

# Let's talk Revi

A guide for you and your healthcare provider about treating your urgent bladder leaks, with Revi™.

# **That "Gotta Go" Feeling**

**Urge Urinary Incontinence (UUI),** or urgent bladder leaking, is a chronic condition that may cause you to have an urgent need to empty your bladder, even when it's not full, and can often lead to leaks or accidents. If your bladder symptoms are causing you to miss out on life, talk to your healthcare provider about your treatment options.

Use this discussion guide at your next appointment with your healthcare provider to see if Revi is right for you.





# **At Your Next Appointment:**

"Could Revi be right for me?"

Review your answers to these questions with your current healthcare provider or ask your current provider for a referral to a urologist or urogynecologist who may be able to offer you more treatment options for your urgent bladder leaks:

1	Have you been diagnosed with Overactive Bladder (OAB) or UUI?	6	Do you leak urine before you get to the toilet?
	Yes No		Never Sometimes  Most of the time All the time
2	What are your main symptoms? (check all that apply)  Frequent urination (more than 8 times in 24 hours)  Urgency to urinate (a sudden, strong urge you can't ignore)  Incontinence (having accidents)  Nocturia (waking up two or more times in the pight to urinote)	7	What lifestyle or behavioral changes have you tried? (check all that apply)  Wearing pads or diapers  Dietary changes  Drinking less fluids  Losing weight
3	How long have you had these symptoms? <pre></pre>		Kegels or other bladder exercises  Wearing dark clothing or bringing extra clothing with me  Ensuring I know where the bathrooms are when I go out  Staying home to avoid accidents  None
4	How many times per night do you use the bathroom or have accidents due to your bladder symptoms?		Other:
5	Do you have to rush to the toilet to urinate?  Never Sometimes  Most of the time All the time	8	Have you tried prescription medication to treat your bladder symptoms?  Yes  No
9	How satisfied are you with your current treatments?  Very unsatisfied  Unsatisfied	Neutr	ral Satisfied Very satisfied
10	How bothered are you by your OAB symptoms?  Very bothered  Moderatly bothered	Sligh	ntly bothered Not at all bothered
11	Are you interested in learning about new options that  Yes  No	may be a	ppropriate for you?



# **Before Your Next Appointment:**

**Tips for Preparing** 

Get ready for your discussion with your healthcare provider. Keep a "bladder diary" for 3 days, noting when and how often you go.

Day 1	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9-am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S-M-L	
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Day 2	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9-am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S-M-L	Yes - No		Yes - No	S - M - L	
9pm-12am				S-M-L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	

Day 3	Fluids		Urination				Accidents		
DATE / /	What kind?	How much?	How many times?	How much?	Did you feel a strong urge to urinate?	What activity did this interrupt?	Did you have an accident?	How much did you leak?	What were you doing at the time?
6am-9am				S - M - L	Yes - No		Yes - No	S - M - L	
9-am-12pm				S - M - L	Yes - No		Yes - No	S - M - L	
12pm-3pm				S - M - L	Yes - No		Yes - No	S - M - L	
3pm-6pm				S - M - L	Yes - No		Yes - No	S - M - L	
6pm-9pm				S - M - L	Yes - No		Yes - No	S - M - L	
9pm-12am				S - M - L	Yes - No		Yes - No	S - M - L	
12am-3am				S - M - L	Yes - No		Yes - No	S - M - L	
3am-6am				S - M - L	Yes - No		Yes - No	S - M - L	



If possible, consider taking a family member or friend along to help you remember all the answers and advice.

Bring a pen or pencil to write down the answers and take notes below!

# **Notes**

If your healthcare provider gives you a treatment plan or next steps, make sure to note that here as well.								

## What is Revi?

Revi is a small device that is implanted near the ankle and delivers personalized levels of nerve stimulation to the bladder to help control bladder symptoms, allowing you the freedom to get back to the activities you enjoy most.

Ask your healthcare provider about Revi at your next appointment and to learn more, visit: www.bluewindmedical.com

Stay connected with the BlueWind team BlueWindMedical.com/stay-connected

### Caution:

Federal Law (USA) restricts this device to sale by or on the order of a physician. Refer to product instruction manual/ package insert for instructions, warning, precautions, and contraindications. For more information, please contact BlueWind Medical at 888-715-2080, and/or consult BlueWind Medical's website at www.bluewindmedical.com.



