

KNOWING WHEN AND HOW TO INTERVENE WITH MITRACLIP® THERAPY

1 IDENTIFY OPTIMAL MITRACLIP® CANDIDATES

Optimal candidates for MitraClip® therapy should meet the following criteria¹:

- Significant DMR (MR ≥ 3+)
- Severely symptomatic (NYHA Class III/IV)
- Not suitable for surgery because of age or severe comorbidities such as liver disease and pulmonary hypertension

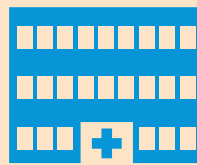


A diagnosis of severe MR is based on multiple parameters, including²:

- Valve anatomy
- Regurgitant severity
- Left ventricular size
- Systolic function

2 CONSULT A TRANSCATHETER MITRAL VALVE REPAIR (TMVr) CENTER

The ACC/AHA guideline recommends that complex patients like those with severe, symptomatic DMR be evaluated by a Heart Valve Center of Excellence, such as a TMVr Center.²



ASK YOUR MITRACLIP® REPRESENTATIVE FOR A LIST OF TMVr CENTERS NEAR YOU.



3 SEND TRANSTHORACIC ECHO (TTE) TO ASSIST IN EVALUATIONS

Send patients to a TMVr Center with TTE views to ensure efficient analysis of the mitral valve and to assess initial anatomic eligibility of MitraClip® therapy.



Download the TTE Quick Reference Guide, available at MitraClip.com/HCP.



Visit MitraClip.com/HCP for more information about diagnosing high-surgical-risk patients with severe DMR.

References:

1. MitraClip Clip Delivery System Instructions for Use.
2. Nishimura RA, Otto CM, Bonow RO, et al. 2014 AHA/ACC guideline for the management of patients with valvular heart disease. *J Am Coll Cardiol*. 2014;63(22):e57-e185.

Rx ONLY MitraClip Clip Delivery System

INDICATION FOR USE

The MitraClip Clip Delivery System is indicated for the percutaneous reduction of significant symptomatic mitral regurgitation (MR \geq 3+) due to primary abnormality of the mitral apparatus [degenerative MR] in patients who have been determined to be at prohibitive risk for mitral valve surgery by a heart team, which includes a cardiac surgeon experienced in mitral valve surgery and a cardiologist experienced in mitral valve disease, and in whom existing comorbidities would not preclude the expected benefit from reduction of the mitral regurgitation.

CONTRAINDICATIONS

The MitraClip Clip Delivery System is contraindicated in DMR patients with the following conditions:

- Patients who cannot tolerate procedural anticoagulation or post procedural anti-platelet regimen
- Active endocarditis of the mitral valve
- Rheumatic mitral valve disease
- Evidence of intracardiac, inferior vena cava (IVC) or femoral venous thrombus

WARNINGS

- **DO NOT use MitraClip outside of the labeled indication. Treatment of non-prohibitive risk DMR patients should be conducted in accordance with standard hospital practices for surgical repair and replacement.**
- MitraClip is intended to reduce mitral regurgitation. The MitraClip procedure is recommended to be performed when an experienced heart team has determined that reduction of MR to \leq 2+ is reasonably expected following the MitraClip. If MR reduction to \leq 2+ is not achieved, the benefits of reduced symptoms and hospitalizations, improved quality of life, and reverse LV remodeling expected from MitraClip may not occur.
- The MitraClip Device should be implanted with sterile techniques using fluoroscopy and echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site cardiac surgery and immediate access to a cardiac operating room.
- Read all instructions carefully. Failure to follow these instructions, warnings and precautions may lead to device damage, user injury or patient injury. Use universal precautions for biohazards and sharps while handling the MitraClip System to avoid user injury.
- Use of the MitraClip should be restricted to those physicians trained to perform invasive endovascular and transseptal procedures and those trained in the proper use of the system.
- The Clip Delivery System is provided sterile and designed for single use only. Cleaning, re-sterilization and/or reuse may result in infections, malfunction of the device or other serious injury or death.
- Inspect all product prior to use. DO NOT use if the package is opened or damaged.

PRECAUTIONS

- Patient Selection:
 - Prohibitive risk is determined by the clinical judgment of a heart team, including a cardiac surgeon experienced in mitral valve surgery and a cardiologist experienced in mitral valve disease, due to the presence of one or more of the following documented surgical risk factors:
 - 30-day STS predicted operative mortality risk score of
 - \geq 8% for patients deemed likely to undergo mitral valve replacement or
 - \geq 6% for patients deemed likely to undergo mitral valve repair
 - Porcelain aorta or extensively calcified ascending aorta.
 - Frailty (assessed by in-person cardiac surgeon consultation)
 - Hostile chest
 - Severe liver disease / cirrhosis (MELD Score $>$ 12)

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

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- Severe pulmonary hypertension (systolic pulmonary artery pressure $>$ 2/3 systemic pressure)
- Unusual extenuating circumstance, such as right ventricular dysfunction with severe tricuspid regurgitation, chemotherapy for malignancy, major bleeding diathesis, immobility, AIDS, severe dementia, high risk of aspiration, internal mammary artery (IMA) at high risk of injury, etc.
 - Evaluable data regarding safety or effectiveness is not available for prohibitive risk DMR patients with an LVEF $<$ 20% or an LVESD $>$ 60mm. MitraClip should be used only when criteria for clip suitability for DMR have been met.
- The major clinical benefits of MitraClip are reduction of MR to \leq 2+ resulting in reduced hospitalizations, improved quality of life, reverse LV remodeling and symptomatic relief in patients who have no other therapeutic option. No mortality benefit following MitraClip therapy has been demonstrated.
- The heart team should include a cardiac surgeon experienced in mitral valve surgery and a cardiologist experienced in mitral valve disease and may also include appropriate physicians to assess the adequacy of heart failure treatment and valvular anatomy.
- The heart team may determine an in-person surgical consult is needed to complete the assessment of prohibitive risk. The experienced mitral valve surgeon and heart team should take into account the outcome of this surgical consult when making the final determination of patient risk status.
- For reasonable assurance of device effectiveness, pre-procedural evaluation of the mitral valve and underlying pathologic anatomy and procedural echocardiographic assessment are essential.
- The inside of the outer pouch is not a sterile barrier. The inner pouch within the outer pouch is the sterile barrier. Only the contents of the inner pouch should be considered sterile. The outside surface of the inner pouch is NOT sterile.
- Note the "Use by" date specified on the package.

POTENTIAL COMPLICATIONS AND ADVERSE EVENTS

The following ANTICIPATED EVENTS have been identified as possible complications of the MitraClip procedure.

Allergic reaction (anesthetic, contrast, Heparin, nickel alloy, latex); Aneurysm or pseudo-aneurysm; Arrhythmias; Atrial fibrillation; Atrial septal defect requiring intervention; Arterio-venous fistula; Bleeding; Cardiac arrest; Cardiac perforation; Cardiac tamponade/Pericardial Effusion; Chordal entanglement/rupture; Coagulopathy; Conversion to standard valve surgery; Death; Deep venous thrombus (DVT); Dislodgement of previously implanted devices; Dizziness; Drug reaction to anti-platelet/anticoagulation agents/contrast media; Dyskinesia; Dyspnea; Edema; Emboli (air, thrombus, MitraClip Device); Emergency cardiac surgery; Endocarditis; Esophageal irritation; Esophageal perforation or stricture; Failure to deliver MitraClip to the intended site; Failure to retrieve MitraClip System components; Fever or hyperthermia; Gastrointestinal bleeding or infarct; Hematoma; Hemolysis; Hemorrhage requiring transfusion; Hypotension/hypertension; Infection; Injury to mitral valve complicating or preventing later surgical repair; Lymphatic complications; Mesenteric ischemia; MitraClip erosion, migration or malposition; MitraClip Device thrombosis; MitraClip System component(s) embolization; Mitral stenosis; Mitral valve injury; Multi-system organ failure; Myocardial infarction; Nausea/vomiting; Pain; Peripheral ischemia; Prolonged angina; Prolonged ventilation; Pulmonary congestion; Pulmonary thrombo-embolism; Renal insufficiency or failure; Respiratory failure/atelectasis/pneumonia; Septicemia; Shock, Anaphylactic or Cardiogenic; Single leaflet device attachment (SLDA); Skin injury or tissue changes due to exposure to ionizing radiation; Stroke or transient ischemic attack (TIA); Urinary tract infection; Vascular trauma, dissection or occlusion; Vessel spasm; Vessel perforation or laceration; Worsening heart failure; Worsening mitral regurgitation; Wound dehiscence

Prior to use, please reference the Instructions for Use for more information on indications, contraindications, warnings, precautions, and adverse events.

