

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 Leadless Pacemaker (LP). Industry-leading battery life and long-term 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.



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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 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 AVEIR VR and

the option of retrievability at generator change has changed this conversation.

The physician suggested the AVEIR VR LP over other leadless devices because it was designed for long-term 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.

Should new pacing indications present, the AVEIR VR™ Ventricular LP software designed to pair with AVEIR™ AR Atrial LP, allowing the devices to upgrade to an AVEIR DR Dual Chamber Leadless Pacemaker System.

AVEIR AR LP and AVEIR DR LP System are commercially approved for use only in the USA market at this time.

TESTING NUMBERS

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

