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MORE VENTRICULAR IMPLANT OPTIONS FOR YOUR PATIENTS

AVEIR VR Mini Ventricular LP provides greater implant flexibility within the right ventricle and an industry-leading projected battery life.*[1, 2, 3]

AVEIR VR Mini Ventricular LP
32.5 mm

AVEIR VR Ventricular LP
38.0 mm

Greater Implant Location Flexibility[2]

With its shorter length, the AVEIR VR Mini Ventricular LP expands implant options within the right ventricle and for patients with challenging cardiac anatomies.

Industry-Leading Projected Longevity*[1,3]

AVEIR VR Mini Ventricular LP exceeds Micra‡ VR2 and Micra‡ AV2 projected longevity by 29.4%.

1. AVEIR Leadless Pacemakers IFU. ARTEN600405131.
2. AVEIR VR Mini Supplement doc 91183421
3. UC202307540 Micra VR2, UC202307539 Micra AV2

**Based on published projected longevity estimates. Pacing parameters: VVI(R) pacing mode, 100% pacing, 1.5 V, 0.4 ms, 500 ohms, 60 bps. Projected longevity depends on programmed settings and patient conditions.*

THE WORLD'S FIRST DUAL CHAMBER LEADLESS PACEMAKER SYSTEM, **AVEIR™ DR DUAL CHAMBER LEADLESS PACEMAKER SYSTEM**

UPGRADEABLE SYSTEM[2]

Tailor patient therapy with atrial or ventricular leadless pacemakers, alone or in combination for dual chamber support.

BEAT-TO-BEAT SYNCHRONY

Industry-first proprietary i2i™ communication enables dual chamber, leadless synchronous pacing for continuous AV synchrony, ensuring true DDD(R) pacing irrespective of patient posture.[1,2]

LONG-TERM RETRIEVAL

Long-term retrieval allows for the replacement of the atrial or ventricular device at end of service (EOS) without leaving hardware behind.[2,6]

Ask your Abbott Sales Representative or scan the QR code to learn more about AVEIR™ Leadless Pacemakers, a complete leadless solution.

References:

1. Knops, Reinoud E., et al. "A Dual-Chamber Leadless Pacemaker." New England Journal of Medicine (2023). DOI: 10.1056/ NEJMoa2300080.
2. AVEIR Leadless Pacemakers and Delivery Catheter IFU. ARTEN600307044, ARTEN600284235.
3. Cantillon, Daniel, et al. (2023, May 19-21). Percutaneous implantation of a dual chamber leadless cardiac pacemaker system with bidirectional communication for atrioventricular synchrony. [Conference presentation]. Heart Rhythm Society 2023, New Orleans, USA.
4. Micra‡ VR2 MC2VR01 IFU.
5. Micra‡ AV2 MC2AVR1 IFU.
6. AVEIR™ Retrieval Catheter IFU. ARTMT600167676.

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.

Indications for Use: The AVEIR™ Leadless Pacemaker system is indicated for management of one or more of the following chronic clinical presentations: syncope, pre-syncope, fatigue, disorientation, and one or more of the indications which follow. Rate-modulated pacing is indicated for patients with chronotropic incompetence, and for those who would benefit from increased stimulation rates concurrent with physical activity. Dual-chamber pacing is indicated for patients exhibiting one or more of the following conditions: sick sinus syndrome; chronic, symptomatic second- and third-degree AV block; recurrent Adams-Stokes syndrome; symptomatic bilateral bundle-branch block when tachyarrhythmia and other causes have been ruled out. Atrial pacing is indicated for patients with sinus node dysfunction and normal AV and intraventricular conduction systems. Ventricular pacing is indicated for patients with significant bradycardia and: normal sinus rhythm with only rare episodes of AV block or sinus arrest, or chronic atrial fibrillation.

Intended Use: The AVEIR™ Leadless Pacemaker (LP) is designed to provide bradycardia pacing as a pulse generator with built-in battery and electrodes for implantation in the right ventricle and the right atrium. The LP is intended to provide sensing of intrinsic cardiac signals and delivery of cardiac pacing therapy within the implanted chamber for the target treatment group. The LP is also intended to operate optionally with another co-implanted LP to provide dual-chamber pacing therapy.

The AVEIR™ Delivery Catheter is intended to be used in the vasculature and the cardiovascular system to deliver and manipulate an LP. Delivery and manipulation includes implanting an LP within the target chamber of the heart.

Contraindications: Use of the AVEIR™ Leadless Pacemaker is contraindicated in these cases:

In patients with an implanted inferior vena cava filter, femoral access is contraindicated.

In patients with an implanted superior vena cava filter, internal jugular access is contraindicated.

Use is contraindicated in patients with a mechanical tricuspid valve because of interference between this device and the delivery system during implantation.

In patients who are known to be hypersensitive to device material components or a single dose of 1.0 milligram of dexamethasone sodium phosphates.

Adverse Events: Potential complications associated with the use of the AVEIR™ Leadless Pacemaker system are the same as with the use of single or dual chamber pacemakers with active fixation pacing leads including, but not limited to: cardiac arrhythmias; Carotid artery injury; Cardiac perforation; Cardiac tamponade; Cerebrovascular accident (CVA); Death; Diaphragmatic/phrenic nerve stimulation/ extra-cardiac stimulation; Endocarditis; Heart failure; Hypotension; Hypersensitivity reaction to device materials, contrast media, or medications; Infection; Pacemaker syndrome; Palpitations; Pericardial effusion; Pericarditis; Pneumothorax/Hemothorax; RV-pacing induced cardiomyopathy; Syncope; Thoracic/lymphatic duct injury; Valve damage or regurgitation. Adverse device effects include the following: Battery malfunction/premature battery depletion; Corrupted, intermittent, or loss of i2i™ communication; Device dislodgement; Embolization of foreign material; Helix distortion; Inadequate fixation during implant with or without device migration (Intra-procedural); Inability to interrogate or program the LP due to programmer or LP malfunction; Inability to release/re-dock of the LP from catheter; Inappropriate sensor response; Increased capture threshold (Exit block, High-impedance, Threshold elevation); Intermittent or complete loss of capture, pacing or sensing (non-battery related); Interruption of desired LP function due to electrical interference, either electromyogenic or electromagnetic; Mechanical malfunction of the LP (non-battery related); Oversensing; Premature deployment; Undersensing. As with any percutaneous catheterization procedure, potential complications include, but are not limited to: Air embolism; Bleeding or hematoma; General procedural risks and complications from comorbidities, including but not limited to anesthetic complications, dyspnea, respiratory failure, syncope, pneumonia, hypertension, hypotension, cardiac failure, kidney failure due to reaction to contrast media, pain and anemia; Local and systemic infection; Peripheral nerve damage; Thrombus formation; Thromboembolism; Vascular access complications, such as arteriovenous fistula, pseudoaneurysm, perforation, dissection, puncture, venous occlusion.

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

™ Indicates a trademark of the Abbott group of companies.

‡ Indicates a third-party trademark, which is property of its respective owner.

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