



ELEVATE

Abbott

The Post-Cardiac Ablation Experience



AFib is a worldwide epidemic affecting approximately **33.5 million** people and rising^{1,2}. About **50-70%** of the financial burden of AFib is attributable to hospitalization costs³.

THE PERCLOSE™ PROSTYLE™ ADVANTAGE



NOW APPROVED
for use in common femoral veins with sheath sizes ranging from 5F-24F⁴ (Max. OD 29F⁶)

SAFE AND EFFECTIVE
in closing multiple common femoral venous access sites per limb in over 1,000 combined patients*



IMMEDIATE AND DURABLE HEMOSTASIS
Can be confirmed and challenged on the table⁴ while patient is on full-dose anticoagulants⁵

NO
Late recurrences of bleeding⁴

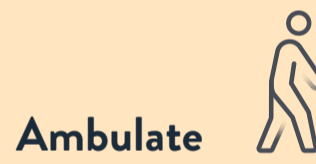


Freedom from major access site-related complications at 30 days^{6,7,8,9}

The use of Perclose™ devices after cardiac ablations allowed patients to:



Sit up
IMMEDIATELY⁴



Ambulate
IN 2 HOURS^{4}**



Be eligible for discharge
THE SAME DAY[†]

The use of Perclose™ ProStyle™ Suture-Mediated Closure and Repair System can help:

ENHANCE
Patient experience



Shorter bed rest and hospital stay




Less pain medication



Less need for Foley catheter

MINIMIZE
Avoidable costs

- Monitoring
 - Re-bleeding
 - In-patient stay
 - Pain medication
 - Foley catheter UTI's
 - Access-site complications
- 

INCREASE
EP lab efficiency



Faster hemostasis and ambulation



Optimization of clinical resources



Faster patient turnover

SOURCE: S. Verma. Adopting a Strategy of Early Ambulation and Same-Day Discharge for Atrial Fibrillation Ablation Cases - EP Lab Digest - May 2019.

State-of-the-art care deserves a state-of-the-art finish

Visit HowToPerclose.com



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*Demonstrated in analysis of >1,000 combined patients in six investigator sponsored studies (ISS): (Kiani, 2022)⁶; (Mohammed 2022)⁷; (Castro-Urda, 2023)⁸; (Fabbriatore, 2023)⁹; (Sun, 2023)¹⁰; (Ahmed, 2023)¹¹.

** As observed in the Perclose Multi-Access VACCAR trial (≥1.4 hours) and the PRO-PVI trial (≥1:26 time to ambulation).

† As observed in the Perclose Multi-Access PROFA trial (80% discharged within 3:34h) and the PRO-PVI trial (≥3:38 hours post-procedural time to discharge).

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5. Mahavdaven VS, et al. PMahadevan, V. S., Jimeno, S., Benson, L. N., McLaughlin, P. R., & Horlick, E. M. (2008). Pre-closure of femoral venous access sites used for large-sized sheath insertion with the Perclose device in adults undergoing cardiac intervention. *Heart (British Cardiac Society)*, 94(5), 571–572.
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9. Fabbriatore D, et al. (2023) Ambulatory PV isolation workflow using suture-mediated vascular closure devices: a prospective observational cohort study (PRO-PVI Study).
10. Sun, J. Y., et al. (2023). Feasibility and clinical benefits of the double-ProGlide technique for hemostasis after cryoballoon atrial fibrillation ablation with uninterrupted oral anticoagulants. *Journal of geriatric cardiology: JGC*, 20(4), 268–275.
11. Ahmed A, Bawa D, Kabra R, et al. (2023) EFFICACY OF VENOUS CLOSURE METHODS AFTER ELECTROPHYSIOLOGICAL PROCEDURES. *JACC*. 2023 Mar, 81 (8_Supplement) 147.

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