



Mistakes people make when seeing a doctor for osteoarthritis knee pain.

Are you sabotaging your own chances for having a successful appointment about your knee pain? Avoid these common mistakes to get more out of your next doctor visit.

MISTAKE #1: They don't get a second opinion

Yes, your doctor is an experienced professional. But if you've hit a dead end with your current doctor, or you feel your concerns aren't being answered, consider getting a second opinion. For instance, a specialist such as an orthopaedic surgeon may have experience with a broader range of treatment options that could work for you. Remember, you are your own best advocate.

➤ **How to take charge:**

- If you don't agree with your doctor's recommendations, consider seeing another doctor.
- Ask your doctor to refer you to a specialist, such as an orthopaedic surgeon.

MISTAKE #2: They forget the bad days

With osteoarthritis of the knee, it's common for the pain to come and go. But even if you're having a good day when you talk to your doctor, never downplay how bad the pain can get. Knowing the extent of your pain can help the doctor find the right treatment. Take notes on bad days and share them with your doctor.

➤ **How to take charge:**

- Be ready to describe your pain, including the bad days, and what it keeps you from doing.
- Use the included pain chart to keep track of your knee pain leading up to your appointment.

MISTAKE #3: They stretch the truth

We've all done it. The doctor asks if you're exercising and you say yes, even though the pain has kept you from doing much of anything. But staying active is key, as it can help relieve pain by building knee flexibility and muscle strength. If pain keeps you from maintaining a regular exercise routine, that's a sign for your doctor that it's time to take the next step in your treatment plan.

➤ **How to take charge:**

- Be honest with your doctor if your knee pain is keeping you from exercising.
- Ask for specific recommendations on what types of exercise are best for your knee.

MISTAKE #4: They don't count OTC medications

Over-the-counter (OTC) medications may seem milder than prescriptions, but don't lose track of how many you're actually taking. Taking more than the recommended dose may have health consequences and could be a sign you need to consider a different treatment. If you're taking more than the recommended dose, talk to your doctor.

➤ **How to take charge:**

- Tell your doctor exactly how much medication you're taking and how often.
- Use the included checklist to keep track of what you've tried and what's not working.

MISTAKE #5: They leave without a clear plan

Finding knee pain relief doesn't end once you leave the doctor's office. You should develop a clear treatment plan with your doctor before you leave—including all your current treatment options, what you might try next and the pros and cons of each—and either get it in writing or take notes during your appointment.

➤ **How to take charge:**

- Ask about all your treatment options, what you should try now and what you can try next.
- Get next steps in writing or take notes during your visit. If you need clarification, call the doctor.



Answers you need to make your next knee appointment a success.

Answer the five questions below to help prepare for your next visit. Then share the information with your doctor to help have a productive appointment — and get on the path to osteoarthritis knee pain relief.

1. How much knee pain do you currently experience with the following activities?

If your pain varies, use circles to indicate the pain on good days and squares for the pain on bad days.

| | <i>No pain</i> | | | | | <i>Lots of pain</i> | | | | | |
|-------------------------|----------------|---|---|---|---|-----------------------|---|---|---|---|---|
| Walking | 1 | 2 | 3 | 4 | 5 | Sitting or lying down | 1 | 2 | 3 | 4 | 5 |
| Going up or down stairs | 1 | 2 | 3 | 4 | 5 | Standing | 1 | 2 | 3 | 4 | 5 |
| At night while in bed | 1 | 2 | 3 | 4 | 5 | Driving | 1 | 2 | 3 | 4 | 5 |

2. Describe your knee pain during the past month.

Overall, is the pain better or worse? How many bad days did you have? What activities have become difficult to do because of your knee pain?

3. What are you doing to stay active?

If you're able to exercise, describe a typical week: How many days do you exercise, for how long and what type of exercise? How does your knee feel during and after exercise?

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BRING THIS WITH YOU TO YOUR NEXT DOCTOR APPOINTMENT

4. Check off the treatments you've tried.

Note your level of pain relief with each (**5 being the most effective**) and how often/many you've taken, if applicable.

Over-the-counter pain relievers, such as Tylenol®

Pain Relief: 1 2 3 4 5

Notes: _____

Viscosupplement injection, such as Synvisc-One® (hylan G-F 20)

Pain Relief: 1 2 3 4 5

Notes: _____

Prescription pain relievers, such as Celebrex®

Pain Relief: 1 2 3 4 5

Notes: _____

Steroid injection

Pain Relief: 1 2 3 4 5

Notes: _____

Physical therapy

Pain Relief: 1 2 3 4 5

Notes: _____

Other

Pain Relief: 1 2 3 4 5

Notes: _____

5. List questions for your doctor, in order of importance:

Indication

Synvisc-One® (hylan G-F 20) is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics, e.g., acetaminophen.

Important Safety Information for Synvisc-One

Before trying Synvisc-One, tell your doctor if you have had an allergic reaction, such as swelling of the face, tongue or throat, respiratory difficulty, rash, itching or hives to SYNVISIC or any hyaluronan-based products. Should not be used in patients with an infected knee joint, skin disease or infection around the area where the injection will be given, or circulatory problems in the legs.

Synvisc-One is only for injection into the knee, performed by a doctor or other qualified health care professional. Synvisc-One has not been tested to show pain relief in joints other than the knee. Tell your doctor if you are allergic to products from birds — such as feathers, eggs or poultry — or if your leg is swollen or infected.

Synvisc-One has not been tested in children (≤ 21 years old), pregnant women or women who are nursing. You should tell your doctor if you think you are pregnant or if you are nursing a child.

Talk to your doctor before resuming strenuous weight-bearing activities after treatment.

The side effects sometimes seen after Synvisc-One include ($< 2\%$ each): pain, swelling, heat, redness, and/or fluid build-up in or around the knee. Tell your doctor if you experience any side effects after treatment with Synvisc-One.



Please see Important Patient Information on page 5.



Things you should know about Synvisc-One® (hylan G-F 20).

Here are a few things you should know about a different treatment that can provide osteoarthritis (OA) knee pain relief.

#1: Synvisc-One lubricates and cushions your joints.

In knees with osteoarthritis, the joint fluid loses its ability to absorb shock and help the knee move smoothly. Synvisc-One is an injection that replaces the natural joint fluid to give your knee the lubrication and cushioning it needs to work properly.

#2: Synvisc-One can provide up to six months of OA knee pain relief.

Synvisc-One is a different way to treat osteoarthritis knee pain, providing up to six months of knee pain relief with just one injection.* It is covered by Medicare and most insurance plans.

*As shown in a medical study comparing Synvisc-One to an injection of salt water.

#3: Synvisc-One is made from a natural substance.

The injection contains a gel-like mixture called hyaluronan, a natural substance found in the body that is present in very high amounts in joints, and is needed for the joint to work properly.

#4: Synvisc-One is a single-dose injection into the knee.

The procedure only takes a few minutes and can be done right in your doctor's office. Your doctor will likely apply a numbing agent before the injection. Side effects sometimes seen after Synvisc-One include pain, swelling, heat, redness, and/or fluid build-up in or around the knee.

#5: Synvisc-One may be right for you.

Synvisc-One is for people with knee osteoarthritis who have not received enough pain relief from over-the-counter pain medication, diet and exercise. If you've tried these options and are still feeling knee pain, ask your doctor if Synvisc-One could help.

Indication

Synvisc-One® (hylan G-F 20) is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics, e.g., acetaminophen.

Important Safety Information for Synvisc-One

Before trying Synvisc-One, tell your doctor if you have had an allergic reaction, such as swelling of the face, tongue or throat, respiratory difficulty, rash, itching or hives to SYNVISC or any hyaluronan-based products. Should not be used in patients with an infected knee joint, skin disease or infection around the area where the injection will be given, or circulatory problems in the legs.

Synvisc-One is only for injection into the knee, performed by a doctor or other qualified health care professional. Synvisc-One has not been tested to show pain relief in joints other than the knee. Tell your doctor if you are allergic to products from birds — such as feathers, eggs or poultry — or if your leg is swollen or infected.

Synvisc-One has not been tested in children (≤ 21 years old), pregnant women or women who are nursing. You should tell your doctor if you think you are pregnant or if you are nursing a child.

Talk to your doctor before resuming strenuous weight-bearing activities after treatment.

The side effects sometimes seen after Synvisc-One include ($< 2\%$ each): pain, swelling, heat, redness, and/or fluid build-up in or around the knee. Tell your doctor if you experience any side effects after treatment with Synvisc-One.

To learn more about Synvisc-One and how it can provide up to six months of osteoarthritis knee pain relief,* visit SynviscOne.com and ask your doctor if Synvisc-One is right for you.

IMPORTANT PATIENT INFORMATION SYNVISC-ONE® (HYLAN G-F 20)

Be sure to read the following important information carefully. This information does not take the place of your doctor's advice. If you do not understand this information or want to know more, ask your doctor.

Glossary of Terms

Hyaluronan (pronounced hy-al-u-ROE-nan): is a natural substance that is present in very high amounts in joints. It acts like a lubricant and a shock absorber in the joint and is needed for the joint to work properly.

Non-steroidal anti-inflammatory drugs: also known as "NSAIDs"; medication used to treat pain or swelling. There are many examples of NSAIDs, including (but not limited to) aspirin and ibuprofen. Some of these are over-the-counter drugs, and some can be obtained only by prescription.

Osteoarthritis (pronounced OS-te-o-arth-RI-tis): (OA) is a type of arthritis that involves the wearing down of cartilage (the protective covering on the ends of your bones) and loss of cushioning fluid in the joint.

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What is the Synvisc-One® product?

Synvisc-One is a gel-like mixture that comes in a syringe containing 6 mL (1½ teaspoon) and is injected into your knee. It is made up of hylan A fluid, hylan B gel, and salt water. Hylan A and hylan B are made from a substance called hyaluronan (pronounced hy-al-u-ROE-nan), also known as sodium hyaluronate that comes from chicken combs. Hyaluronan is a natural substance found in the body and is present in very high amounts in joints. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint and is needed for the joint to work properly.

How is the Synvisc-One® product used? (Indications)

The FDA-approved indication for Synvisc-One is: Synvisc-One is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen.

How is the Synvisc-One® product given?

Your doctor will inject Synvisc-One into your knee.

Are there any reasons why I should not receive a Synvisc-One® injection?

(Contraindications)

Your doctor will determine if there is any reason why you are not an appropriate candidate for Synvisc-One. You should be aware that Synvisc-One:

- Should not be used in patients who have had any prior allergic reactions to Synvisc, Synvisc-One or any hyaluronan-based products. Signs of an allergic reaction may include swelling of your face, tongue, or throat; difficulty breathing or swallowing; shortness of breath; wheezing; chest pain; a tightness in your throat; sleepiness; rash; itching; hives; flushing; and/or fever.
- Should not be used in patients with a knee joint infection, skin disease or infection around the area where the injection will be given, or circulatory problems in the legs.

What should my doctor warn me about?

The following are important treatment considerations for you to discuss with your doctor and understand in order to help avoid unsatisfactory results and complications:

- Synvisc-One is only for injection into the knee, performed by a doctor or other qualified health care professional. Synvisc-One has not been tested to show pain relief in joints other than the knee.
- Synvisc-One has not been tested to show better pain relief when combined with other injected medicines.
- Tell your doctor if you are allergic to products from birds such as feathers, eggs, and poultry.
- Tell your doctor if you have significant swelling or blood clots in the leg.
- Synvisc-One has not been tested in pregnant women, or women who are nursing. You should tell your doctor if you think you are pregnant, or if you are nursing a child.
- Synvisc-One has not been tested in children (≤21 years of age).

What are the risks of getting a Synvisc-One® injection?

The side effects (also called reactions) sometimes seen after any injection into the knee, including Synvisc-One, include: pain, swelling, heat, redness, and/or fluid buildup around the knee. These reactions are generally mild and do not last long. Reactions are generally treated by resting and applying ice to the injected knee. Sometimes it is necessary to give pain relievers by mouth such as acetaminophen or NSAIDs, or to give injections of steroids, or to remove fluid from the knee joint. Patients rarely undergo arthroscopy (a surgical inspection of the knee joint) or other medical procedures related to these reactions.

Other side effects seen with Synvisc or Synvisc-One are: rashes, hives, itching, muscle pain/cramps, flushing and/or swelling of your face, fast heartbeat, nausea (or feeling sick to your stomach), dizziness, fever, chills, headache, difficulty breathing, swelling in your arms and/or legs, prickly feeling of your skin, and in rare cases a low number of platelets in the blood (platelets are a type of blood cell that are needed to help your blood clot when you are cut or injured). Rare cases of knee joint infection have been reported. If any of the above side effects or symptoms appear after you are given Synvisc-One, or if you have any other problems, you should call your doctor.

What are the benefits of getting a Synvisc-One® injection?

As shown in a medical study of 253 patients with osteoarthritis (OA) of the knee, where approximately half received either a single injection of Synvisc-One or an injection of the same volume of salt water (a "Saline Control" injection), the major benefits of Synvisc-One are pain relief and improvement in other symptoms related to OA of the knee.

What do I need to do after I get a Synvisc-One® injection?

It is recommended you avoid strenuous activities (for example, high-impact sports such as tennis or jogging) or prolonged weight-bearing activities for approximately 48 hours following the injection. You should consult your doctor regarding the appropriate time to resume such activities.

What other treatments are available for OA?

If you have OA, there are other things you can do besides getting Synvisc-One. These include:

Non-drug treatments

- Avoiding activities that cause knee pain
- Exercise or physical therapy
- Weight loss
- Removal of excess fluid from your knee

Drug therapy

- Pain relievers such as acetaminophen and narcotics
- Drugs that reduce inflammation (signs of inflammation are swelling, pain or redness), such as aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs, for example ibuprofen and naproxen)
- Steroids that are injected directly into your knee

When should I call my doctor? (Troubleshooting)

If any of the side effects or symptoms described above appear after you are given Synvisc-One, or if you have any other problems, you should call your doctor.

What did the clinical studies show?

A study was conducted in 6 countries outside the United States with 21 physicians. The patients in the study had mild to moderate knee OA, moderate to severe pain, and did not have sufficient relief of their pain and symptoms with medications taken by mouth. A total of 253 patients in the study were assigned by chance to receive either a single injection of Synvisc-One (n=123 patients), or an injection of the same volume of salt water (a "Saline Control" injection) (n=130 patients). Neither the patients nor the doctors evaluating them knew which treatment they received. Any fluid that was present in the patient's knee was removed before the injection. The patients were seen by their doctor at standard times over 6 months. Information was collected about how much pain they were experiencing doing various types of activities, how much they were limited in their daily activities by their OA, and on their overall condition. Their doctor also provided an overall rating of their OA. The main measure of the study was how much pain the subjects had doing five common types of activities over the 6 months duration of the study. Daily activity limitations and overall evaluations were also compared between the group of patients receiving Synvisc-One injection and the group receiving salt water injection. The study showed that patients receiving Synvisc-One had significantly less pain over 6 months, and felt significantly better than the patients who received the salt water injections. The difference in pain score reduction from baseline to 6 months between the Synvisc-One and salt water control injection was 0.15 out of a 5 point scale for the measurement of OA pain in the knee.

What adverse events were observed in the clinical study?

The following are the most common adverse events that occurred during the clinical trial of Synvisc-One:

- Pain in the knee or at the injection site
- Stiffness, swelling or warmth in or around the knee
- Changes in the way that you walk (e.g., limping)

Severe adverse events were not observed in the Synvisc-One trial. Joint infections did not occur in the injected knee in the Synvisc-One clinical trial. The most commonly occurring adverse events outside of the injected knee were headache, back pain, sore throat and the flu. One patient had a single episode of feeling faint.

How do I get more information about the Synvisc-One® product? (User Assistance)

If you have any questions or would like to find out more about Synvisc-One, you may call Genzyme Biosurgery at 1-888-3-SYNVISC (1-888-379-6847) or visit www.synvisc.com.

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