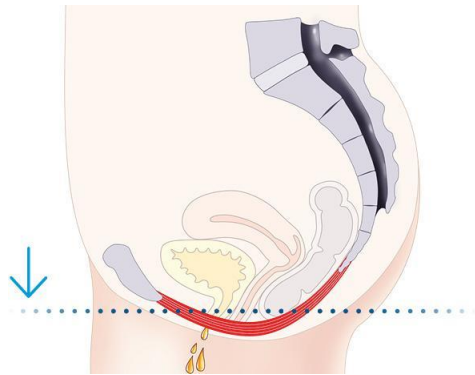
EL ROL DE LOS MÚSCULOS DEL SUELO PÉLVICO EN LA INCONTINENCIA

- Los músculos del suelo pélvico están formados por varios grupos de músculos.
- Estos músculos forman un soporte similar a un cabestrillo para los órganos pélvicos inferiores.
- Los músculos del suelo pélvico son responsables del control de la continencia.



EL ROL DE LOS MÚSCULOS DEL SUELO PÉLVICO EN LA INCONTINENCIA

CAUSAS Y CONSECUENCIAS



El envejecimiento corporal, el parto y la menopausia contribuyen al desacondicionamiento de los músculos del suelo pélvico y al **desarrollo de incontinencia.**

El tratamiento eficaz de la incontinencia requiere el fortalecimiento y la **reeducción de los músculos del suelo pélvico.**



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CONOCE AL PACIENTE

Mujeres post-parto y post- menopausia
representan **la mayor población de pacientes.**

Esto puede graduarse en el desarrollo de
disfunción sexual femenina (DSF)

**La incomodidad íntima, la disminución de la
satisfacción íntima pueden resultar de:**

- Envejecimiento
- Incontinencia
- Parto vaginal
- Menopausia



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TIPOS DE DSF

DSF está dividida en:

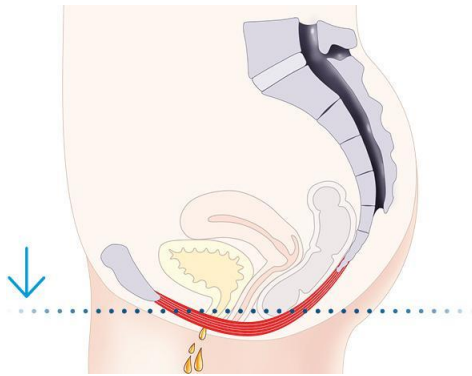
- **El trastorno del deseo** es el miedo y/o aversión persistente o recurrente al contacto sexual.
- **El trastorno de excitación** es la incapacidad persistente o recurrente de excitarse sexualmente, a menudo caracterizada por una lubricación vaginal inadecuada para la penetración.
- **El trastorno de dolor sexual** se asocia con dolor durante las relaciones sexuales.
- **El trastorno del orgasmo** es la incapacidad persistente o recurrente para llegar al orgasmo.



MÚSCULOS DEL SUELO PELVICO Y DSF

CAUSAS Y CONSECUENCIAS

Aparte del soporte de los órganos del suelo pélvico, el control de la continencia, los músculos del suelo pélvico juegan un papel crucial en la excitación genital adecuada y en el logro del orgasmo.



Su debilidad o desacondicionamiento proporcionan una actividad insuficiente necesaria para la fricción vaginal o el flujo sanguíneo y, por lo tanto, inhiben el potencial orgásmico.



El tratamiento eficaz requiere reeducación de los músculos del suelo pélvico.

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MECANISMO DE ACCIÓN

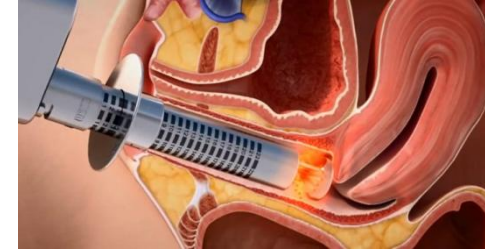
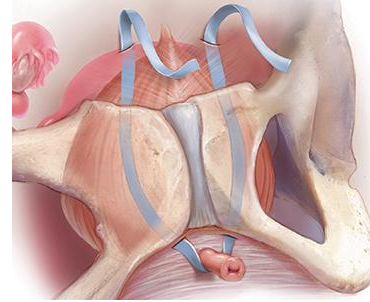


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OPCIONES DE TRATAMIENTO

- Cambios de comportamiento
- Los ejercicios de Kegel
- Biofeedback/PT
- Estimulación eléctrica transvaginal
- Tratamientos con láser y RF para la IUE
- Cirugía
- **EMSELLA**



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EMSELLA MECANISMO DE ACCIÓN

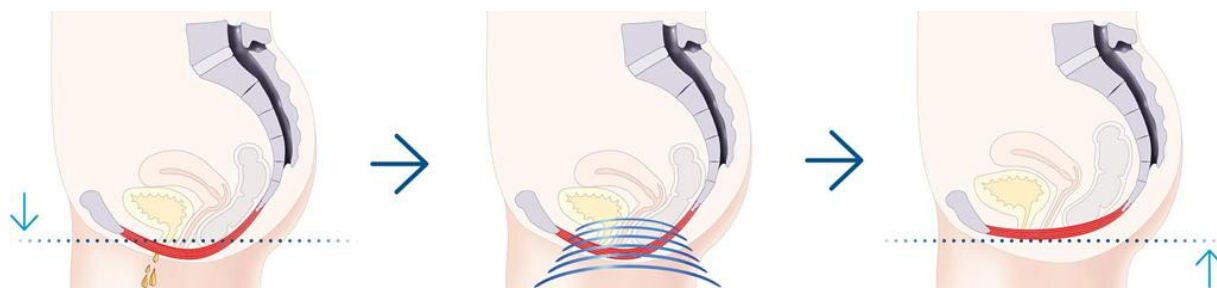


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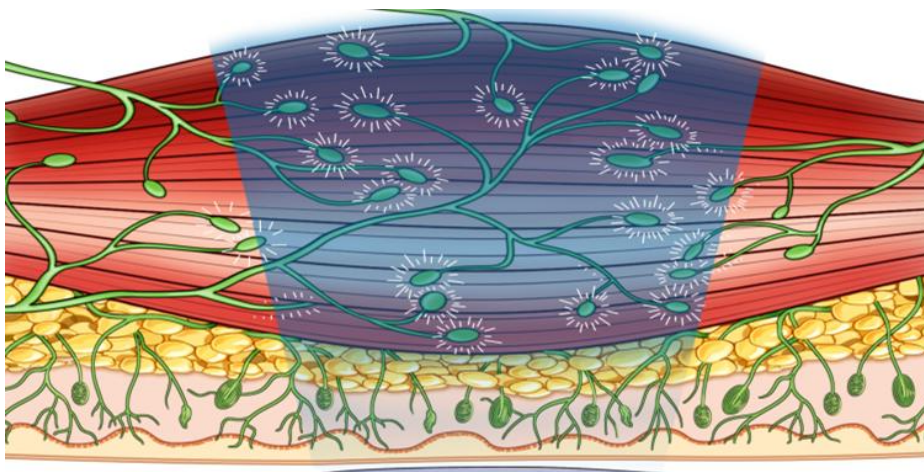
EMSELLA MECANISMO DE ACCIÓN

- BTL Emsella utiliza la tecnología electromagnética focalizada de alta intensidad (HIFEM) para estimular en profundidad los músculos del suelo pélvico.
- Su eficacia está basada en la energía electromagnética focalizada, la penetración profunda y la estimulación de la zona del suelo pélvico al completo.
- Una única sesión provoca miles de contracciones supramáximas de los músculos del suelo pélvico, lo que es muy importante para la reeducación muscular de las pacientes con incontinencia.

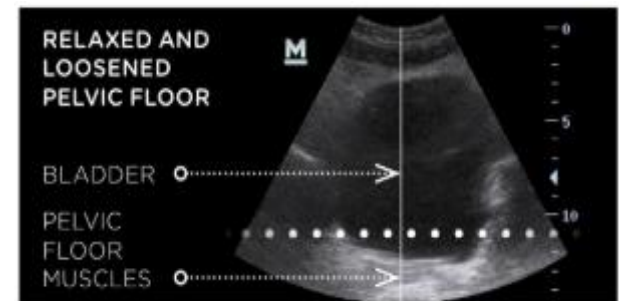


EMSELLA MECANISMO DE ACCIÓN

- El procedimiento HIFEM desencadena contracciones intensas de los músculos del piso pélvico (MSP) al dirigirse al tejido neuromuscular e inducir corrientes eléctricas
- Las corrientes eléctricas despolarizan las neuronas dando como resultado contracciones concéntricas y levantan todos los MSP



ANTES



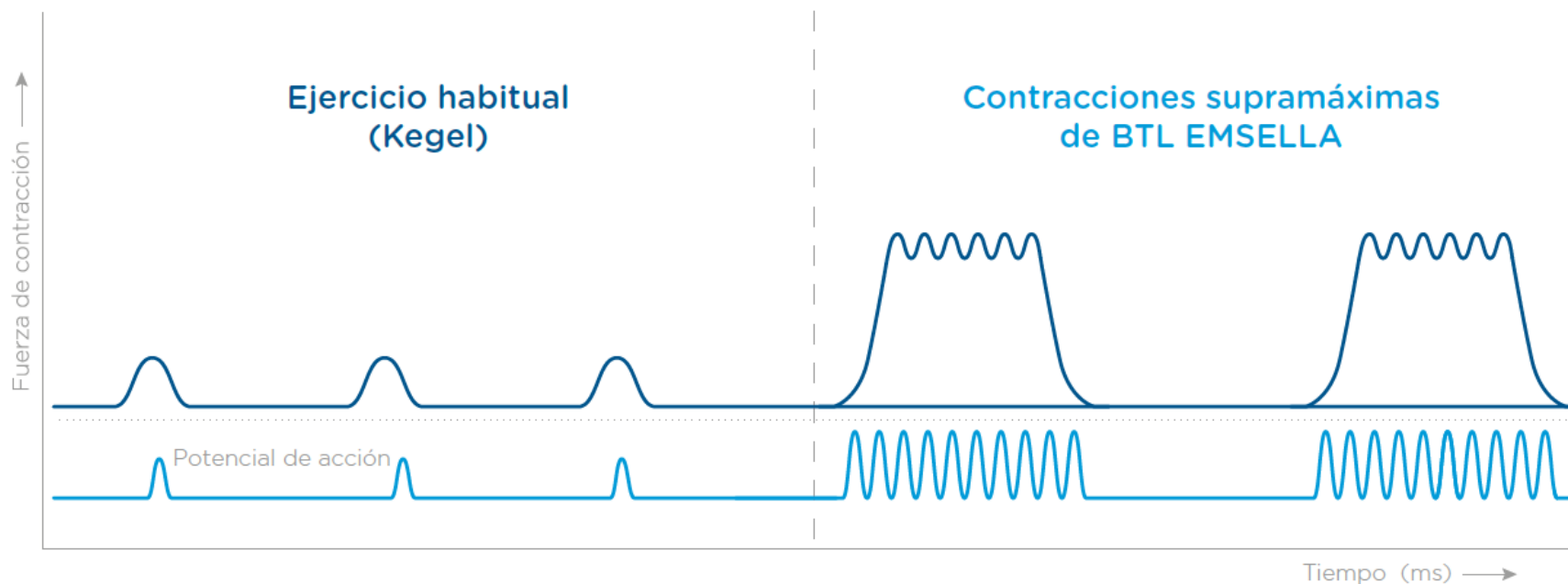
DESPUES



Inducir un crecimiento más eficiente de las miofibrillas: hipertrofia de las fibras musculares,

La creación de nuevas hebras de proteínas y fibras musculares - hiperplasia de fibras musculares

EMSELLA MECANISMO DE ACCIÓN



La contracción voluntaria máxima (MVC) es la cantidad de tensión máxima que puede desarrollar y mantener fisiológicamente el músculo, habitualmente solo durante una fracción de segundo.

Las contracciones supramáximas son contracciones con una tensión mayor que la CVM. La tecnología HIFEM crea contracciones supramáximas en los MSP y las mantiene durante varios segundos.



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EMSELLA® ANTECEDENTES CIENTÍFICOS

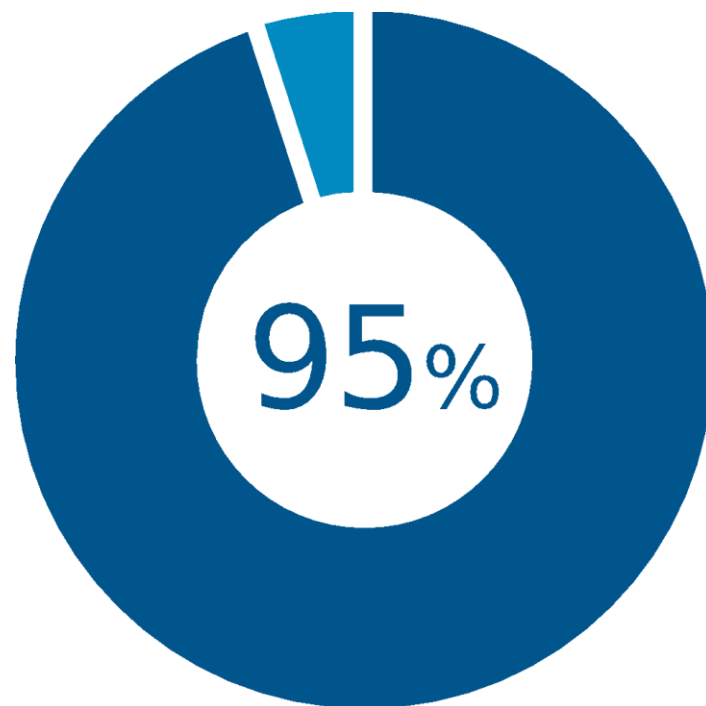


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RESULTADOS DE EVIDENCIA CLÍNICA

- **8 estudios clínicos completados**
- **Más estudios clínicos en el proceso**
- **Más de 500 pacientes del estudio**
- **Resultados probados en todos los tipos de incontinencia urinaria**
- **95% de satisfacción** y mejora significativa en la calidad de vida de los pacientes
- **65 %** - mejora promedio de los síntomas de la IU



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PILOT STUDY: HIFEM® TECHNOLOGY FOR THE TREATMENT OF URINARY INCONTINENCE

HIFEM technology can improve quality of life of incontinent patients

Joseph Berenholz, MD, Michigan, USA

Tracey Sims, MD; George Botros, MD, Liverpool, UK

PUNTOS A DESTACAR:

- **95%** de los pacientes tratados mejoraron su calidad de vida
- **67%** de los pacientes tratados eliminaron por completo o disminuyeron el uso de toallas higiénicas
- Los resultados se mantuvieron durante el seguimiento de 6 meses.

HIFEM™ TECHNOLOGY CAN IMPROVE QUALITY OF LIFE OF INCONTINENT PATIENTS

Berenholz J., MD¹, Sims T., MD², Botros G., MD²

Affiliations:

¹The Laser Vaginal Rejuvenation Institute Of Michigan Farmington Hills, MI, USA

²The Medical Laser and Aesthetics Group, Wirral, United Kingdom

Background:

Urinary incontinence (UI) represents one of the most prevalent female intimate health issues negatively affecting a patients' quality of life (QoL). Current treatment options require a combination of pelvic floor muscles exercising and intravaginal electrostimulation or drug treatment with side effects. Women seek non-invasive and efficacious solutions for UI.

Aim:

The aim was to investigate the effect of High-Intensity Focused Electromagnetic technology (HIFEM) on QoL of incontinent patients.

Methods:

30 women (mean age 53.05 years) with stress, urge and mixed type of UI took part in the pilot study. They attended 6 therapies scheduled 2x a week. QoL was assessed through King's Health Questionnaire (KHQ). The number of used hygienic pads and patients' subjective feedback were recorded. Data was collected pre-, post-treatment, during 3- and 6-month follow-ups. KHQ scores were statistically evaluated through t-test (p<0.05). Number of used hygienic pads and patients' subjective feedback were evaluated through frequency of occurrence.

Results:

After 6 treatments, 95 % of treated patients improved their QoL according to the scores of the KHQ. These results were maintained during the 3- and 6-month follow-ups. 67 % of the treated patients reduced or totally eliminated the use of hygienic pads in day-to-day life. 100 % of patients reported better awareness of the pelvic floor muscles.

Conclusion:

Results suggest that the tested device significantly improves the QoL of incontinent patients.

Keywords:

urinary incontinence, hygienic pads, King's Health Questionnaire, Quality of Life, HIFEM technology, FDA

1. INTRODUCTION

1.1. Definition of the problem
Urinary incontinence (UI) is involuntary loss of urine, which objectively and subjectively represents a social, psychological and hygienic problem. It is estimated that 1 in every 4 women aged between 30 and 59 years has experienced a problem with urinary leakage. Estimation of worldwide UI prevalence is around 40 % of the female population. However, a vast majority of the patients is reluctant to discuss this intimate issue with their medical doctors. National Association for Incontinence (NAFC) reports that 4.5 out of 10 patients do not seek help. (1, 11)

1.2. Types of urinary incontinence

UI can be divided into 3 types according to its etiology. Clinical symptoms of stress urinary incontinence (SUI) usually involve involuntary leakage of urine when events with increased intra-abdominal pressure are performed (e.g. coughing, sneezing, laughing and lifting). The cause of SUI is due to a loss of support of urethra and deconditioned pelvic floor musculature (PFM), which is usually a consequence of damage to the pelvic support structures. SUI is strongly associated with vaginal childbirth and menopausal hormonal changes (1). The second UI type is associated with a strong desire to void and pathological contractions of the bladder, so-called urge incontinence. Urge incontinence is a neuromuscular dysfunction commonly treated with pharmacotherapy. Urge incontinence is usually a symptom of an underlying problem (e.g. diabetes mellitus). The third UI type is mixed urinary incontinence (MUI) and involves a combination of the SUI and urge incontinence symptoms (1).



STRESS URINARY INCONTINENCE STUDY: 6-MONTH FOLLOW-UP

HIFEM® technology – a new perspective in treatment of stress urinary incontinence

Red Alinsod, MD, Laguna Beach, California

Vasil Vasilev, MD, Sofia, Bulgaria

38th ASLMS Annual Conference on “Energy-based Medicine and Science”, 2018

PUNTOS A DESTACAR:

- **El 93%** de los pacientes tratados informaron una disminución del impacto negativo de la incontinencia en la calidad de vida.
- **El 71%** de los pacientes disminuyó significativamente el uso de toallas higiénicas.
- Los resultados se mantuvieron durante el seguimiento de 6 meses.

HIFEM® TECHNOLOGY – A NEW PERSPECTIVE IN TREATMENT OF STRESS URINARY INCONTINENCE

Alinsod R.¹, Vasilev V.², Yanev K.³, Buzhov B.³, Stoilov M.², Yanev K.³, Georgiev M.³

¹South Coast Urogynecology, Laguna Beach, California

²Urology Cabinet 'Dr. Vasilev', Sofia, Bulgaria

³Department of Urology, Aleksandrovska University Hospital, Sofia, Bulgaria

Presented at 38th American Society for Laser Medicine and Surgery Annual Conference on “Energy-based Medicine and Science”, April 11-15, 2018

ABSTRACT

Background:

Stress urinary incontinence (SUI) is a prevalent condition among women and negatively affects their quality of life (QoL). The aim of the study was to assess the effect of High-Intensity Focused Electromagnetic (HIFEM) technology in the treatment of SUI.

Study Design/Materials and Method:

30 women from two clinics (United States, Bulgaria) with SUI were delivered a treatment course with HIFEM technology. Patients attended 6 therapies scheduled 2x a week. QoL was assessed through King's Health Questionnaire (KHQ). Data was collected pre-, post-treatment, at 3- and 6-month follow-up visits. All patients reported the number of used hygienic pads. Scores of questionnaires were calculated and statistically evaluated through t-test (p<0.001). Number of used hygienic pads was calculated as average.

Results:

Course of the treatment with the HIFEM technology significantly improved QoL of all women. This was demonstrated as 77% level of improvement in incontinence impact according to the KHQ scores during 6-month follow-up. 95% of patients decreased the use of hygienic pads to 2.0 pads per day and night post-treatment. 71% of patients significantly decreased the use of hygienic pads to 1.33 pad per day and night during 6-month follow-up.

Conclusion:

Results suggest that HIFEM technology is an efficacious therapy for treatment of SUI.

1. INTRODUCTION

1.1. Medical background of stress urinary incontinence

Urinary incontinence (UI) is a prevalent condition manifested as involuntary urine leakage and represents a hygienic and a social problem. UI may be classified as stress, urge or mixed type. The stress urinary incontinence (SUI) is usually caused by stress applied over the pelvic floor muscles and bladder, where in the common case this stress is led by coughing, sneezing, laughing or physical activities. In women, the reasons for SUI include events such as condition after childbirth, hormonal changes in menopause, physical inactivity, obesity, aging or pelvic organ prolapse (cystocele, rectocele, uterine prolapse). Further concomitant effects in sexually active women, such as decreased gratification during intercourse and other related dysfunctions, could also be present. In the majority of the cases, patients with SUI, evaluate their QoL as affected in a negative manner due to their condition.

1.2. Current treatment methods for SUI

Therapeutic approaches for SUI depend on the underlying causes of the problem and involve medications, pelvic floor muscles exercising and re-education or surgical interventions.

1.2.1. Drug treatment

The most used drugs for SUI are Alpha-adrenergic agonists, anticholinergic and antispasmodic agents. However, their effectiveness is not always certain and wide range of side-effects are present.



QUANTIFICATION OF HIFEM® EFFECTS ON URINARY INCONTINENCE

HIFEM technology – the non-invasive treatment of urinary incontinence

Julene Samuels, MD, Louisville, KY;
Nathan Guerette, MD, Richmond, VA
38th ASLMS Annual Conference on “Energy-based Medicine and Science”, 2018

PUNTOS A DESTACAR:

- **La calidad de vida mejoró** en todos los pacientes según el Cuestionario de salud de King.
- **60%** de mejora en ambas partes de KHQ
- Los resultados se mantuvieron durante el seguimiento de 6 meses.

HIFEM TECHNOLOGY – THE NON-INVASIVE TREATMENT OF URINARY INCONTINENCE

Samuels J., MD¹ and Guerette N., MD²

¹Julene B. Samuels, MD, FACS, Louisville, KY

²The Female Pelvic Medicine Institute of Virginia, Richmond, VA

Presented at 38th American Society for Laser Medicine and Surgery Annual Conference on “Energy-based Medicine and Science”, April 11-15, 2018

Background:

Urinary incontinence (UI) has a prevalence of 30-40% in post-partum and menopausal women. Women may be reluctant to discuss UI with their healthcare providers as well as the degree to which it may negatively impact their quality of life (QoL) for numerous reasons including embarrassment and fear associated with treatment options. Women consistently express the preferred desire to address UI in a non-surgical and discreet manner. This study sought to report on results of a novel non-surgical treatment that may provide an affordable and discrete solution to this common problem.

Study Design/Materials and Method:

This is a retrospective two-site study investigating the effectiveness of the treatment using quantified data, as well as the impact on QoL of incontinent women using a High-Intensity Focused Electromagnetic Technology (HIFEM) device.

20 women, 45 to 77 years (58.63±SD=9.86) who presented with urinary incontinence including stress, urge and mixed UI, were included in a pilot study. All patients completed a total of 6 treatments performed twice weekly for 3 consecutive weeks. Twenty patients completed King's Health Questionnaire (KHQ) pre- and post-treatment. The same data was collected during 3 and 6-month follow-up as well. Additionally, patients reported the frequency of urinary leakage episodes and pad usage. Scores of the KHQ were calculated and statistically evaluated through t-test (p<0.05). The frequency of urinary leakage episodes and number of used hygienic pads were calculated through frequency of occurrence.

Results:

Treatment with the HIFEM technology significantly improved QoL scores in all patients. There was a 60% improvement

in both parts of the KHQ which were maintained through the 6-month follow-up (p<0.05). Nearly 75% of patients significantly decreased urinary leakage or achieved total dryness and maintained these results through follow-up. Pre-treatment, 16 patients used on average 2 hygienic pads per 24 hour period. During 3-month follow-up, 6 patients used 0.6 pads, 10 patients were completely dry. Twenty patients completed the 6-month follow-up, with eleven patients completely dry and 5 patients used 0.5 pads per 24 hour period. The vast majority of the patients decreased usage of hygienic pads to a minimum or totally eliminated usage.

Conclusion:

Results suggest that HIFEM technology significantly improves the QoL and reduces UI in post-partum and menopausal female patients who present with all types of UI. This study confirms that further investigation is warranted.

1. INTRODUCTION

1.1. Prevalence of urinary incontinence

Urinary incontinence (UI) is defined as an involuntary loss of urine affecting mainly the female population. It is estimated that prevalence in young women is 20-30%, in mid-aged women 30-40%, whereas in elderly women prevalence rises to 50%.

1.2. Cause and consequence of urinary incontinence

The pelvic floor muscles (PFM) support pelvic organs and help control continence. Due to physiological changes such as body aging, childbirth or hormonal changes, PFM decondition and do not provide sufficient support for pelvic organs and continence control. This leads to PFM dysfunction with direct consequence toward incontinence.



MULTICENTRIC STUDY: IMPROVEMENT IN URINARY INCONTINENCE AND QUALITY OF LIFE

Safety and efficacy of a non-invasive high-intensity focused electromagnetic field (HIFEM®) device for treatment of urinary incontinence and enhancement of quality of life

Samuels J. MD, Louisville, KY &
Pezzella A. MD, Columbia, SC et al.
Published in LSM journal 7/2019

PUNTOS A DESTACAR:

- **65 %** de mejora promedio en la puntuación ICIQ-UI SF a los 3 meses de seguimiento
- **21 (34.43 %)** pacientes se curaron completamente de los síntomas de la IU
- La mayoría de los pacientes disminuyó el uso de toallas higiénicas y el **44%** las eliminó

Lasers in Surgery and Medicine

Safety and Efficacy of a Non-Invasive High-Intensity Focused Electromagnetic Field (HIFEM) Device for Treatment of Urinary Incontinence and Enhancement of Quality of Life

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⁴South Coast Urogynecology, 31863 Coast Hwy #203, Laguna Beach, CA, 92651

Background and Objectives: Urinary incontinence is a common and distressing condition which interferes with everyday life. Patients frequently experience discomfort related to urine leakage and the subsequent need to use absorbent pads. Since the continence mechanism is primarily maintained by a proper function of pelvic floor muscles (PFM), many treatment methods focused on strengthening of the PFM have been introduced in the past. The aim of this study was to evaluate the safety and efficacy of a high-intensity focused electromagnetic technology (HIFEM) for treatment of urinary incontinence with emphasis on effects on prospective patients' quality of life.

Study Design, Materials and Methods: The study followed an institutional review board approved protocol. A total of 75 women (56.45 ± 12.80 years, 1.85 ± 1.28 deliveries) who showed symptoms of stress, urge, or mixed urinary incontinence were enrolled. They received six HIFEM treatments (2 per week) in duration of 28 minutes. Outcomes were evaluated after the sixth treatment and at the 3-month follow-up. The primary outcome was to assess changes in urinary incontinence by the International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) and changes in the number of absorbent pads used per day. The secondary outcome was subjective evaluation of the therapy and self-reported changes in quality of life. The statistical analysis was conducted by paired *T*-test and Pearson correlation coefficient ($\alpha = 0.05$).

Results: After the sixth session, 61 out of 75 patients (81.33%) reported significant reduction of their symptoms. The average improvement of 49.55% in ICIQ-SF score was observed after the sixth treatment, which further increased to 64.42% at the follow-up (both $P < 0.001$). Individually, the highest level of improvement was reached in patients suffering from mixed urinary incontinence (69.90%). The reduction of absorbent pads averaged 43.80% after the sixth treatment and 53.68% at 3 months (both $P < 0.001$), while almost 70% of patients (50 out of 42) reported decreased number of used pads. At the follow-up, a highly significant

medium correlation ($r = 0.53$, $P < 0.001$) was found between the ICIQ-SF score improvement and the reduction in pad usage. A substantial decrease in the frequency of urine leakage triggers was documented. Patients reported no pain, downtime or adverse events, and also reported additional beneficial effects of the therapy such as increased sexual desire and better urination control.

Conclusions: This study demonstrated that HIFEM technology is able to safely and effectively treat a wide range of patients suffering from urinary incontinence. After six treatments, an improvement in ICIQ-SF score and reduction in absorbent pads usage was observed. Based on subjective evaluation, these changes positively influenced quality of life. *Lasers Surg. Med.*

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Key words: HIFEM; pelvic floor muscles; urinary incontinence

INTRODUCTION

Urinary incontinence (UI), defined as involuntary loss of urine [1], is a chronic condition which may negatively affect quality of life (QOL). On the basis of its etiology and

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Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and have no conflicts to report.

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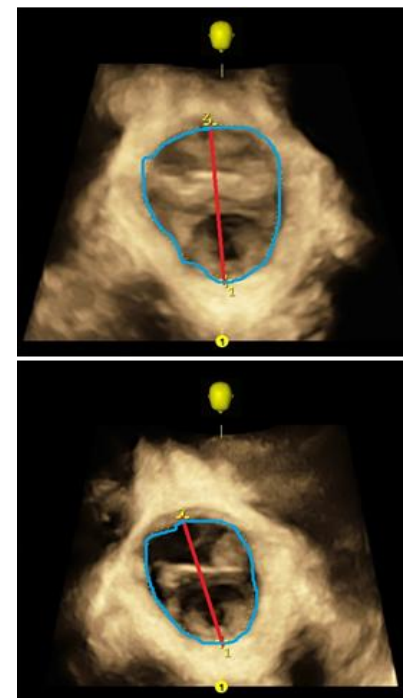
COMPARISON OF HIFEM® AND ELECTROSTIMULATION FOR PELVIC FLOOR MUSCLE WEAKNESS AND UI

A Comparative Study on the Effects of HIFEM Technology and Electrostimulation for the Treatment of Pelvic Floor Muscles and Urinary Incontinence in Parous Women: Analysis of post-treatment data

Elena Silantjeva, MD et al.,
Hospital Lapino; Moscow, RU & Charles University Prague, CZ
Published in FPMRS journal 1/2020 (official AUGS journal)

PUNTOS A DESTACAR:

- El grupo HIFEM logró un **nivel de mejora 3 veces mayor** en el cuestionario PFDI-20.
- Después de HIFEM, los sujetos informaron **2 veces mejores** resultados en una evaluación subjetiva.
- Se observó una disminución en el número de pérdidas de orina en el grupo HIFEM.



El examen de ultrasonido 3D reveló cambios significativos en el grupo HIFEM en comparación con el SME.



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HIFEM® VERSUS ELECTROSTIMULATION IN WOMEN WITH PELVIC FLOOR DYSFUNCTION

Electromyographic evaluation of the pelvic muscles activity after High intensity focused electromagnetic procedure and electrical Stimulation in women with pelvic floor dysfunction

Elena Silantjeva, MD et al.,
Hospital Lapino; Moscow, RU & Charles University Prague, CZ
Published in Sexual Medicine journal 4/2020

PUNTOS A DESTACAR:

EMG:

- HIFEM fue sustancialmente más eficaz en la restauración de la fuerza y la resistencia muscular
- El nivel de mejora fue del 48-59% después de HIFEM en comparación con el 7-36% después de la electroestimulación.

PFIQ-7:

- El grupo HIFEM mostró una mejora significativamente más pronunciada (57%) en comparación con la electroestimulación (32%)
- La PFD se resolvió en el 36% de los pacientes con HIFEM (puntuación cero de PFIQ)

ARTICLE IN PRESS

SEXUAL MEDICINE

ORIGINAL RESEARCH

Electromyographic Evaluation of the Pelvic Muscles Activity After High-Intensity Focused Electromagnetic Procedure and Electrical Stimulation in Women With Pelvic Floor Dysfunction

Silantjeva Elena, MD, PhD,¹ Zarkovic Dragana, MSc,² Soldatskaia Ramina, MD,³ Astafeva Evgenia, MD,⁴ and Mekan Orazov, MD, PhD⁵

ABSTRACT

Introduction: Impaired coordination, relaxation, and atrophy of pelvic floor muscles (PFMs) may cause various health issues referred to as pelvic floor dysfunction (PFD). In recent years, electromagnetic noninvasive stimulation of the pelvic floor was successfully used to treat PFD symptoms.

Aim: This study aims to compare the effectiveness of electrical and magnetic noninvasive stimulation for the treatment of PFD in postpartum women.

Methods: 2 intervention groups treated with high-intensity focused electromagnetic (HIFEM); G1) procedure and electrical stimulation (G2) were established along with the control group (G3). Patients received 10 therapies delivered at the hospital (G1; 2–3 times per week) or self-administered at home (G2; every other day) after initial training. The protocol was identical for both modalities. Functionality of the PFM was examined by surface electromyography measurements (maximal voluntary contraction (MVC), mean MVC, muscle activity at rest, endurance of contraction) while patient's subjective perception of pelvic floor functionality was assessed by Pelvic Floor Impact Questionnaire–Short Form 7 (PFIQ-7) standardized questionnaire. Changes in electromyography values and PFIQ-7 scores were statistically evaluated from baseline to after all treatments.

Main Outcome Measure: The main outcome measure was enhancement of PFM activity.

Results: In total, 95 patients (G1 = 50; G2 = 25; G3 = 20) participated in the study. The MVC, mean MVC, and endurance were lowered in symptomatic patients. After the treatments, these parameters significantly increased ($P < .001$) and moved toward the values of healthy population. Electromyogram at relaxation revealed divergent tendencies in the G1 and G2 groups. PFIQ-7 scores significantly improved in treated patients ($P < .001$). In general, superior results were documented in the HIFEM group as it reached improvement of electromyography parameters from 48% to 59% (electrical stimulation from 7% to 36%) and similarly the improvement of PFIQ-7 score by 57% (electrical stimulation by 32%).

Conclusion: This study documented that the HIFEM procedure was significantly more effective than electrical stimulation in treatment of PFD in postpartum women. Both the objective and subjective evaluation indicates more profound effects of magnetic stimulation. **Elena S. Dragana Z. Ramina S. et al. Electromyographic Evaluation of the Pelvic Muscles Activity After High-Intensity Focused Electromagnetic Procedure and Electrical Stimulation in Women With Pelvic Floor Dysfunction. Sex Med 2020;XXX:XXX.**

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Key Words: Electrical Stimulation; Electromyography; HIFEM Procedure; Pelvic Floor Dysfunction; Pelvic Floor Muscles

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<https://doi.org/10.1016/j.sexm.2020.01.006>

Sex Med 2020;■:1–8

INTRODUCTION

Electromyography (EMG) is a method frequently used for examination of electrical activity of muscle tissue. Although this technology is relatively new, it is assumed to be reliable and objective, while causing minimal or no discomfort to patients. Essentially, EMG uses the surface or intramuscular electrodes to record the intensity of signals which propagate in the muscle



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HIFEM® FOR FEMALE SEXUAL DYSFUNCTION

The use of HIFEM technology in the treatment of pelvic floor muscles as a cause of female sexual dysfunction: a multi-center pilot study

Hlavinka T. Ch., MD, San Antonio, USA;
Turčan P., MD, Olomouc, CZ;
Bader A., MD, London, UK

PUNTOS A DESTACAR:

- La puntuación FSFI promedio aumentó en promedio en un 53% después de seis tratamientos.
- La tasa de mejoría se mantuvo durante el seguimiento de 3 meses.
- La mejora más destacada se observó en los dominios de satisfacción sexual (+ 76%), deseo (+ 76%) y orgasmo (+ 60%).
- El procedimiento HIFEM mejoró significativamente la función sexual femenina mediante el fortalecimiento de los músculos del suelo pélvico



Journal of Women's Health Care

Havinka et al., J Women's Health Care 2019, 8:1
DOI: 10.4173/JWHC-0403-190005

Research Article

Open Access

The Use of HIFEM Technology in the Treatment of Pelvic Floor Muscles as a Cause of Female Sexual Dysfunction: A Multi-Center Pilot Study

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Abstract

Introduction: Pelvic Floor Muscles (PFM) supports the pelvic floor organs, control continence and is crucial for adequate genital arousal and attainment of an orgasm. Due to the aging process, post-delivery condition or menopause, the PFM weaken. Therefore, they do not provide sufficient support to pelvic organs, bladder control, and they may negatively affect intimate satisfaction.

Aim: We aimed to investigate the High-Intensity Focused Electromagnetic (HIFEM) technology for strengthening of PFM in women with impaired sexual functioning.

Methods: 30 women (average age 36.41 ± 5.62) with limited arousal, ability to achieve orgasm and painful intercourse participated in the study. Patients underwent 6 treatments (28 minutes each) scheduled twice a week. Standardized Female Sexual Function Index (FSFI) questionnaire was used pre-, post-treatment, and at the 3-month follow-up visit. FSFI scores were statistically evaluated through student's t-test (p<0.05). Subsequently, Pearson correlation coefficient was calculated for sections arousal/lubrication, lubrication/orgasm, orgasm/satisfaction, and pain/discomfort.

Results: The average total FSFI score significantly (p<0.001) increased from 20.06 ± 6.55 to 30.69 ± 7.55 post-treatment and to 30.29 ± 7.37 during the 3-month follow-up. A significant improvement was observed in all FSFI sections. The most significant change at the 3-month follow-up was observed in desire (76%), satisfaction (76%) and orgasm (60%) items. The overall FSFI score was improved in 93% (n=28) of patients post-treatment. All patients (n=30, 100%) showed improvement during the 3-month follow-up.

Conclusion: Our initial experience shows that HIFEM technology is a promising method in addressing women's decreased sexual satisfaction through the strengthening of PFM.

Keywords: HIFEM; FSFI; Sexual dysfunction; Pelvic floor muscles; Myostimulation

Introduction

Healthy sexual function is an essential component of life. Sexual dysfunction can, therefore, have a negative impact on female well-being [1]. Female Sexual Dysfunction (FSD) is age-dependent and highly prevalent in premenopausal and menopausal women. Available studies report on the prevalence of sexual dysfunction in the female population to be ranging between 25% and 63% [2-9]. The incidence in women younger than 25 years was found to be approximately 20% while in women aged 55-74 years the incidence was up to 80% [7].

Pelvic floor and its functioning are closely linked to a healthy female sexual cycle. It is formed by several pelvic muscles which support the pelvic organs and maintain their normal function by keeping these organs in their anatomical position. Pelvic Floor Muscles (PFM) also play an important role in pregnancy/parturition, attainment of orgasm [10-12] and are responsible for adequate genital arousal [13,14]. Firmer muscle tone adds intensity to the muscle contractions during

orgasm and enables a woman to identify, isolate, and command PFM [14].

Any insult to the pelvic floor can potentially lead to deterioration of the female erectile tissues followed with sexual dysfunction [10,15,16]. The main cause for the development of Pelvic Floor Disorder (PFD) occurs when the PFM and connective tissue weaken. Weak or deconditioned muscles may provide insufficient activity necessary for vaginal friction or blood flow, and thus inhibit orgasmic potential [13,14]. Therefore the initial approach for the treatment of PFD and FSD is to start with the strengthening of PFM [11,12,17].

Non-invasive addressing of PFM should be the first treatment option prior to any surgical intervention. A novel approach for non-invasive targeting of PFM is a treatment based on High-Intensity Focused Electromagnetic (HIFEM) technology. The HIFEM technology triggers intense PFM contractions by depolarizing motoneurons and inducing electric currents in the pelvic floor area. The focused electromagnetic energy penetrates into the depth of up to 10 cm into the pelvic floor area where it induces supramaximal and brain-independent contractions at high repetition rates [18,19].



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HIFEM® FOR MALE URINARY INCONTINENCE

Hifem procedure enhances quality of life of elderly men with post-prostatectomy incontinence

Javier Azparren MD, Donostia-San Sebastian, Spain
Judson Brandeis MD, San Ramon, CA, USA

PUNTOS A DESTACAR:

- El procedimiento HIFEM mejoró significativamente la calidad de vida de todos los hombres tratados.
- La mayor mejora se observó en el sueño / energía (-53,3%); emociones (-42,5%); limitaciones sociales (-42,2%); Limitaciones de rol (-31,4%) e impacto de incontinencia (-30,4%).
- El uso promedio de almohadillas se redujo en 1.0 almohadilla / día, dos sujetos informaron que no usaron almohadillas.

HIFEM PROCEDURE ENHANCES QUALITY OF LIFE OF ELDERLY MEN WITH POST-PROSTATECTOMY INCONTINENCE

Javier Azparren MD¹, Judson Brandeis MD²

¹Madina and Azparren Medical Center, Donostia-San Sebastian, Spain
²Male Sexual Medicine and Rejuvenation Center, San Ramon, CA, USA

ABSTRACT

Background: Post-prostatectomy incontinence (PPI) is a common and bothersome side effect of the surgery which may be persistent. Aim of this pilot study is to document the change in quality of life (QoL) of subjects with PPI treated by High-Intensity Focused Electromagnetic (HIFEM) procedure.

Materials and methods: Ten male subjects (72.60±3.90 years) with history of prostatectomy accompanied by persistent PPI were recruited. They received six 28-minute HIFEM treatments spaced two treatments per week. Change in subject's QoL was monitored by using standardized King's Health Questionnaire (KHQ) at the baseline, after the last therapy, at 1 month, and 3 months. The usage of absorbent pads was assessed by 24-hour Pad Usage questionnaire. Data was statistically analyzed and tested for normality ($\alpha=5\%$).

Results: All patients showed improvement of QoL after HIFEM treatments. KHQ score decreased significantly in both parts of questionnaire (30.8 points in Part I, $P=0.002$; 107.5 points in Part II, $P=0.001$) revealing that subjects improved most in the domains: incontinence impact (23.3 points; $P=0.01$), social limitations (21.1 points; $P=0.01$), emotions (18.9 points; $P<0.001$), role limitations (18.3 points; $P=0.03$), and sleep/energy (13.3 points; $P=0.04$). All of the differences in domain scores exceeded the minimally clinically important difference of 5 points. The 1-month and 3-month data showed further improvement in subject's QoL. All ten subjects were using absorbent pads at the baseline. Post-treatment, they reported average reduction

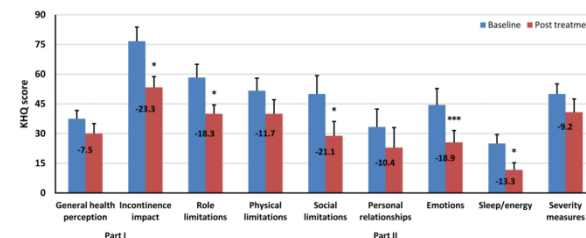
Conclusion: The first use of HIFEM procedure for the treatment of PPI in men showed that HIFEM can significantly improve QoL immediately after the last treatment and this improvement may be sustained. In future research, it is necessary to identify longevity of achieved outcomes.

INTRODUCTION

Surgical removal of prostate referred as radical prostatectomy is one of the most common therapeutic options for patients with localized prostate cancer¹⁻³. Despite the latest advancements in surgical techniques and therapeutic approaches, still post-prostatectomy incontinence (PPI) is a commonly reported side effect of the operation with prevalence reaching up to 60%⁴. Although patients may recover from PPI in one year post surgery, as much as 65% of them continue to experience incontinence symptoms beyond 12 months^{5,6}.

During surgery the prostatic segment of urethra is being removed with occasional intraoperative damage to intrinsic and striated urethral sphincters along with impairment of detrusor contractility, triggering the PPI^{1,6,7}. Urodynamic examination revealed that vast majority of incontinent men after prostatectomy tend to describe symptoms consistent with stress urinary incontinence (SUI)⁸. There are also several risk factors which increase the subjects predisposition to develop PPI, including pre-existing abnormalities of bladder function, high body mass index, and advancing age^{9,10}.

PPI is a clinically significant and distressing condition. It has a high impact on quality of patient's life (QoL)¹¹, negatively affects mental health and subsequently leads to social isolation¹². Nevertheless, due to the similar etiology



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NÚMERO DE TERAPIA

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POSICIONAMIENTO DEL PACIENTE

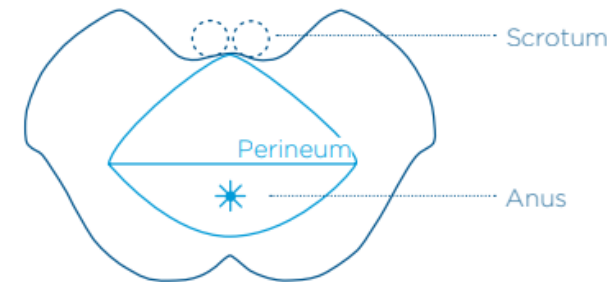
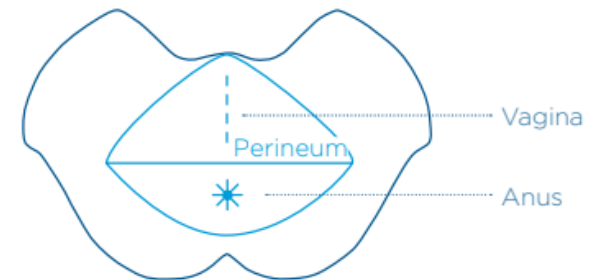


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CURSO DEL TRATAMIENTO

- Deje que el paciente se siente cómodo en el centro de la silla.
- Coloque la silla a una altura que tenga los pies planos sobre el suelo y las rodillas en un ángulo de 90 grados
- Utilice el MODO DE OBJETIVO DE TERAPIA para encontrar la posición correcta
- Haga que el paciente se mueva hacia adelante o hacia atrás hasta que sienta los pulsos y las contracciones entre el perineo y el piso pélvico.
- Si el paciente siente energía en la parte interna de los muslos, separe más las piernas.



CURSO DEL TRATAMIENTO

- Una vez que el paciente esté sentado en la posición correcta, inicie el tratamiento.
- Aumente la intensidad lentamente hasta que el paciente sienta contracciones de los músculos del suelo pélvico.
- El paciente debe sentir contracciones intensas pero nunca dolor.

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PROTOCOLS

PROTOCOLO U1

- Estimulación suave y gradual del suelo pélvico.
- "Hacer ejercicio con pesas ligeras"
- Facilitación muscular, Fortalecimiento muscular, Relajación muscular
- Posibles candidatos: Pacientes con síntomas de SUI, UUI, MUI, piso pélvico débil, rehabilitación postoperatoria o rehabilitación posparto

PROTOCOLO U2

- Protocolo intenso para un mayor fortalecimiento del suelo pélvico.
- "Hacer ejercicio con pesos pesados"
- Fortalecimiento muscular, mejora del flujo sanguíneo, relajación muscular
- Posibles candidatos: pacientes sin ningún diagnóstico específico, pacientes que solicitan fortalecimiento del suelo pélvico, pacientes que alcanzaron la "meseta" con el Protocolo U1.



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EMSELLA®

COMO LO VEN LOS **EXPERTOS**



“Colocamos a todos nuestros pacientes con incontinencia de esfuerzo y vejiga hiperactiva en esta silla. Les encantan los tratamientos de 28 minutos. ¡Es tan fácil sentarse completamente vestido en la silla, leer una revista y hacer un entrenamiento pélvico completo como si tuvieras un entrenador del piso pélvico privado a tu lado sin sudar!”

Red Alinsod, M.D.
Alinsod Institute for
Aesthetic Vulvovaginal
Surgery
Laguna Beach, CA



“Nunca he visto nada tan innovador como BTL EMSELLA para el tratamiento de la incontinencia. Después de tratar y observar a 20 mujeres diferentes con urgencia y estrés y formas mixtas de incontinencia, me sorprendió gratamente y me alegró ver el alivio que mis pacientes obtuvieron con esta terapia.”

Joseph Berenholz, M.D.
Michigan Institute of
OB/GYN
Farmington Hills, MI



“Nuestros resultados con Emsella han sido extremadamente impresionantes. La tecnología permite una rehabilitación más completa de la musculatura pélvica que las técnicas de estimulación estándar y trabaja los músculos de una manera suprafisiológica. Según los resultados de nuestra práctica y de mis colegas, esto ha producido una mejora más rápida y significativa con respecto a las opciones comparativas.”

Nathan Guerette, M.D.
The Female Pelvic Medicine
Institute of Virginia
Richmond, VA



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EMSELLA®

INSPIRATE



“Es divertido, seguro, indoloro y no tienes que quitarte la ropa. Pero la mejor parte es que aborda un problema femenino y masculino en cada etapa. Debido a que recibiré miles de ejercicios de Kegel en media hora, no creo que haya hecho tantos ejercicios de Kegel en toda mi vida.”

Rita Rakus, M.D.
UK



“Los resultados han sido realmente gratificantes. Hay muchos pacientes que realmente llaman a esto una experiencia que les cambia la vida. Cuando tratamos a los pacientes con EMSELLA, ya sea que estemos haciendo un tratamiento de RF en conjunto o un tratamiento con láser en conjunto, una de las cosas que más me impresiona como proveedor es cuánto han cambiado sus vidas.”

Julene B. Samuels, M.D.
USA



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EMSELLA® TRATAMIENTOS COMBINADOS



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EMSELLA®

UNA SOLUCIÓN COMPLETA PARA LA SALUD ÍNTIMA

EMSELLA®

Músculos

Para la incontinencia urinaria y la disfunción sexual*

ULTRA FEMME 360™

Tejido conectivo

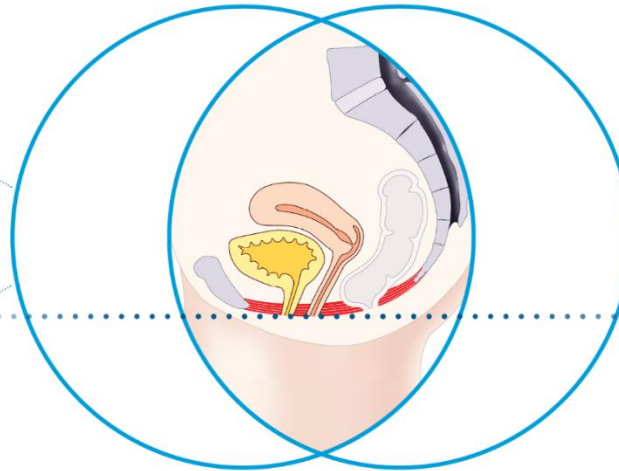
Para laxitud vaginal y rejuvenecimiento íntimo



Restauración del control neuromuscular

Fortalecimiento de los músculos del suelo pélvico

Restauración del colágeno y la elastina



*Female sexual dysfunction



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EMSELLA®

LA TERAPIA CORE TO FLOOR

Una solución completa en el contorno corporal

EMSELLA®

Para el tratamiento de la incontinencia urinaria y la disfunción sexual.



**Músculos del
suelo pélvico**



EMSCULPT®

Para fortalecer los músculos del abdomen y reducir la separación abdominal.



**Músculos
abdominales**

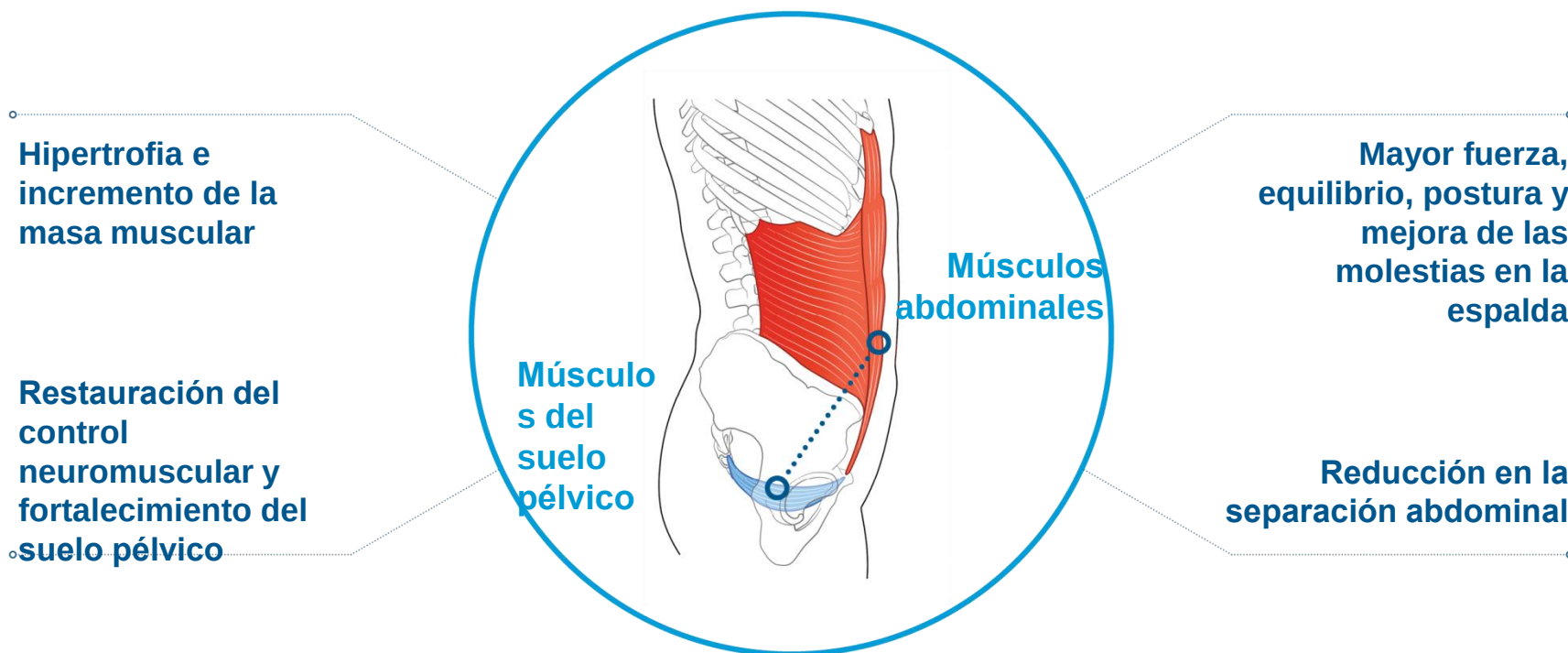


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EMSELLA®

LA TERAPIA CORE TO FLOOR

La terapia **Core to floor** utiliza dos terapias HIFEM para fortalecer, reafirmar y tonificar el abdomen y los músculos del suelo pélvico.



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EMSELLA®

LA TERAPIA CORE TO FLOOR



“There is an added value in combined treatment of Emsculpt and Emsella. It creates stronger abdominal wall muscles and influences the integrity of the pelvic floor. There is a known connection between weak abdominal and weak pelvic floor muscles. There is definitely a benefit in strengthening both areas in regard to the improvement of overall core function. Every single patient can benefit from this.”

Carolyn DeLucia, MD, FACOG

Ob/Gyn - VivaRejuvenation Center, Hillsborough, NJ



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PREGUNTAS FRECUENTES CLÍNICAS



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PREGUNTAS FRECUENTES CLÍNICAS

¿CÓMO PUEDEN BENEFICIARSE LOS PACIENTES DEL PROCEDIMIENTO?

EMSELLA ayuda a los pacientes a recuperar el control de la vejiga, los músculos del suelo pélvico y a eliminar la incontinencia o cualquier tipo de malestar íntimo.

EMSELLA es un procedimiento verdaderamente no invasivo en el que los pacientes permanecen completamente vestidos

¿CÓMO SE COMPARA Emsella CON LOS OTROS PROCEDIMIENTOS QUE EXISTEN?

EMSELLA es el único procedimiento que se dirige a los músculos del piso pélvico y provoca una estimulación profunda del piso pélvico debido al procedimiento HIFEM. Todos los demás procedimientos, como la electroestimulación intravaginal, tienen riesgo de quemaduras y carecen de efecto, ya que la corriente eléctrica trata el tejido solo de manera superficial, sin mencionar la necesidad de insertar la sonda vaginal desechable. En comparación con los ejercicios de Kegel, los pacientes no pueden contraer adecuadamente los músculos del piso pélvico, construir la rutina para hacer los ejercicios de Kegel al menos 3 veces al día y hacerlos en cientos de repeticiones para ver algunos resultados.



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PREGUNTAS FRECUENTES CLÍNICAS

¿QUIÉN ES EL CANDIDATO ADECUADO?

EMSELLA es una gran opción para cualquier persona que desee una solución para la incontinencia urinaria, la recuperación después del parto y la mejora de la calidad de su vida íntima.

¿ES SEGURO?

EMSELLA cuenta con la aprobación de la FDA, la marca médica CE y representa la primera tecnología innovadora que se ha demostrado en múltiples estudios para tratar la incontinencia y las molestias íntimas.

¿PUEDO TRATAR A LOS PACIENTES CON IMPLANTES METÁLICOS AUNQUE SON COMPATIBLES CON MRI?

No, está contraindicado.

¿EL PROCEDIMIENTO HIFEM CALIENTA O QUEMA EL TEJIDO?

No, el procedimiento HIFEM no tiene ningún efecto térmico.



PREGUNTAS FRECUENTES CLÍNICAS

¿CUÁNDO LOS PACIENTES PUEDEN VER LOS RESULTADOS?

Los pacientes observan una mejoría después de una sola sesión. Por lo general, los resultados seguirán mejorando durante las próximas semanas.

¿CUÁNTO TIEMPO DURAN LOS RESULTADOS?

Los estudios EMSELLA muestran que entre el 85 y el 95% de tasa de satisfacción durante 6 meses de seguimiento. El tratamiento de mantenimiento depende de cada paciente y de la gravedad de la incontinencia. Por lo general, los pacientes necesitan un retoque entre 6 y 12 meses después del último tratamiento.

¿CUÁL ES LA DIFERENCIA ENTRE EMSELLA Y OTROS DISPOSITIVOS BASADOS EN ENERGÍA INTRAVAGINAL (LÁSER O RF)?

EMSELLA actúa y fortalece los músculos del suelo pélvico. Gracias a la reeducación muscular, el paciente sabe cómo controlar y activar correctamente los músculos del suelo pélvico. Los LÁSER o la radiofrecuencia intravaginal se dirigen solo a las estructuras de colágeno y elastina. Los tratamientos pueden ser complementarios para potenciar diferentes estructuras y mejorar diferentes aspectos de la salud íntima.



GRACIAS POR SU ATENCIÓN



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