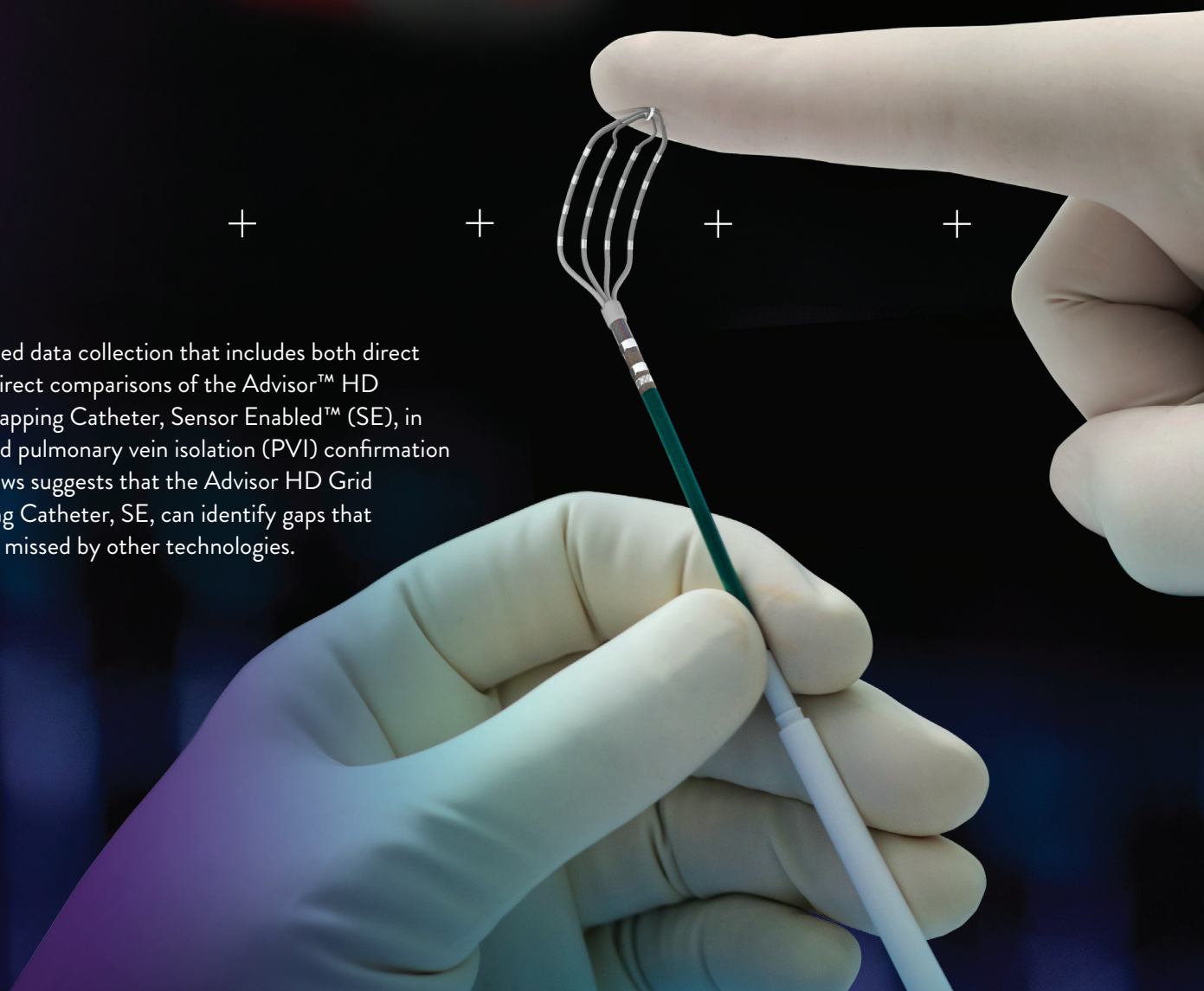
Abbott

CLOSE THE GAP

When you check for gaps in pulmonary vein isolation, **are you seeing them all?**

Expanded data collection that includes both direct and indirect comparisons of the Advisor™ HD Grid Mapping Catheter, Sensor Enabled™ (SE), in standard pulmonary vein isolation (PVI) confirmation workflows suggests that the Advisor HD Grid Mapping Catheter, SE, can identify gaps that may be missed by other technologies.



CIRCULAR MAPPING CATHETERS[1]

The incidence and location of gaps following PVI were tracked utilizing either a circular mapping catheter or the Advisor™ HD Grid Mapping Catheter, SE.

ISOLATION WAS TRACKED ACROSS 559 CASES

CMC
n = 294

36.7% OF PATIENTS HAD GAPS[1]

Advisor™ HD Grid Mapping Catheter, SE
n = 265

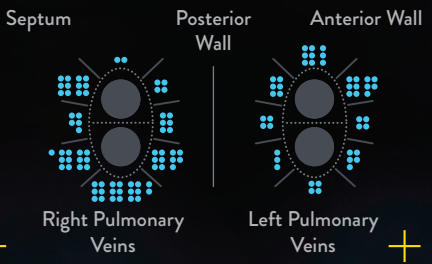
52.5%
OF PATIENTS HAD GAPS
($p < 0.001$)

CRYOABLATION[2]

In a direct comparison, 150 patients received cryoballoon ablation with isolation confirmed by the Achieve‡ Mapping Catheter. Isolation was then checked again with the Advisor HD Grid Mapping Catheter, SE, revealing:

27.3%
OF PATIENTS WITH ≥1 GAP missed by the Achieve‡ Mapping Catheter

119 total gaps missed by the Achieve Mapping Catheter were identified by the Advisor HD Grid Mapping Catheter, SE

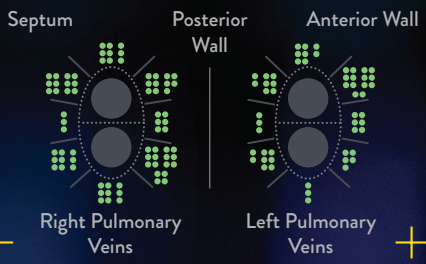


PACING ABLATION LINE[3]

In a direct comparison, 111 patients received ablation with isolation confirmed by pacing the ablation line. Isolation was then checked again with the Advisor HD Grid Mapping Catheter, SE, revealing:

58.6%
OF PATIENTS WITH ≥1 GAP missed by pacing

130 total gaps missed by pacing were identified by the Advisor HD Grid Mapping Catheter, SE[3]



1. Porterfield C et al. Assessment and incidence of PV gaps as determined by HD Grid and circular mapping catheters. Presented at EHRA 2021. ePoster presentation session 301.
2. Gaitonde RS et al. Incidence of residual gaps identified by a high-density grid-style catheter post-cryoballoon ablation for atrial fibrillation. Presented at EHRA 2021. Live abstract session 508.
3. Giuggia M et al. Incidence and location of residual gaps identified by a high-density grid-style catheter after PVI is confirmed by pacing the ablation lines. Presented at EHRA 2021. Live abstract session 511.

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at manuals.sjm.com or eifu.abbottvascular.com for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

United States — Required Safety Information | **Indications:** The Advisor™ HD Grid Mapping Catheter, Sensor Enabled™, is indicated for multiple electrode electrophysiological mapping of cardiac structures in the heart, i.e., recording or stimulation only. This catheter is intended to obtain electrograms in the atrial and ventricular regions of the heart. **Contraindications:** The catheter is contraindicated for patients with prosthetic valves and patients with left atrial thrombus or myxoma, or interatrial baffle or patch via transseptal approach. This device should not be used with patients with active systemic infections. The catheter is contraindicated in patients who cannot be anticoagulated or infused with heparinized saline. **Warnings:** Cardiac catheterization procedures present the potential for significant x-ray exposure, which can result in acute radiation injury as well as increased risk for somatic and genetic effects, to both patients and laboratory staff due to the x-ray beam intensity and duration of the fluoroscopic imaging. Careful consideration must therefore be given for the use of this catheter in pregnant women. Catheter entrapment within the heart or blood vessels is a possible complication of electrophysiology procedures. Vascular perforation or dissection is an inherent risk of any electrode placement. Careful catheter manipulation must be performed in order to avoid device component damage, thromboembolism, cerebrovascular accident, cardiac damage, perforation, pericardial effusion, or tamponade. Risks associated with electrical stimulation may include, but are not limited to, the induction of arrhythmias, such as atrial fibrillation (AF), ventricular tachycardia (VT) requiring cardioversion, and ventricular fibrillation (VF). Catheter materials are not compatible with magnetic resonance imaging (MRI). **Precautions:** Maintain an activated clotting time (ACT) of greater than 300 seconds at all times during use of the catheter. This includes when the catheter is used in the right side of the heart. To prevent entanglement with concomitantly used catheters, use care when using the catheter in the proximity of the other catheters. Maintain constant irrigation to prevent coagulation on the distal paddle. Inspect irrigation tubing for obstructions, such as kinks and air bubbles. If irrigation is interrupted, remove the catheter from the patient and inspect the catheter. Ensure that the irrigation ports are patent and flush the catheter prior to re-insertion. Always straighten the catheter before insertion or withdrawal. Do not use if the catheter appears damaged, kinked, or if there is difficulty in deflecting the distal section to achieve the desired curve. Do not use if the catheter does not hold its curve and/or if any of the irrigation ports are blocked. Catheter advancement must be performed under fluoroscopic guidance to minimize the risk of cardiac damage, perforation, or tamponade.

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