
Abbott
OFFER HOPE.
Be the difference in your patients' heart failure journey
Jermayne, HeartMate 3™ LVAD Recipient

HEART FAILURE IS A SERIOUS DISEASE

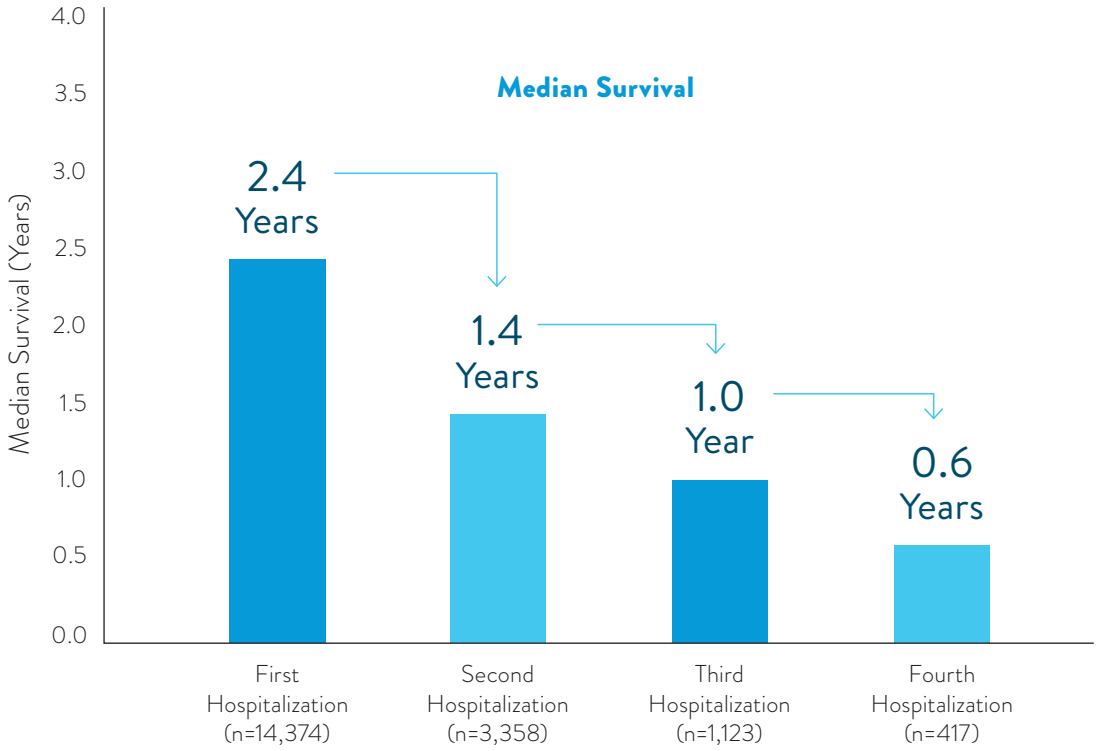
6.7 Million
adults in the United States have heart failure[1]

450,000+
deaths a year have been attributed to heart failure in the United States[2]

Inotropes are not a life-saving therapy[3]

Despite utilization of guideline-directed medical therapy (GDMT), patients continue to be readmitted to the hospital for acute heart failure symptoms, becoming "frequent flyers" and potentially inotrope dependent.[4]

Repeat hospitalizations are associated with decreased survival[5]



Advanced therapy options[6]

Left ventricular assist devices (LVADs) and heart transplants are both advanced therapy options. LVADs can be considered a complementary option alongside transplant, offering life-prolonging support for patients with advanced heart failure.

Zuleyma,
HeartMate 3™
LVAD Recipient

Use the rule of three to consider patients for timely evaluation[7]

Hospitalizations
for heart failure (two or more per year)

Escalating diuretic
requirements over time to maintain clinical stability*

Progressive intolerance
to neurohormonal therapy (beta blockers, ACEi and ARBs)

What is a left ventricular assist device (LVAD)

An LVAD is a mechanical pump implanted to help a weakened heart's left ventricle pump blood throughout the body. It's used for people with advanced heart failure who are unable to pump enough blood on their own. LVADs can be a bridge to transplant, support recovery, or serve as a permanent solution for those not eligible for transplant.

HEARTMATE 3™ LVAD

LVAD therapy receives a 1A Recommendation from the U.S. joint societies[8]

This designation represents the strongest level of clinical guidance, supported by robust evidence indicating that the benefits far outweigh the risks.

COR	LOE	RECOMMENDATIONS
1	A	In select patients with advanced HFrEF with NYHA Class IV symptoms who are deemed to be dependent on continuous intravenous inotropes or temporary MCS, durable LVAD implantation is effective to improve functional status, QOL and survival.

HeartMate 3™ LVAD system

A better experience for clinicians and patients**

1 HeartMate 3™ LVAD

Connects to the left side of the heart and moves oxygenated blood from the left ventricle to the rest of the body.

2 Modular driveline

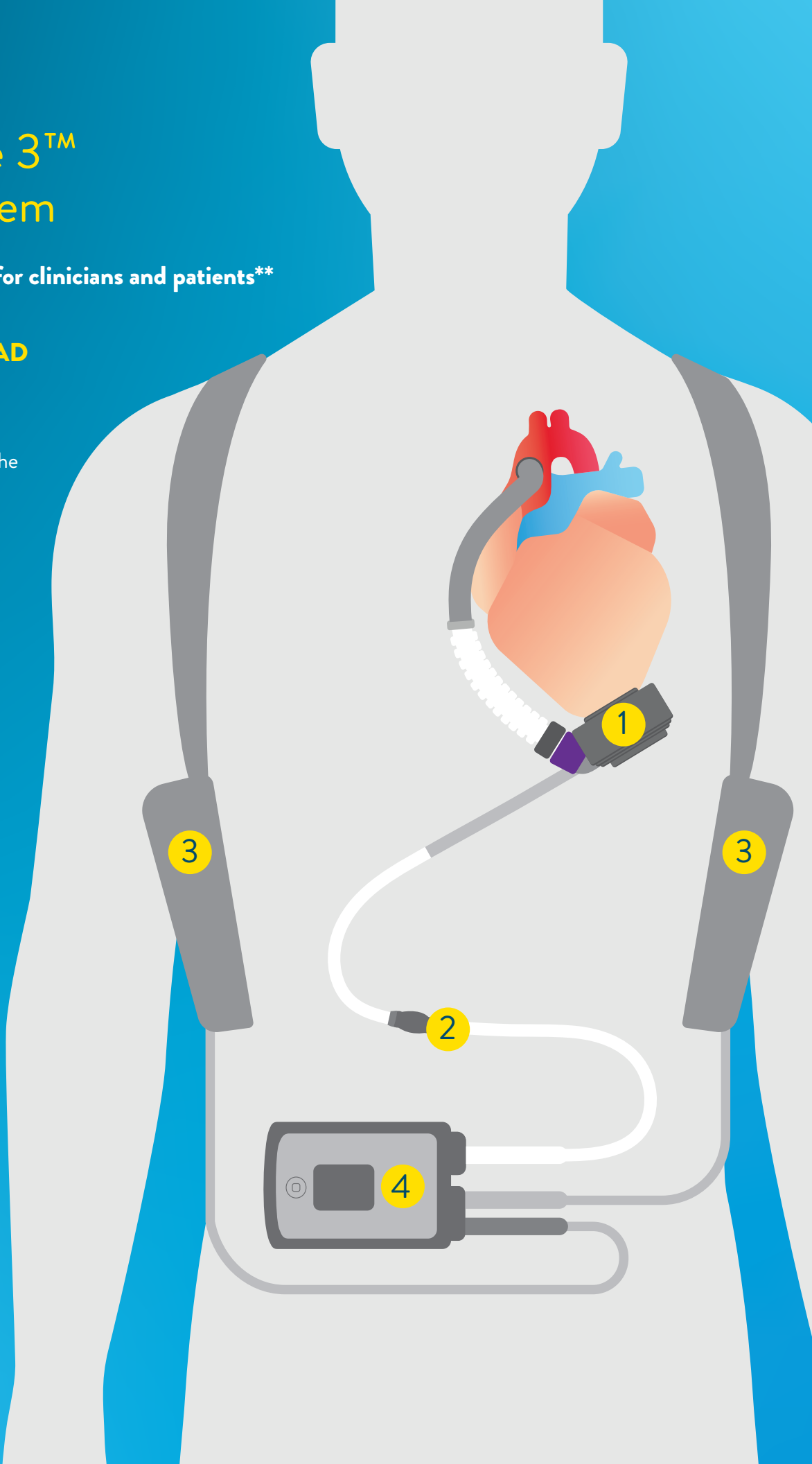
Connects the heart pump to the system controller.

3 Batteries

Provide up to 17 hours of uninterrupted power.

4 System controller

Powers and controls the LVAD and is small enough to fit in a pocket. Includes emergency battery backup.



HeartMate 3™ LVAD has proven outcomes[9]

Data from the MOMENTUM 3 trial — the largest randomized controlled LVAD trial ever conducted — showed:

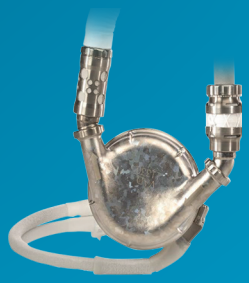
- Excellent survival rate.
- Reversed symptoms of heart failure and improved QOL.
- Improved safety profile with significantly reduced adverse events.***

Unmatched legacy in MCS: Evolution of the HeartMate™ LVAD

1998

HeartMate™ XVE LVAS†

Pulsatile Flow



FIRST LVAS APPROVED

LONG-TERM USE

2008

HeartMate II™ LVAD

Continuous Flow (Axial)

26,000+ PATIENTS IMPLANTED[10]

WITH HEARTMATE II™ LVAD

2017

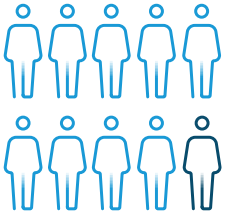
HeartMate 3™ LVAD

Continuous Flow (Centrifugal) With Full MagLev™ Flow Technology

42,000+ PATIENTS IMPLANTED[10]

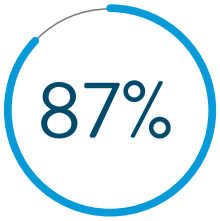
WITH HEARTMATE 3™ LVAD

At 2 years, HeartMate 3™ LVAD patients would agree to get an LVAD again[11]



Nearly 9 out of 10

were satisfied with the outcome of LVAD surgery



87% of LVAD Recipients

said they would get an LVAD again knowing what they know now.

"The HeartMate 3™ LVAD has given me a part of my life back. Sitting in the hospital a year ago, I wasn't thinking that was possible. I'm not in a rush for a transplant."

– SON, HEARTMATE 3™ LVAD RECIPIENT

This testimonial relays an account of an individual's response to the treatment. This patient's account is genuine, typical and documented. However, it does not provide any indication, guide, warranty or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual patient.

LEARN MORE ABOUT LVAD THERAPY. OFFER HOPE, NOT INOTROPE.

*For example, an increase in oral loop diuretic therapy by 50% in the past 6 months.
**Compared to HeartMate II™ Left Ventricular Assist Device (LVAD).
***Key adverse events include pump thrombosis, stroke and gastrointestinal (GI) bleeding.
†This product is no longer available for sale or use.

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2. Centers for Disease Control and Prevention. National Center for Health Statistics Mortality Data on CDC WONDER. wonder.cdc.gov. Reviewed October 01, 2025. Accessed October 17, 2025. https://wonder.cdc.gov/mcd.html
3. Sami F, Acharya P, Noonan G, et al. Palliative inotropes in advanced heart failure: comparing outcomes between milrinone and dobutamine. *J Card Fail.* 2022;28(12):1683-1691. doi:10.1016/j.cardfail.2022.08.007
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5. Setoguchi S, Stevenson LW, Schneeweiss S. Repeated hospitalizations predict mortality in the community population with heart failure. *Am Heart J.* 2007;154(2):260-266. doi:10.1016/j.ahj.2007.01.041
6. Meyer DM, Nayak A, Wood KL, et al. The Society of Thoracic Surgeons Intermacs 2024 annual report: focus on outcomes in younger patients. *Ann Thorac Surg.* 2025;119(1):34-58. doi:10.1016/j.athoracsur.2024.10.003
7. Mehra MR, Gustafsson F. Left ventricular assist devices at the crossroad of innovation in advanced heart failure. *J Card Fail.* 2021;27(11):1291-1294. doi:10.1016/j.cardfail.2021.06.003
8. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: A report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation.* 2022;145(18):e895-e1032. doi:10.1161/CIR.0000000000001063
9. Mehra MR, Uriel N, Naka Y, et al. A fully magnetically levitated left ventricular assist device – final report. *N Engl J* Med. 2019;380(17):1618-1627. doi:10.1056/NEJMoa1900486
10. Abbott. Data on File. Based on clinical trial and device tracking data as of August 6, 2025.
11. Grady KL, Fazeli PL, Kirklin JK, Pamboukian SV, White-Williams C. Factors associated with health-related quality of life 2 years after left ventricular assist device implantation: insights from INTERMACS. *J Am Heart Assoc.* 2021;10(14):e021196. doi:10.1161/JAHA.121.021196

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Cardiovascular.Abbott/HeartMate3

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.

HeartMate 3™ LVAS Indications: The HeartMate 3™ Left Ventricular Assist System is indicated for providing short- and long-term mechanical circulatory support (e.g., as bridge to transplant or myocardial recovery, or destination therapy) in adult and pediatric patients with advanced refractory left ventricular heart failure and with an appropriate body surface area.

HeartMate II™ LVAS Indications: The HeartMate II™ Left Ventricular Assist System is indicated for use as a "bridge to transplantation" for cardiac transplant candidates who are at risk of imminent death from non-reversible left ventricle failure. It is also indicated for use in patients with New York Heart Association (NYHA) Class IIIB or IV end-stage left ventricular failure, who have received optimal medical therapy for at least 45 of the last 60 days, and who are not candidates for cardiac transplantation. The HeartMate II Left Ventricular Assist System is intended for use both inside and outside of the hospital, or for transportation of Left Ventricular Assist Device patients via ground ambulance, airplane, or helicopter.

HeartMate 3™ and HeartMate II™ LVAS Contraindications: The HeartMate 3 and HeartMate II Left Ventricular Assist Systems are contraindicated for patients who cannot tolerate, or who are allergic to, anticoagulation therapy.

HeartMate 3™ and HeartMate II™ LVAS Adverse Events: Adverse events that may be associated with the use of the HeartMate 3 or HeartMate II Left Ventricular Assist System are listed below: death, bleeding, cardiac arrhythmia, localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction, psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS) thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, hemolysis (not associated with suspected device thrombosis) and possible pump thrombosis.

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