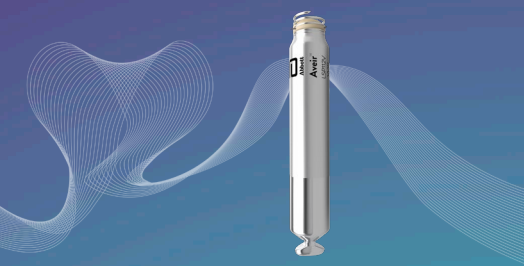
# AVEIR™ VR Leadless Pacemaker

# CASE INSIGHTS



## AT A GLANCE

A patient diagnosed with paroxysmal atrial fibrillation and indicated for a permanent pacing indication that may require an upgrade in the future is uniquely suited for Aveir VR LP. Learn how a slight adjustment to forward catheter pressure favorably impacted mapping numbers pre-deployment and achieved a positive patient outcome.

## KEY TAKEAWAYS

- When the PFO was discovered, the physician took a venogram of both the PFO (in RAO 30/LAO 30) and the RV (in RAO 30). He then used serial dilation to size up to the 50cm introducer. The action was repeated for the dilator prior to inserting it into the introducer.
- Low septal placement was achieved; a slight adjustment to forward pressure favorably impacted the numbers collected pre-deployment of the device.

## NEXT STEPS

**SCAN THE QR CODE BELOW** to learn more about the Aveir VR LP and read recently published real-world evidence.

**STAY INFORMED!** Follow the QR code to receive first access to the latest information and updates .

## PATIENT DEMOGRAPHICS

A female patient in her 70s who was diagnosed with symptomatic pauses secondary to paroxysmal atrial fibrillation and infrequent sinus pauses.

## CHALLENGE

The patient has infrequent sinus pauses and symptomatic pauses secondary to paroxysmal atrial fibrillation. The Aveir VR LP was selected due to infrequent ventricular pacing required, with the potential to develop a dual chamber indication in the future.

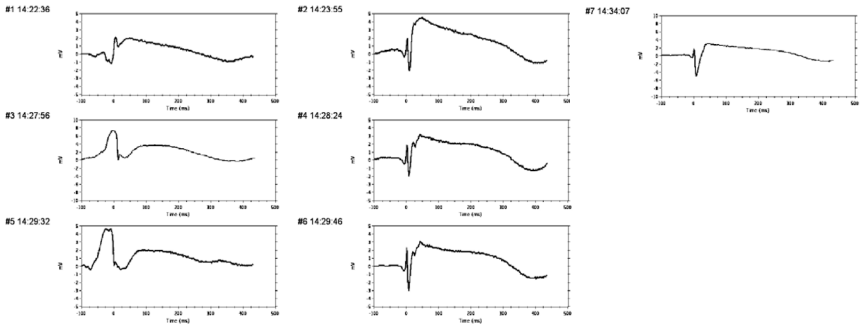
## SOLUTION

When getting access and shooting an initial RV venogram with the angled pigtail catheter, it was found that the patient had a large PFO and an enlarged RV. Catheter movement was controlled throughout the case, and the first location was ideal. Prior to fixation, there were a few coaching moments regarding adequate forward pressure. Final numbers improved from pre-fixation, and the device was released successfully. Following the procedure, the physician mentioned that this patient would likely be a candidate for an upgrade when such a leadless device becomes available.

*The LP device electronics are designed to be enabled by future software, upon regulatory approval, to support dual chamber pacing in the future. Dual chamber pacing system is currently in clinical trial (ClinicalTrials.gov NCT #05252702) and limited to investigational use only.*

| STATUS | IMPEDANCE (Ω) | R WAVE (MV) | THRESHOLD (V @ MS) |
|---|---|---|---|
| Pre-Fixation | 310 | 4.5 | 1.0 @ 0.4 |
| Adjusted Pre-Fixation | 450 | 5.5 | 0.75 @ 0.4 |
| ½ Rotation | 550 | N/A | N/A |
| 1 Rotation | 600 | N/A | N/A |
| Tether 1 | 650 | 5.5 | 1.5 @ 0.4 |
| Tether 2 | 650 | 7.5 | 0.75 @ 0.4 |
| Post Release | 670 | 8.0 | 0.75 @ 0.4 |

## COI AT IMPLANT:

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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.

MAT-2213306 v1.0 | Item approved for U.S. and Canada.

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