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C L O S E T H E G A P

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

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Acute 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 CATHETERS¹

The incidence and location of gaps following PVI were tracked utilizing either a 10-pole circular mapping catheter (CMC10), a 20-pole circular mapping catheter (CMC20) or the Advisor™ HD Grid Mapping Catheter, SE.

**ISOLATION WAS TRACKED
ACROSS 99 CASES**

CMC10
n = 30

36.7%
OF PATIENTS
HAD GAPS¹

0.9
GAPS/
PATIENT¹

CMC20
n = 36

38.9%
OF PATIENTS
HAD GAPS¹

1.44
GAPS/
PATIENT¹

Advisor™ HD Grid
Mapping Catheter, SE
n = 33

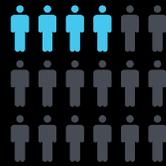
81.8%

OF PATIENTS HAD GAPS¹
2.15 GAPS/PATIENT¹

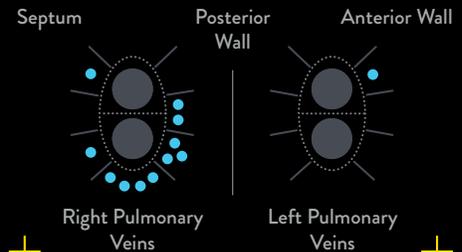
CRYOABLATION²

In a direct comparison, 18 patients received cryoablation with isolation confirmed by the Achieve‡ Mapping Catheter. Isolation was then checked again with the Advisor HD Grid Mapping Catheter, SE, revealing:

4 patients with ≥ 1 gap missed by the Achieve‡ Mapping Catheter



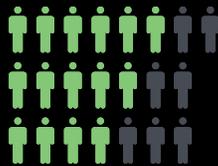
12 total gaps missed by the Achieve Mapping Catheter were identified by the Advisor HD Grid Mapping Catheter, SE²



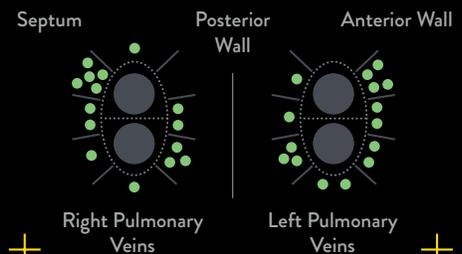
PACING ABLATION LINE³

In a direct comparison, 22 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:

15 patients with ≥ 1 gap missed by pacing³



30 total gaps missed by pacing were identified by the Advisor HD Grid Mapping Catheter, SE³



1. Porterfield C, et al. Comparison of Gap Identification Using Three Technologies for Confirmation of Pulmonary Vein Isolation. Originally scheduled for poster presentation at EHRA 2020 Congress. Abbott. Data on File: MAT-2002108 v1.0.

2. Eldadah Z, et al. Incidence and Location of PVI Gaps Identified Post-Cryoballoon Ablation for Atrial Fibrillation. Originally scheduled for poster presentation at EHRA 2020 Congress. Abbott. Data on File: MAT-2002103 v1.0.

3. Giuggia M, et al. Incidence and Location of Residual Gaps Identified by a High-Density Grid-Style Mapping Catheter After PVI Is Confirmed by Pacing the Ablation Lines. Originally scheduled for poster presentation at EHRA 2020 Congress. Abbott. Data on File: MAT-2002112 v1.0.

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.

™ Indicates a trademark of the Abbott group of companies.

‡ Indicates a third party trademark, which is property of its respective owner.

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