

## CASE INSIGHTS



### AT A GLANCE

A patient in his 30s with an abandoned transvenous system and at high risk of lead extraction complications receives an Aveir VR LP. Industry-leading battery life and chronic retrievability, allowing for flexibility when replacement is needed, are a few of the considerations that make Aveir VR the best option for this patient.

### KEY TAKEAWAYS

- Retrievability can be a major factor when considering leadless pacing for younger patients, especially with a complex history of abandoned or infected transvenous systems. Intangible effects of this history can be powerful and play a role in coordinating appropriate patient care.
- >25 years projected longevity for a patient indicated for infrequent pacing can impact future risk factors and contribute to the clinical decision-making process for leadless patients.

### 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 male patient in his late 30s, diagnosed with a genetic condition that indicates him for permanent pacing had an abandoned transvenous system due to a malfunctioning RV lead. Concerns about helix location placed him at a higher risk of complication during lead extraction. After consulting with the patient, the system was not extracted at the patient's request and the leads were capped.

### CHALLENGE

The patient was indicated for permanent pacing and needed another pacemaker, but due to his previous experience he was reluctant to receive another device. He was particularly hesitant to receive another transvenous system. How does the team avoid abandoning more hardware while also giving this young patient a reliable, long-lasting therapy for his extended life expectancy?

Prior to Aveir VR LP, this was a more difficult challenge. Young patients were not often considered candidates for leadless technology. Exceptional longevity of the Aveir VR

and the option of retrievability at generator change have changed this conversation.

The physician suggested the Aveir VR LP over other leadless devices because it was designed for chronic retrievability; unparalleled longevity also means fewer replacements and fewer procedures in his lifetime. Since the Aveir VR LP can be retrieved and replaced at a later date, the patient agreed to this plan.

### SOLUTION

The physician decided to proceed with the selection of the Aveir VR LP for this patient. This was the physician's first Aveir case. During the initial considerations, there was some concern that there might be challenges with the overall maneuverability of the catheter given the abandoned transvenous pacing system. However the physician was able to avoid the implanted leads and identify an optimal location along the low septum. Once the device was in position, mapping was performed and excellent pre-fixation numbers were obtained. Tests were conducted at several additional points resulting in consistent values. A large current of injury was observed and numbers remained unchanged.

Upon interrogation at the first in-office check, the patient's projected longevity was >25 years.

*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.*

### TESTING NUMBERS

	MAPPING	FIXATION	POST-RELEASE	10 MIN.	FIRST IN-OFFICE
THRESHOLD	0.75V @ 0.4ms	0.75V @ 0.4ms	0.5V @ 0.4ms	0.5V @ 0.4ms	0.5V@0.4ms
IMPEDANCE	400 ohms	470 ohms	470 ohms	470 ohms	540 ohms
SENSING	10mV	10mV	7mV	7mV	9.5mV

