

Aveir™ VR Leadless Pacemaker Case

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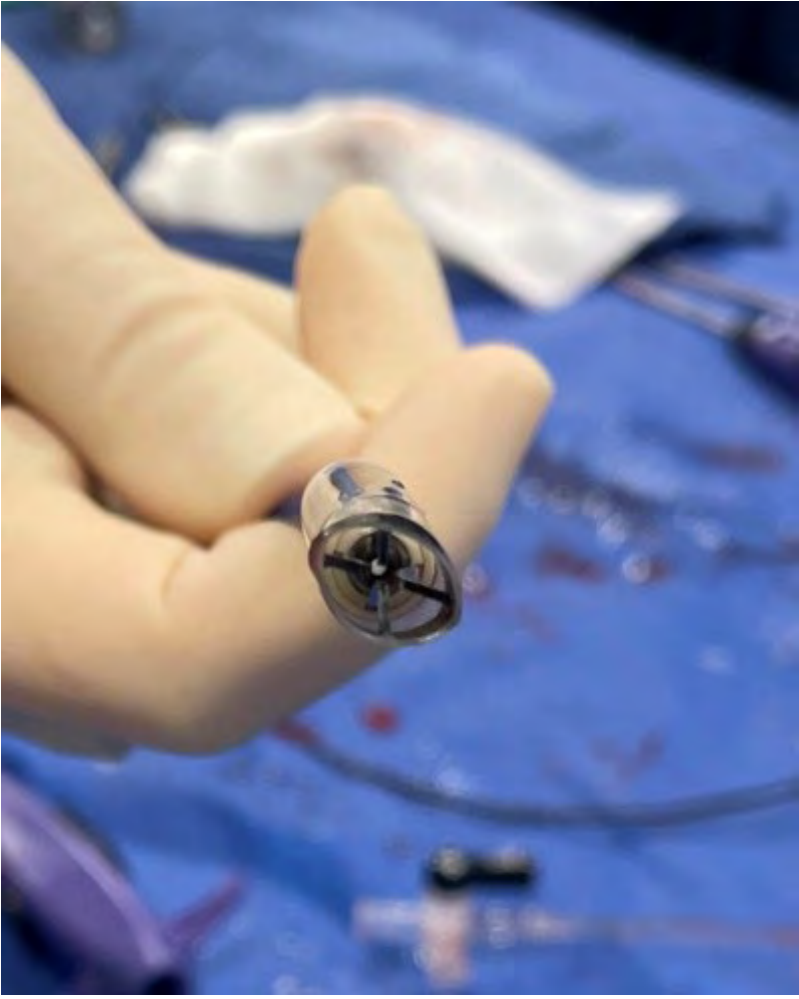
The left side of the slide features a vertical strip of ECG waveforms. The waveforms are white lines on a light gray background, showing multiple leads with varying amplitudes and frequencies. The title 'Case 1' is positioned to the right of this strip.

Case 1

- 71 year old male, history of lymphoma, bladder cancer s/p radical cystectomy with conduit c/b bowel perforation with subsequent partial colectomy
- Transferred in with sepsis, MV endocarditis, and intermittent complete heart block
- Frail, < 45 kg, BMI < 15







Patient Prep and Access

- General Anesthesia was administered
- Patient was prepped in similar fashion to an extraction
 - Neck to groin
- Using ultrasound guidance it was determined that the R IJ was large enough to accept the 27Fr introducer
- Micropuncture access
- 8 fr sheath to allow for exchange to a super stiff Amplatz guidewire
- Dilation
 - 12, 14, 16, 20 French
- 30cm introducer was flushed and wet down on the back table
- Aveir introducer was inserted with ease.
 - Saline was used at the access point reactivate the hydrophilic coating
- Advanced into the right atrium.







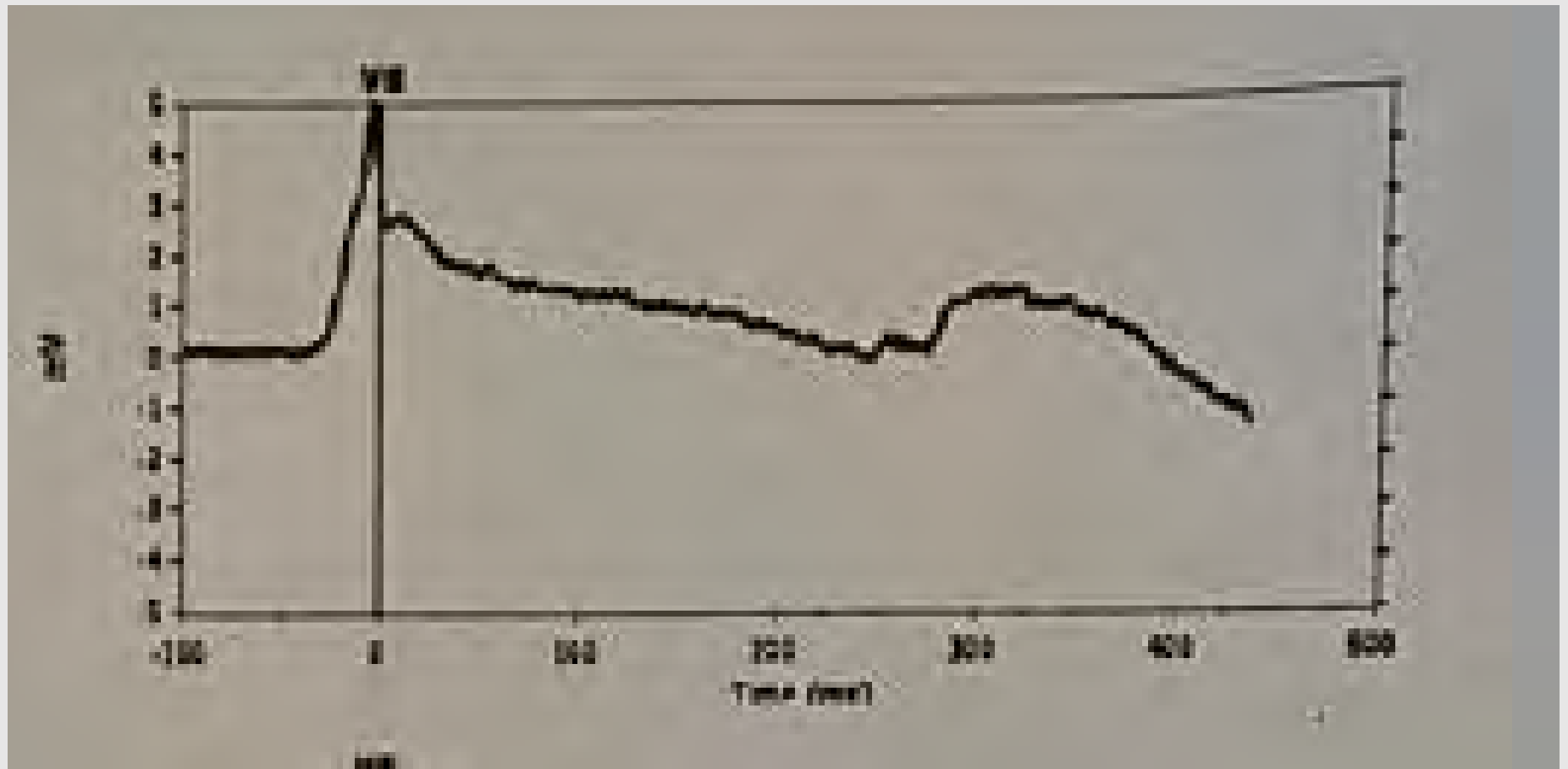
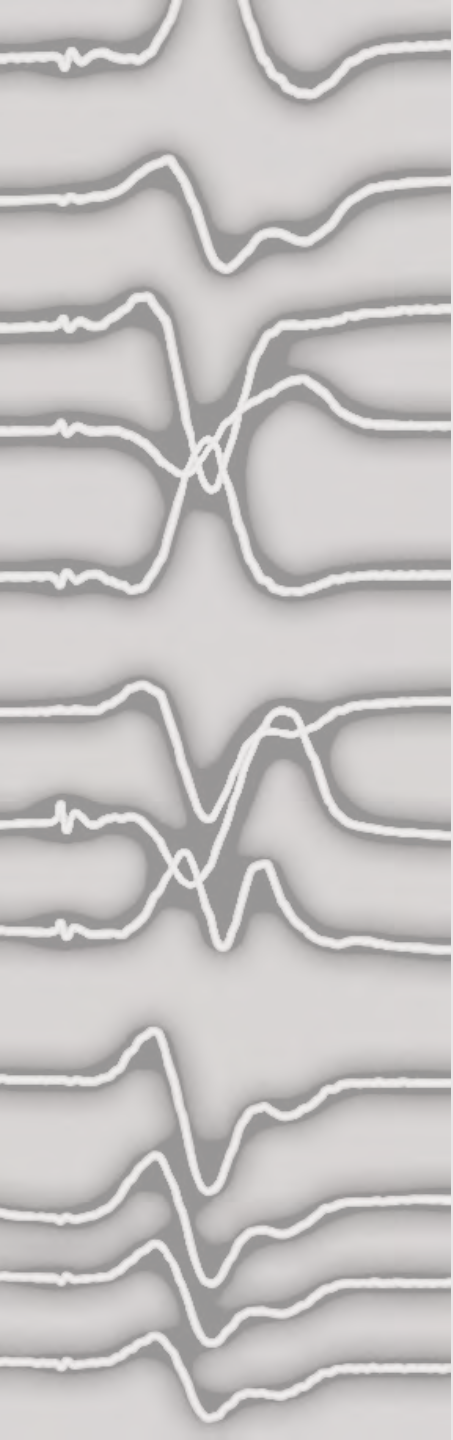








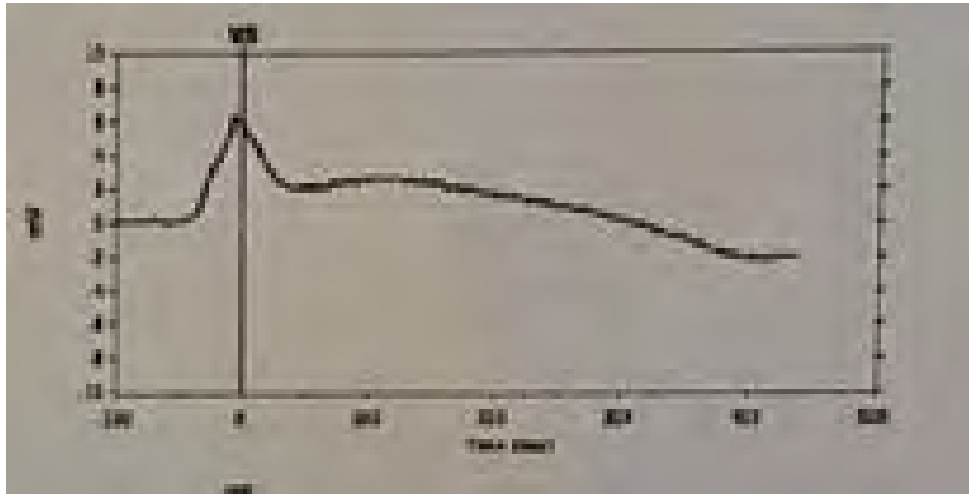




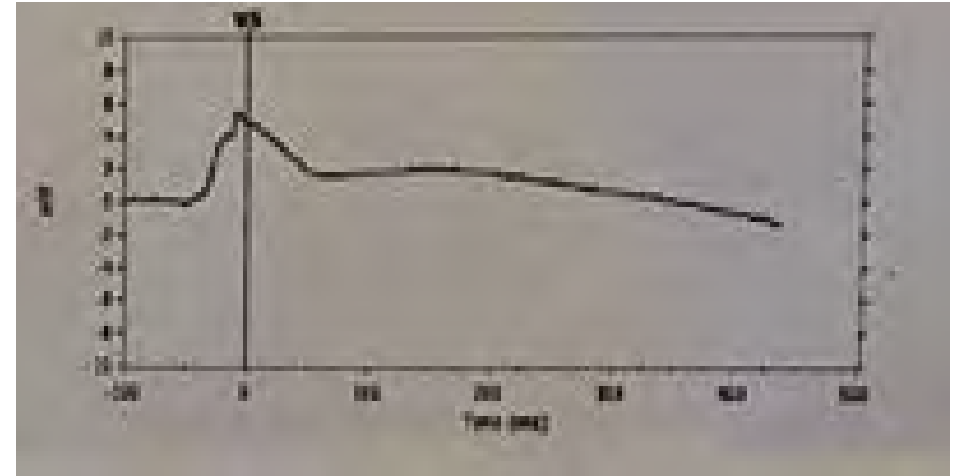
440 ohms, 6.0 mV, 0.75V @ 0.4ms



Tether mode



Tether mode + 10



Tether mode = 930 Ohms, 3.5mV, 3.0V @ 0.4ms

Tether mode + 2 min = 890 Ohms, 3.5mV, 2.5V @ 0.4ms

Tether mode + 5 min = 890 Ohms, 3.0 mV, 2.5V @ 0.4ms

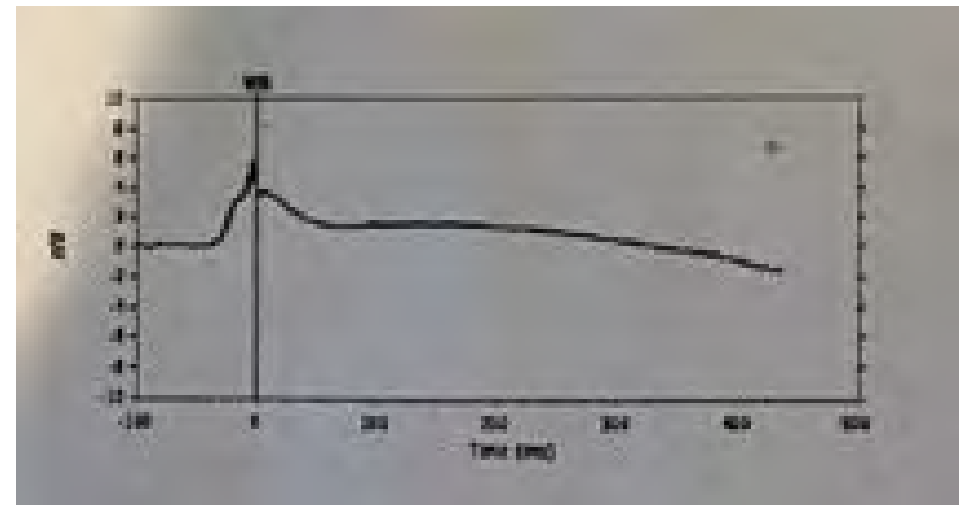
Tether mode + 7 min = 1.25V @ 0.4ms

Tether mode + 10 min = 990 Ohms, 4.5mV, 0.75V @ 0.4ms

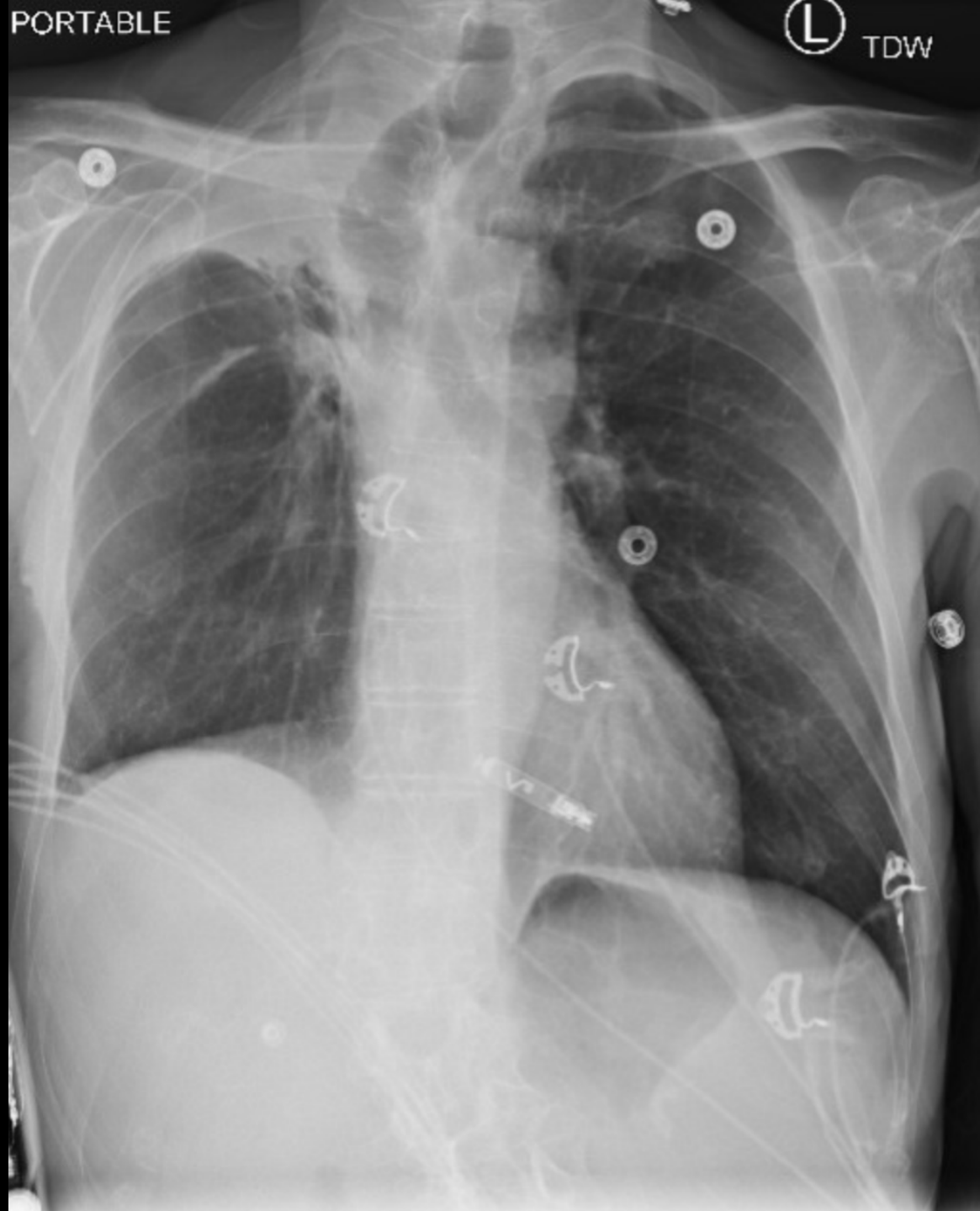
Release = 990 Ohms, 5.0mV, 0.75V @ 0.4ms

Final = 1080 Ohms, 5.5mV, 0.5V @ 0.4ms

Post release







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Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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MAT- 2211862 v1.0 | Item approved for U.S. use.