

Information for your next doctor's appointment

Are you suffering from COPD? Are you fed up with being short of breath?



zephyr[®]
valve

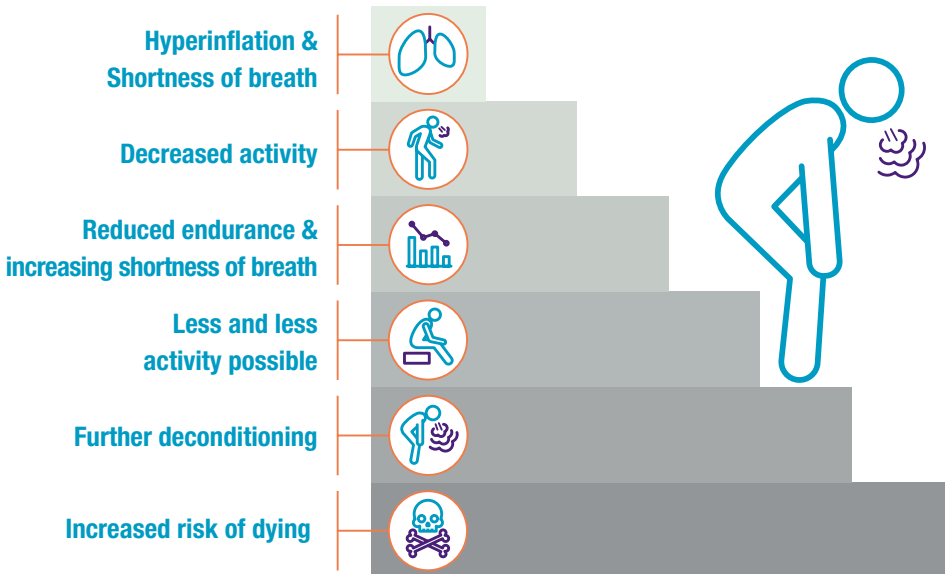
COPD & Emphysema: Breathing becomes hard work

COPD (chronic obstructive pulmonary disease) is a progressive disease and gets worse over time. Emphysema is a severe form of chronic obstructive pulmonary disease. People suffering from emphysema live with severe shortness of breath, which often prevents them from carrying out activities of daily living without having to take breaks to catch their breath.

Emphysema makes breathing difficult because the diseased part of your lungs overexpands when you breath in (called hyperinflation). The pressure on the diaphragm increases and you experience shortness of breath.

Don't simply get used to the symptoms and the restrictions on your life. The right treatment can contribute to alleviating the symptoms, improving your quality of life and slowing the progression of the disease.

Your doctor can help you to determine the most suitable therapy for you.



Step 1: Take the self-test!

You have not yet been diagnosed with emphysema? Take a first self-test to better estimate the risk of having severe emphysema.



Do you find everyday activities like walking difficult?

Yes

No



Did you ever smoke?

Yes

No



Do you get out of breath unusually quickly when climbing stairs?

Yes

No



Is your shortness of breath getting worse despite medication/inhaler?

Yes

No

If you have answered all of the questions with **YES**, the risk of having severe emphysema is increased. A diagnosis and treatment recommendation can only be made by a specialist.

Step 2: Discuss the risk of emphysema with your doctor!

Asking your doctor the following questions can help better determine the risk of having emphysema:

Is my forced expiratory volume in one second (FEV ₁) less than 50% of normal?	Yes	No
Have I undergone a lung function test that clearly shows an increased residual volume (> 180% of normal)?	Yes	No
Have I undergone a lung CT scan which revealed signs of emphysema?	Yes	No

If **ALL** of the answers to the above questions are “Yes” and you answered **4 of 4** of the questions on the left with “Yes”, it is possible that you are suffering from severe emphysema.

A diagnosis and treatment recommendation can only be made by a specialist.

Treatment options for emphysema:

After being diagnosed by your doctor and gaining a better understanding of the severity of your disease, a treatment plan can be discussed. The options depend on the severity of your disease, its effect on your quality of life and other health aspects (e.g. secondary disorders).



COPD medication, cessation of smoking, oxygen therapy



Rehabilitation



Zephyr Valve



Surgical Lung Volume Reduction



Lung transplantation

Non-surgical

- **COPD medication** – e.g. inhalers, oral steroids, antibiotics can alleviate symptoms and reduce the frequency of exacerbations
- **Stop smoking programme** – to be able to use other therapy options, it is necessary to stop smoking
- **Rehabilitation** – involves e.g. lung training and more efficient breathing techniques
- **Oxygen therapy** – can be worthwhile when your medication is not helping enough

Minimally invasive / Endoscopy

The **Zephyr Valve** is not another medication or an operation that requires cutting the skin. It is a procedure in which small valves are inserted in the airways that enable the healthier parts of the lungs to expand, reducing the pressure on the diaphragm and making breathing easier.

Operation

- **Surgical Lung Volume Reduction & Bullectomy** – Your chest is surgically opened and the damaged lung tissue and large air bubbles (bullae) are cut out
- **Lung transplantation** – one or both lungs are surgically replaced by a donor organ

Talk to your doctor

Confirm that you have been diagnosed with emphysema so you can discuss an appropriate treatment plan with your doctor.

- It may be necessary to conduct additional tests - e.g. a lung function test or a CT scan.
- To determine whether surgical treatment options and/or the insertion of a Zephyr Valve are possibilities, your doctor will refer you to an experienced treatment centre.

For more information, go to www.getcopdhelp.co.uk

Complications of the Zephyr Endobronchial Valve treatment can include but are not limited to pneumothorax, worsening of COPD symptoms, hemoptysis, pneumonia, dyspnea and, in rare cases, death.

The Zephyr® Endobronchial Valve is an implantable bronchial valve intended to control airflow in order to improve lung functions in patients with hyperinflation associated with severe emphysema and/or to reduce air leaks. The Zephyr Valve is contraindicated for: Patients for whom bronchoscopic procedures are contraindicated; Evidence of active pulmonary infection; Patients with known allergies to Nitinol (nickel-titanium) or its constituent metals (nickel or titanium); Patients with known allergies to silicone; Patients who have not quit smoking. Use is restricted to a trained physician. Prior to use, please reference the Zephyr Endobronchial System Instructions for more information on indications, contraindications, warnings, all precautions, and adverse events



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P0997EN_A | March 2020 – Doctors guide UK