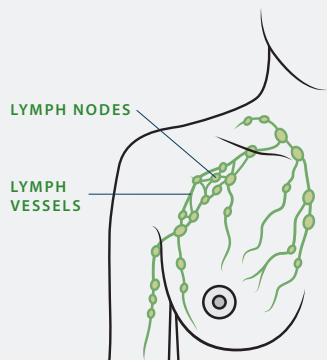


Your guide to lymphedema after breast cancer.



Tactile
MEDICAL®

What is breast cancer-related lymphedema?



Breast cancer treatment often requires removal of lymph nodes and damage to vessels, preventing lymphatic fluid from draining in the affected area. Left untreated this leads to an uncomfortable buildup of fluid in the tissues of the breast, trunk, back, arm or hand.

Of breast cancer survivors, nearly 50% will develop lymphedema in the breast or trunk, while 20–40% will develop swelling in the arm!^{1,2} While there is no cure, there are ways to manage symptoms, enabling you to get back to the life you love.

SIGNS AND SYMPTOMS OF LYMPHEDEMA



Pain, burning, aching or tingling



Swelling in the chest, armpit or back



Hand/finger swelling; tight fitting jewelry/rings

IF YOU ARE EXPERIENCING ANY OF THESE SYMPTOMS, YOU MAY HAVE LYMPHEDEMA

At-home treatment options.

Untreated swelling can cause further damage to your surrounding tissues and lymphatic system. In addition to in-clinic therapy, you can manage symptoms at home in a number of ways, including:

- Exercise
- Skin care
- Elevating the limb
- Compression sleeve or bandage to limit swelling
- Self massage
- Advanced pneumatic compression device (Flexitouch® Plus)

How Flexitouch Plus helps patients with lymphedema.

The Flexitouch Plus system gives breast cancer survivors a convenient way to self-manage their lymphedema symptoms. It works by:

- Applying mild pressure to stimulate the lymphatic function, an automated treatment with comprehensive coverage which closely mimics in-clinic manual lymphatic drainage
- Directing fluid away from damaged areas toward healthy functioning regions of the body
- Providing a comfortable and private at-home solution for daily symptom relief

Flexitouch Plus system with ComfortEase™ garments.



Real clinical outcomes, real patient results.

Patients reported improved health and satisfaction with Flexitouch, and **95%** reported maintained or reduced limb volume.³



REDUCTION IN SWELLING AFTER ONE
FLEXITOUCH TREATMENT



REDUCTION IN SWELLING AFTER
FLEXITOUCH TREATMENTS



The Flexitouch ... helps me manage my lymphedema, and that makes me feel physically and emotionally more in control.

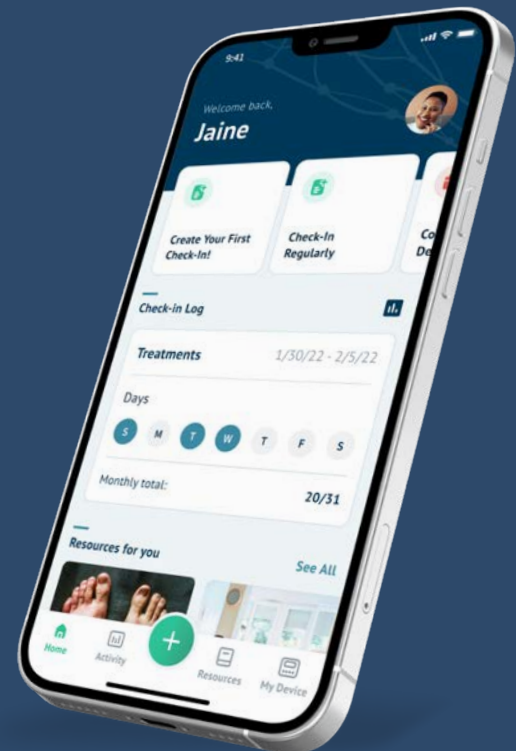
MARLENE S.

Meet Kylee.™

Your personal assistant for chronic swelling.

Stay supported with Kylee, an easy-to-use mobile app that helps you:

- **LEARN** about lymphedema.
- **TRACK** your symptoms and treatments.
- **SHARE** your progress with your doctor.



WE MAKE ORDERING EASY!

Flexitouch Plus is available by prescription only and is covered by many health plans. Once prescribed, we will work with your healthcare team and insurance provider to process your order.

To learn more, visit tactilemedical.com or call 833.3TACTILE (833.382.2845).

LEARN HOW TO MANAGE YOUR CONDITION FROM THE COMFORT OF HOME AT TACTILEMEDICAL.COM

Individual results may vary.

Indications for Use: The Flexitouch Plus system and garments for legs, arms, trunk, and chest are intended for use by medical professionals and patients who are under medical supervision, for the treatment of many conditions such as: lymphedema; primary lymphedema; post mastectomy edema; phlebolympheidema; lipedema; edema following trauma and sports injuries; post immobilization edema; venous insufficiency; reducing wound healing time; treatment and assistance in healing stasis dermatitis, venous stasis ulcers, or arterial and diabetic leg ulcers. The Flexitouch Plus system and garments for the head and neck are intended for use by medical professionals and patients who are under medical supervision for the treatment of head and neck lymphedema.

Contraindications: Contraindications, warnings, and instructions for use can be found in the product labeling supplied with each device.

Caution: Federal (USA) law restricts these devices to sale by or on the order of a licensed healthcare practitioner.

References:

1. Bundred, N. et al, *Br.J Cancer* 2020. doi:10.1038/s41416-020-0844-4
2. Koehler, L. et al, *Phys Ther.* 2020. doi:10.1093/ptj/pzaa080
3. Ridner, S.H. et al. *Oncology Nursing Forum* 2008 doi:10.1188/08.ONF.671-680

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