Optimizing the surgical approach to aortic valve replacement
SIGNIFICANT TIME SAVINGS

RESTORES AND PRESERVES NATURAL VALVE PERFORMANCE

- The collapsed profile minimizes trauma to the aortic wall while enabling a full and direct view
- Temporary guiding sutures ensure optimal placement
- 100% freedom from SVD at 5-year max follow-up

Cross-Clamp Time Reduction vs. Traditional Valves

<table>
<thead>
<tr>
<th></th>
<th>Traditional Sutured</th>
<th>3f Enable Medtronic</th>
<th>Intuity Edwards Lifescience</th>
<th>Perceval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolated AVR Cross-Clamp Time in minutes (mean)</td>
<td>78</td>
<td>55</td>
<td>41</td>
<td>30</td>
</tr>
</tbody>
</table>

61%

CROSS CLAMP TIME REDUCTION VS. TRADITIONAL VALVES 2,3,4,5,6

References:
5. Kocher et al., JCTS 2013;145(6):110-6
REDUCES THE SURGICAL IMPACT

- Ventilation time reduction: 38%
- ICU stay reduction: 32%
- Blood transfusion reduction: 52%

<table>
<thead>
<tr>
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<th>Traditional Sutured</th>
<th>Perceval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours (means)</td>
<td>15</td>
<td>9.2</td>
</tr>
<tr>
<td>ICU stay (days)</td>
<td>2.8</td>
<td>1.9</td>
</tr>
<tr>
<td>Blood units (means)</td>
<td>2.3</td>
<td>1.1</td>
</tr>
</tbody>
</table>
ENGINEERED FOR PERFORMANCE

UNIQUE DESIGN AND ADVANCED ENGINEERING

SUPER ELASTIC STENT
Allows Perceval to adapt to the natural movement of the aorta during the cardiac cycle

ATRAUMATIC COLLAPSING
Allows for reduction in valve diameter while decreasing the chance for tears, perforation or folding

GEOMETRIC ORIFICE AREA IS MAXIMIZED
The absence of a suturing ring provides excellent hemodynamic performance and stable results over time

OPTIMAL STRESS ABSORPTION
The elastic structure of Perceval mimics the stress absorption properties of the native tissue at the valve commissures level. In addition, Perceval passed a test three times more rigorous than what is required by I.S.O. and F.D.A. guidelines.

ELASTIC CHAIN MODEL
OPTIMIZING THE SURGICAL APPROACH TO AORTIC VALVE REPLACEMENT

DESIGNED FOR ANY PATIENT THAT REQUIRES AN AVR INCLUDING COMPLEX CASES

Reproducible technique leading to shorter procedure and more reproducible results\textsuperscript{2,8}

Improved outcomes that reduce post-operative complications
## Single Use Accessory Kits

<table>
<thead>
<tr>
<th>Size</th>
<th>Code and Label</th>
<th>STERNAL APPROACH</th>
<th>MICs APPROACH</th>
</tr>
</thead>
</table>
| S    | ICV1345        | ICV1235: Dual Collapser  
              ICV1242: Dual Holder  
              ICV1148: Post-dilation Catheter | ICV1236: Dual Collapser  
              ICV1244: Dual MICS Holder  
              ICV1216: MICS Post-dilation Catheter |
| M    | ICV1346        | ICV1235: Dual Collapser  
              ICV1242: Dual Holder  
              ICV1149: Post-dilation Catheter | ICV1236: Dual Collapser  
              ICV1244: Dual MICS Holder  
              ICV1217: MICS Post-dilation Catheter |
| L    | ICV1347        | ICV1236: Dual Collapser  
              ICV1243: Dual Holder  
              ICV1170: Post-dilation Catheter | ICV1236: Dual Collapser  
              ICV1245: Dual MICS Holder  
              ICV1218: MICS Post-dilation Catheter |
| XL   | ICV1348        | ICV1236: Dual Collapser  
              ICV1243: Dual Holder  
              ICV1234: Post-dilation Catheter | ICV1236: Dual Collapser  
              ICV1245: Dual MICS Holder  
              ICV1241: MICS Post-dilation Catheter |