

Gallant™ Dual-Chamber ICD

CDDRA500Q



Product Highlights

- Bluetooth® Low Energy (LE) communication enabling smartphone connectivity through data encryption
- 40J delivered energy safety shock option for enhanced safety margin
- DeFT Response™ technology offers noninvasive programming options to optimize rescue therapy to each patient’s unique physiology and changing conditions
- VF Therapy Assurance decreases time to treatment for arrhythmias in patients who are likely to be hemodynamically unstable
- Antitachycardia pacing (ATP) while charging and prior to charging in the VF zone extends the programming options for terminating tachyarrhythmias without a high-voltage shock
- ShockGuard™ technology with DecisionTx™ programming designed to reduce inappropriate therapy and minimize the need for programming adjustments at implant
 - SecureSense™ RV lead noise discrimination algorithm detects sustained lead noise and records short bursts of oversensing that would otherwise go unnoticed or potentially lead to one or more inappropriate shocks
 - Far Field MD™ morphology discrimination and chamber onset discrimination enhance SVT and VT discrimination for reduced inappropriate therapies
- SenseAbility™ sensing algorithm feature provides the flexibility to fine-tune programming around T-wave oversensing without decreasing sensitivity
- DynamicTx™ over-current detection algorithm automatically changes shock configurations to ensure delivery of high-voltage therapy when high current is detected
- MRI Ready device tested in combination with MR Conditional leads for full-body scans using a 1.5T or 3T (Tesla) field strength MRI Scanner*
- New battery provides higher capacity than previous QHR⁺ batteries to offer superior longevity/volume ratio
- DF4 connector designed to streamline defibrillation connections into a single terminal pin and reduce the number of set screws
- Cold can programmability provides an additional RV-SVC shock configuration to decouple the can from the shocking vector parameters
- The CorVue™ congestion monitoring feature measures transthoracic impedance changes over time to provide additional insight into the patient’s heart failure condition
- Premature Atrial Contraction (PAC) Response to avoid pacing the atrium in a vulnerable zone
- Physiologic rate responsive AV Delay and PVARP
- Dual patient notification: audio notification through the device and visual notification via myMerlinPulse™ app

Ordering Information

Contents: Cardiac Pulse Generator

MODEL NUMBER	DIMENSIONS (H × W × T, MM)	WEIGHT (G)	VOLUME (CC)	CONNECTOR DEFIBRILLATION	CONNECTOR SENSE/PACE
CDDRA500Q	69 × 51 × 12	71	31	DF4	IS-1; DF4

*See MRI Scan Parameters in MRI Ready Systems Manual.

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CDDRA500Q

IMPLANTABLE CARDOVERTER DEFIBRILLATOR (ICD) DEVICE

PHYSICAL SPECIFICATIONS

Models	CDDRA500Q
Telemetry	Bluetooth® LE Communication
Delivered/Stored Energy	40/45 J
Volume	31 cc
Weight	71 g
Size	69 x 51 x 12 mm
Defibrillation Lead Connection	DF4
Atrial Sense/Pace Lead Connection	IS-1
Ventricular Sense/Pace Lead Connection	DF4
High-Voltage Can	Electrically active titanium can

PARAMETER SETTINGS

AF Management

AF Suppression™ Pacing	On; Off
No. of Overdrive Pacing Cycles	15–40
Maximum AF Suppression Rate	80–150 min ⁻¹

Sensing/Detection

SenseAbility™ Sensing Algorithm	Automatic Sensitivity Control adjustment for atrial and ventricular events
Low Frequency Attenuation	On; Off
Threshold Start	Post-Sensed: 50; 62.5; 75; 100%; Post-Paced, Atrial: 0.2–3.0 mV Post-Paced, Ventricular: Auto, 0.2–3.0 mV
Decay Delay	Post-Sensed: 0–220 ms Post-Paced, Atrial: 0–220 ms Post-Paced, Ventricular: Auto, 0–220 ms
Ventricular Sense Refractory	125; 157 ms
Detection Zones	3 zone programming – 1 zone, 2 zones or 3 zones (VT-1, VT-2, VF)
SVT Discriminators	AV Rate Branch; Arrhythmia Onset (Chamber Onset or Sudden Onset); Interval Stability; AV Association; Morphology Discrimination (Far Field MD™ Morphology Discrimination or Original MD) with Automatic Template Update
Monitor Mode	Detection, discrimination and diagnostics, no therapy delivery (VT or VT-1 zone)
Discrimination Modes	On; Passive; Off
SVT Upper Limit	150–240 min ⁻¹
SVT Discrimination Timeout	20s - 60 min; Off
Reconfirmation	Continuous sensing during charging
SecureSense™ RV Lead Noise Discrimination Algorithm	On; On with Timeout; Passive; Off
VF Therapy Assurance	On; Off

Antitachycardia Pacing Therapy

ATP Configurations	Ramp; Burst; Scan; 1 or 2 schemes per VT zone
ATP in VF Zone	ATP While Charging; ATP Prior to Charging; Off
ATP Upper Rate Cutoff	150–300 min ⁻¹
Burst Cycle Length	Adaptive (50%-100%); Fixed (200–550 ms)
Min. Burst Cycle Length	150–400 ms
Readaptive	On; Off
Number of Bursts	1–15
Number of Stimuli	2–20
Add Stimuli per Burst	On; Off
ATP Pulse Amplitude	7.5 V independent from Bradycardia and Post-Therapy Pacing
ATP Pulse Width	1.0 or 1.5 ms independently programmable from Bradycardia and Post-Therapy Pacing

High-Voltage Therapy

DynamicTx™ Over-Current Detection Algorithm	On; Off
DeFT Response™ Technology	Programmable pulse width for P1/P2 and tilt
High-Voltage Output Mode	Fixed Pulse Width; Fixed Tilt
Waveform	Biphasic; Monophasic
RV Polarity	Cathode (-); Anode (+)
Electrode Configuration	RV to Can; RV to SVC/Can; RV to SVC

Bradycardia Pacing

Permanent Modes	Off; DDD(R); DDI(R); VVI(R); AAI(R)
Temporary Modes	Off; DDD; DDI; VVI; AAI; AAT; DOO; VOO; AOO
Activity Sensor	On; Passive; Off
Programmable Rate and Delay Parameters	Base Rate (min ⁻¹); Rest Rate (min ⁻¹); Maximum Tracking Rate (min ⁻¹); Maximum Sensor Rate (min ⁻¹); Paced AV Delay (ms); Sensed AV Delay (ms); Rate Responsive AV Delay; Hysteresis Rate (min ⁻¹); Rate Hysteresis with Search
Pulse Amplitude	0.25 - 7.5 V
Pulse Width	0.05 ms, 0.1 - 1.5 ms
Ventricular AutoCapture™	On; Off
Pacing System	
ACap™ Confirm Feature	On; Monitor; Off
QuickOpt™ Timing Cycle Optimization	Sensed/Paced AV delay
Auto Mode Switch (AMS)	DDI(R); VVI(R); Off
Atrial Tachycardia	
Detection Rate	110–300 min ⁻¹
AMS Base Rate	40; 45; ... 135 min ⁻¹
Rate Responsive PVARP	Low; Medium; High; Off
Rate Responsive V Pace	On; Off
Refractory	
PAC Response	On; Off

PAC Response Interval	200–400 ms
PMT Detection/Termination	Atrial Pace; Passive; Off
Ventricular Intrinsic Preference (VIP™)	On (50–200 ms); Off

Post-Therapy Pacing (Independently Programmable from Bradycardia and ATP)

Post-Shock Pacing Mode	AAI; VVI; DDI; DDD; Off
Post-Shock Base Rate	30–100 min ⁻¹
Post-Shock Pacing Duration	0.5; 1; 2.5; 5; 7.5; or 10 min; Off

Device Testing/Induction Methods

DC Fibber™ Induction Method	0.5–5.0 sec
Pulse Duration	
Burst Fibber Cycle Length	20–100 ms
Noninvasive Programmed Stimulation (NIPS)	2–25 stimuli with up to three extra stimuli

Patient Notifiers

Programmable Notifiers (On; Off)	BatteryAssurance™ alert, Possible HV circuit damage, HV charge timeout, Long charge time for Capacitor Maintenance, Device at ERI, Atrial pacing lead impedance out of range, Ventricular pacing lead impedance out of range, High-voltage lead impedance out of range, AT/AF Episode duration, AT/AF Burden, High ventricular rate during AT/AF, SecureSense™ lead noise detection, Non-sustained ventricular oversensing, Ventricular pacing percentage greater than limit, CorVue™ congestion monitoring
Device Parameter Reset	On
Entry into Backup VVI Mode	On
Auditory Duration	2; 4; 6; 8; 10; 12; 14; 16 sec
Number of Audio alerts per Notification	2
Number of Notifications	1–16
Time Between Notifications	10; 22 hours

Electrograms and Diagnostics

Stored Electrograms	30 minutes (2 user programmable + discrimination channel), up to one minute programmable pre-trigger data per VT/VF electrograms; additional triggers include lead noise detection, non-sustained ventricular oversensing, morphology template updates, atrial episode, PMT termination, PAC response, magnet reversion, noise reversion
Therapy Summary	Diagram of therapies delivered
Episodes Summary	Directory listing of up to 60 episodes with access to more details including stored electrograms
Lifetime Diagnostics	History of bradycardia events and device-initiated charging
AT/AF Burden Trend	Trend data and counts
Ventricular HV Lead Impedance Histograms and Trends	Multi-Vector Trend Data Event Histogram; AV Interval Histogram; Mode Switch or AT/AF Duration Histogram; Peak Filtered Atrial Rate during atrial arrhythmia Histogram; Atrial Heart Rate Histogram; Ventricular Heart Rate Histogram; AT/AF Burden; Exercise and Activity Trending; V Rates during AMS; DirectTrend™ reports up to 1 year

PMT Data	Information regarding PMT detections
Real-Time Measurements (RTM)	Pacing lead impedances; high-voltage lead impedances; and signal amplitudes

CorVue Congestion Monitoring	On; Off
CorVue Congestion Monitoring Threshold	8–18 days

MRI Settings

Tachy Therapy	Disabled
MRI Mode	DOO; VOO; AOO; Pacing Off
MRI Base Rate	30–100 min ⁻¹
MRI Paced AV Delay	25–120 ms
MRI Pulse Amplitude	5.0 or 7.5 V
MRI Pulse Width	1.0 ms
MRI Pulse Configuration	Bipolar
MRI Timeout	Off; 3; 6; 9; 12; 24 hours

MRI Scan Parameters[†]

LEAD MODEL	MAGNET (TESLA)	RF TRANSMIT CONDITIONS	SCAN REGION
Durata™ Defibrillation Lead 7120Q (lead lengths: 58, 65 cm) 7122Q (lead lengths: 58, 65 cm)	1.5T / 3T	Normal Operating Mode	Full-body
Optisure™ Lead LDA220Q (lead lengths: 58, 65 cm) LDA210Q (lead lengths: 58, 65 cm)	1.5T / 3T		
Tendril™ STS Pacing Lead 2088TC (lead lengths: 46, 52 cm)	1.5T / 3T		
Tendril MRI™ Lead LPA1200M (lead lengths: 46, 52 cm)	1.5 T		

† For additional information about specific MR Conditional ICDs and leads, including scan parameters, warnings, precautions, adverse conditions to MRI scanning, and potential adverse events, please refer to the Abbott MRI Ready Systems Manual at medical.abbott/manuals.

Customer Support: 46-8-474-4756

Brief Summary: This product is intended for use by or under the direction of a Physician. 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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