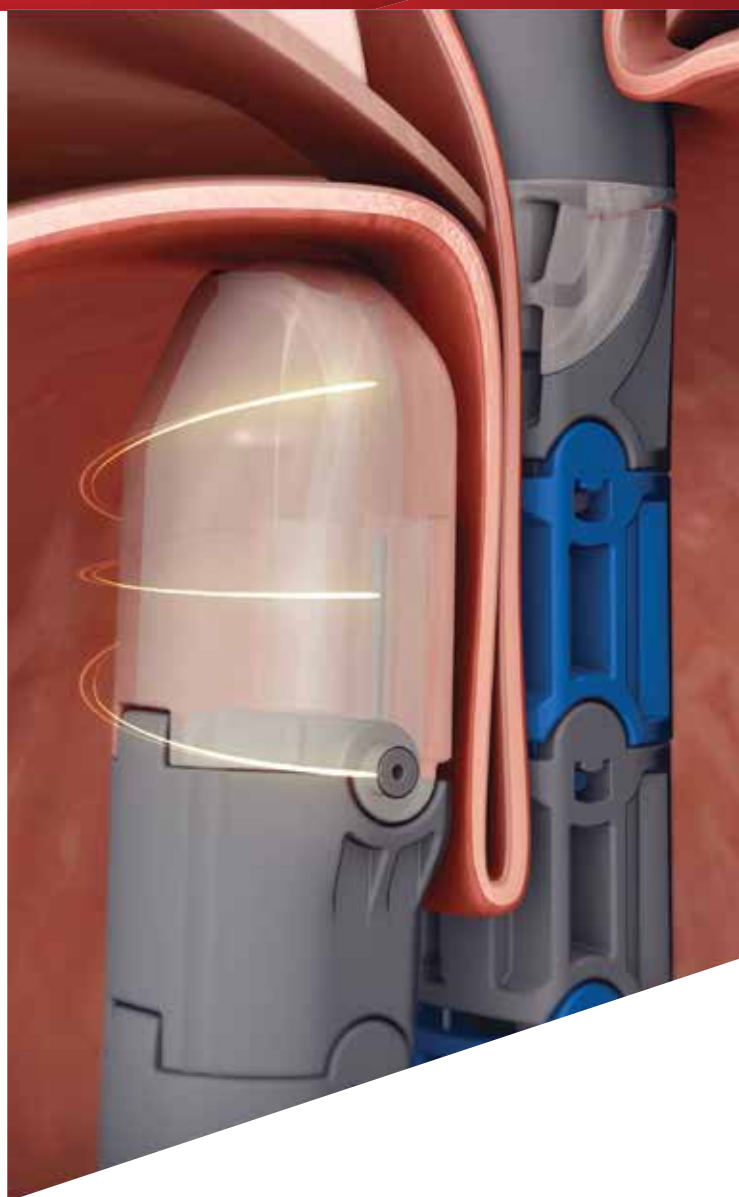


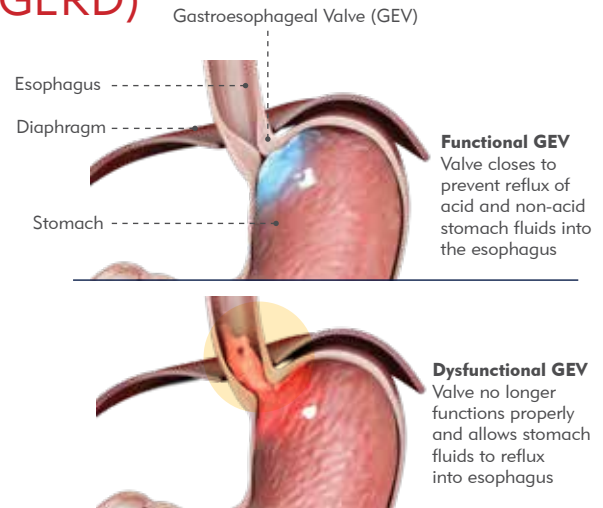
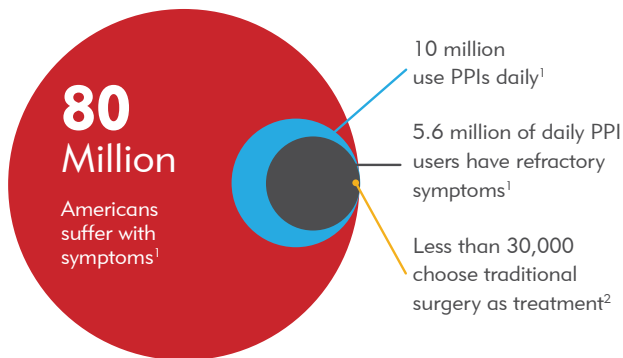


CREATING THE Optimal AntiReflux Barrier

TIF[®] PROCEDURE
WITH Esophyx[®] Z+ DEVICE

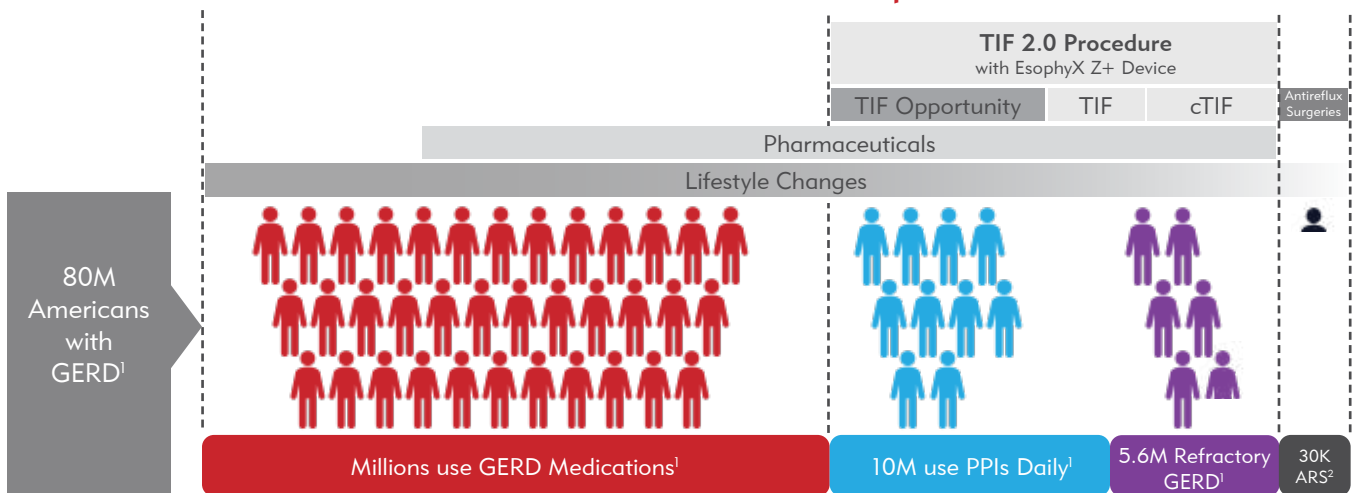
TIF 2.0[®] – An Innovative and Advanced
Procedure for Treating Chronic GERD

Gastroesophageal Reflux Disease (GERD)

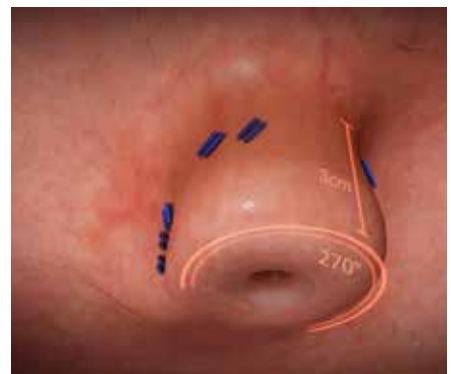
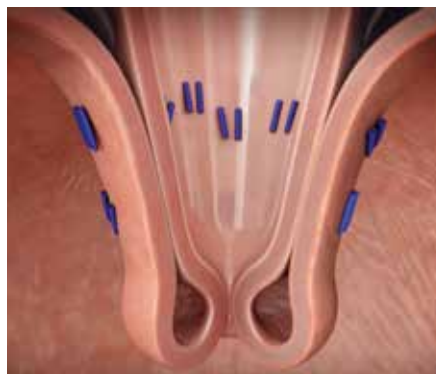
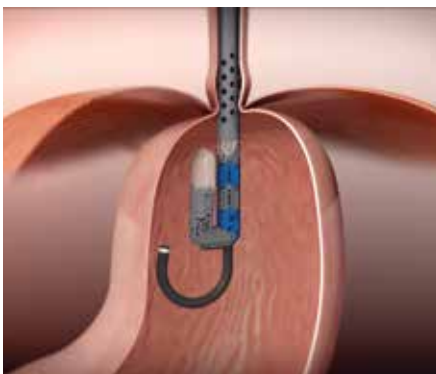


Most patients treat their GERD with over-the-counter or prescription medications - most frequently proton pump inhibitors (PPIs). With approximately 10 million patients on PPIs daily, over 50% are refractory and still experience symptoms.¹ Patients are increasingly interested in long-term solutions that improve symptoms and reduce medication dependency. The TIF 2.0 procedure bridges the gap between pharmacological therapies and traditional antireflux surgery, while providing faster recovery and fewer side effects than the conventional surgical options available to GERD patients today.³

TIF 2.0 Addresses the GERD Treatment Gap



Transoral Incisionless Fundoplication (the TIF 2.0 procedure) uses an endoscopic approach to restore anatomy and reconstruct the gastroesophageal valve (GEV) following the principles of traditional fundoplication with minimal side-effects.³



TIF 2.0 Creates the Optimal AntiReflux Barrier and Restores Anatomy to its Natural State³

During the procedure, the EsophyX® Z+ device is used to perform a series of plications that recreate the dynamics of the Angle of His and restore the gastroesophageal valve (GEV). By building the GEV around the EsophyX Z+ device, TIF 2.0 provides a reproducible and standardizable fundoplication. The result is a 270-degree omega-shaped valve that is approximately 3 cm in length, depending on the patient's anatomy.

270° anterior and posterior wrap recreates the Angle of His

Lesser curvature of the stomach is preserved, reducing likelihood of side effects

Approximately 3 cm valve length

Reinforced with 20+ full thickness SerosaFuse® Fasteners to evenly distribute force

No twisting or torquing of gastric folds

For patients with a hiatal hernia greater than 2cm, TIF 2.0 can be performed consecutively with a surgical hiatal hernia repair (cTIF®) under a single anesthesia setting. Learn more about the cTIF procedure.



TIF 2.0 Follows the Principles of Traditional Fundoplication with Fewer Side Effects than Conventional AntiReflux Surgery³

	TIF 2.0/cTIF Procedure	Laparoscopic Fundoplication
Reduce hiatal hernia $\leq$ 2 cm (TIF 2.0)	✓	✓
Repair hiatal hernia $>$ 2 cm and close crura ⁶ (cTIF)	✓	✓
Elongate the intrabdominal esophagus	✓	✓
Fundoplication	✓	✓
Approximate and tighten the fundus around the distal esophagus	✓	✓
Recreate the dynamics of the angle of His	✓	✓
Restore the distal high pressure zone	✓	✓

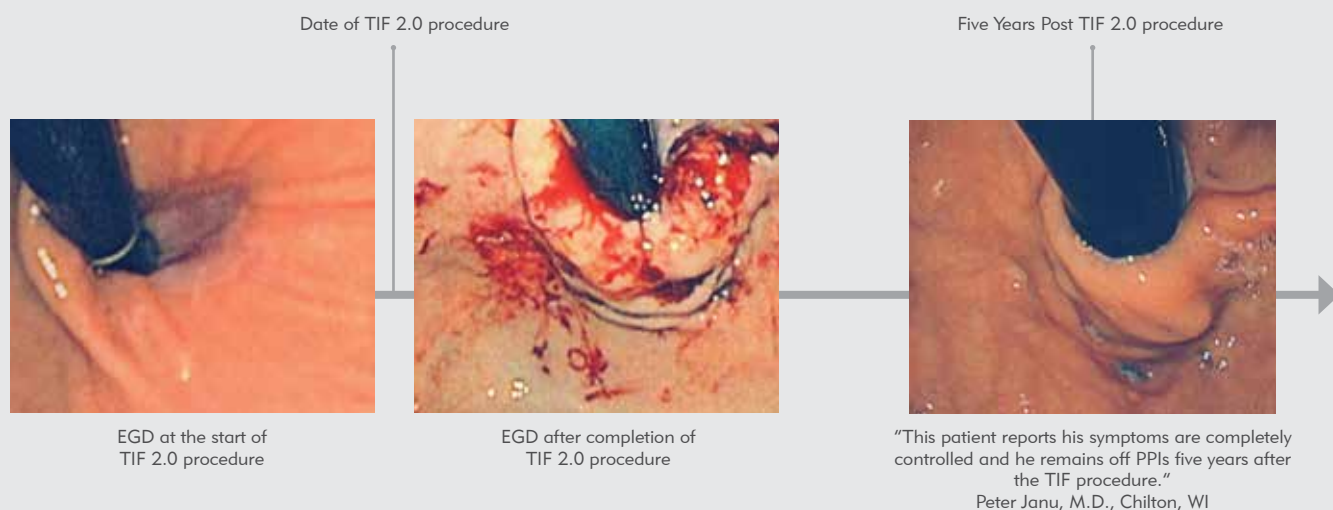
TIF 2.0 Patients Experience Fewer Side Effects³

NO Dysphagia

NO Increased Bloating

NO Increased Flatulence

TIF 2.0 Provides Durable Relief for GERD Patients⁴



TIF 2.0 Is Backed by Strong Clinical Evidence⁵

83%

of patients did not use daily PPIs one year post TIF 2.0⁶

79%

of patients were satisfied with their health condition one year post TIF 2.0⁷

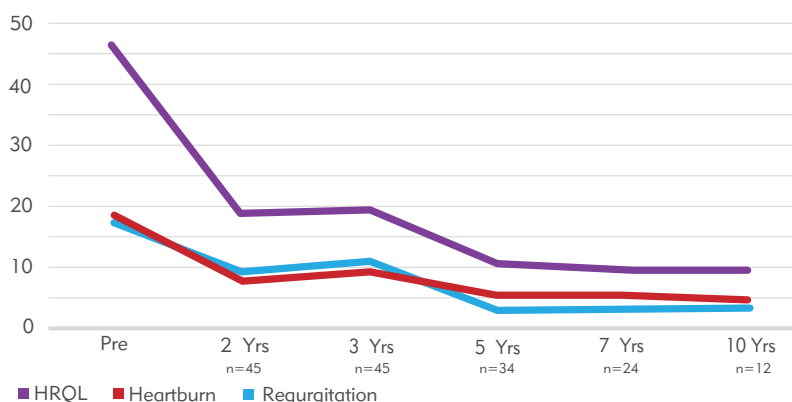
77%

Esophagitis healed in 10 of 13 patients six months post TIF 2.0⁸

80%

of patients experienced sustained elimination of atypical symptoms five years post TIF 2.0.⁶

TIF 2.0 is Durable up to 10 Years⁹



35,000+	1,500	100+	4	Cat 1
procedures worldwide since original EsophyX® device clearance in 2007 ¹⁰	unique patients studied in 75 centers with consistent outcomes ⁵	peer-reviewed clinical papers in respected gastroenterology and surgical journals in the past 12 years ⁵	published randomized controlled trials; two with sham-controlled arms ⁵	CPT® Code Esophagogastric Fundoplasty Trans-Orifice procedures effective 1/1/2016 ⁵

INDICATIONS

The Merit Medical Systems EsophyX Z+ Device with SerosaFuse® Fastener and accessories is indicated for use in transoral tissue approximation, full thickness plication and ligation in the GI tract and is indicated for the treatment of symptomatic chronic gastroesophageal reflux disease in patients who require and respond to pharmacological therapy. It is also indicated to narrow the gastroesophageal junction and reduce hiatal hernia ≤ 2 cm in size in patients with symptomatic chronic gastroesophageal reflux disease. Patients with hiatal hernias larger than 2cm may be included, when a laparoscopic hiatal hernia repair reduces the hernia to 2cm or less.

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10. Merit Medical, data on file, through August 31, 2023

Merit Medical defines the term "cTIF" as a **consecutive** Transoral Incisionless Fundoplication which consists of a Hiatal Hernia Repair (HHR) followed by a Transoral Incisionless Fundoplication (TIF) procedure under a single anesthesia setting.

Before using refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.



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