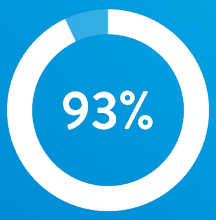
Abbott

PROVEN DESIGN **EVOLVED.**

Introducing the **UltiPace™ Pacing Lead**, newly engineered from Abbott, the first and only provider of stylet-driven leads that are FDA approved for left bundle branch area pacing (LBBAP).

DEMONSTRATED LBBAP SUCCESS AND SAFETY



COMPOSITE SUCCESS RATE[1]*

with 99.5% of patients not experiencing LBBAP related adverse effects at 6 months post implant.[1]

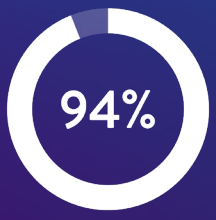
RESISTANT TO DISTAL FATIGUE FAILURE

UltiPace Pacing Leads have a robust distal lead tip without a flexible zone that helps reduce stress on the conductors, and the chance for distal fatigue failure compared to competitive leads.[2]

ZERO HELIX RETRACTION

The Helix Locking Tool is a proven solution to lock an extended helix during tissue burrowing without retraction.[2]

IMPROVED TORQUE TRANSMISSION WITH FEWER ROTATIONS

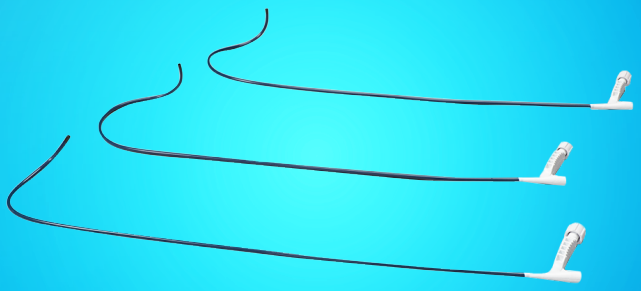


Improvement in torsional stiffness when using UltiPace Pacing Leads compared to LBBAP approved lumenless pacing leads.[2]

CONTINUOUS UNIPOLAR PACING AND IMPEDANCE MONITORING

Provides the user with uninterrupted feedback to help achieve optimal results.[3]

CPS LOCATOR™ 3D CATHETERS



PROVEN SUCCESS

100% Demonstrated 100% success rate in LBBAP procedures.[4]

ACCOMMODATING SOLUTIONS

Three unique distal curves and two lengths provide enhanced variability and reach to accommodate various patient anatomy needs.[5]

Scan the QR code to learn more, or visit cardiovascular.abbott/UltiPace.

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MAT-2402640 v2.0 | Item approved for US use.

REFERENCES:

1. Abbott. Left Bundle Branch Area Pacing Study. Item: ARTEN600334504 A
2. Abbott. Data on File, Engineering Technical Report. Item: 90994484 Ver D.
3. Burri, H., Jastrzebski, M., Cano, O., Curila, K., Pooter, J. de, Huang, W., Israel, C., Joza, J., Romero, J., Vernooy, K., Vijayaraman, P., Whinnett, Z., & Zanon, F. (2023). Ehra clinical consensus statement on conduction system pacing implantation: Executive summary. endorsed by the Asia-Pacific Heart Rhythm Society (APHRS), Canadian heart rhythm society (CHRS) and Latin-American heart rhythm society (LAHRS). Europace : European pacing, arrhythmias, and cardiac electrophysiology : journal of the working groups on cardiac pacing, arrhythmias, and cardiac cellular electrophysiology of the European Society of Cardiology. https://pubmed.ncbi.nlm.nih.gov/37061850/.
4. Nair, D., & Atwater, B. (2023). Abstracts - 2023 - journal of arrhythmia - wiley online library. Wiley Online Library. https://onlinelibrary.wiley.com/doi/10.1002/joa3.12902 .
5. Abbott. Data on File, Competitive Summary. Item: MAT-2302264 v1.0.

*Composite success rate of acceptable capture thresholds and sense amplitudes for LBBAP at 6 months post-implant.

Rx Only

ULTIPACE PACING LEADS

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.

Indications: UltiPace™ leads are indicated for use in combination with a compatible pacemakers, implantable cardioverter defibrillator (ICDs) or cardiac resynchronization therapy (CRT-P/CRT-D) to provide sensing and pacing for the management of chronic symptomatic bradycardia and various atrioventricular conduction abnormalities in patients who experience syncope, presyncope, fatigue, disorientation due to arrhythmia/ bradycardia, or any combination of these symptoms. The UltiPace leads are implanted transvenously in either the right atrium, the right ventricle or the left bundle branch area.

Contraindications: UltiPace™ leads are contraindicated: in the presence of tricuspid atresia (if the lead is to be positioned in the right ventricle or left bundle branch area), for patients with mechanical tricuspid valves (if the lead is to be positioned in the right ventricle or left bundle branch area), in patients who are expected to be hypersensitive to a single dose of one milligram of dexamethasone sodium phosphate.

Adverse Effects: Potential adverse effects and their categories associated with the use of UltiPace™ leads are the same as with the use of other active fixation leads and include: Arrhythmia (Accelerated arrhythmia, Induced atrial ectopy or arrhythmias, Induced atrioventricular or bundle branch block, Induced ventricular ectopy or asystole, Myocardial irritability), Cardiac perforation (Cardiac tamponade, Pericardial Effusion, Pericarditis, Septal perforation), Death, Embolism (Air embolus, Dislodgement of intracardiac thrombus, intravascular foreign body), Extra-cardiac stimulation, Heart failure (Right ventricular decompensation, Tricuspid valve dysfunction/Tricuspid valve regurgitation/ insufficiency), Hypersensitivity (Hypersensitivity, including local tissue reaction or allergic reaction), Infection (Endocarditis), Lead revision or reprogramming resulting from, but not limited to, loss of pacing and/ or sensing (Electrical malfunction of the lead, Lead dislodgement, Lead dysfunction (sensing/threshold Issue), Mechanical malfunction of the lead), Lung perforation (Hemothorax, Pneumothorax), Pulmonary edema, Prolonged exposure to fluoroscopic radiation, Respiratory compromise, Tricuspid value perforation, Vascular injury (Arterial perforation, Arteriovenous fistula, Coronary sinus or coronary vein perforation/dissection, Hemorrhage/ Hematoma at device site, Venous perforation, Septal hematoma), Vascular thrombosis/ stenosis/ occlusion. The physician should discuss the patient's potential adverse events with them.

Refer to the User's Manual for detailed indications, contraindications, warnings, precautions and potential adverse events.

CPS LOCATOR 3D CATHETERS

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.

Indications: The Delivery Catheter is indicated for the introduction of various types of catheters and pacing or defibrillator leads.

Contraindications: Obstructed or inadequate vasculature for venous access.

Complications: Possible complications include, but are not limited to, the following: exposure to x-ray radiation, adverse or allergic reaction to contrast agents, infection, hematoma, pneumothorax, embolization, vessel thrombosis, dissection, acute occlusion, clot formation, hemorrhage, vessel rupture, arrhythmia or heart block, hemodynamic changes, myocardial infarction, perforation of the heart, cardiac tamponade, stroke, and death.

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