

# AtriClip PRO•V™ Device Procedural Guide for Left Atrial Appendage (LAA) Exclusion



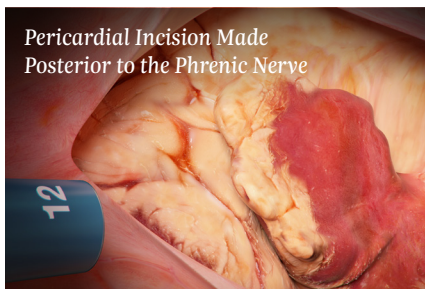
**A DISTINCTIVE  
APPROACH TO  
LAA EXCLUSION**

**AtriCure**

- A.** Common port placement is 2-5 mm ports and 1-12 mm port in the 2-6th intercostal space(s).



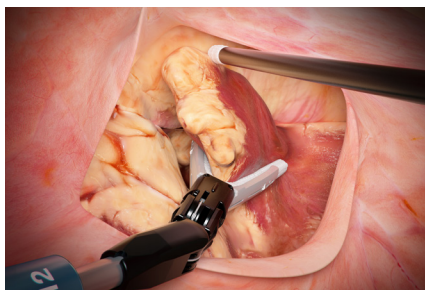
- B.** Pericardium is opened to access the LAA.



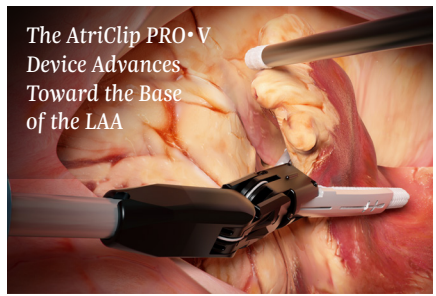
- C.** The selection guide is used to size the base of the LAA.



- D.** An endo-kittner is used to atraumatically tease the LAA into the open implant.



**E.** Handle activated to open the implant and advance it onto the base of the LAA. A TEE evaluation is used to confirm accurate placement. The device can be repositioned prior to deployment.

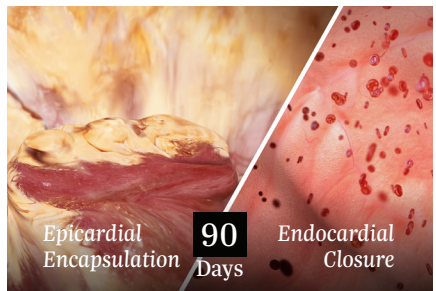


**F.** Non-piercing application occludes the LAA. Woven polyester fabric covering, used extensively in cardiac implants, promotes tissue ingrowth and has shown to achieve complete encapsulation in 180 days from implant, without erosion to adjacent structures.<sup>1,5</sup>



**G.** In preclinical and clinical studies, the AtriClip® device securely sealed the LAA orifice resulting in a smooth endothelial tissue surface within 90 days.<sup>1,2,3,4</sup>

This result is achieved through consistent force that is equalized over tissue variations and trabeculations using parallel titanium crossbars that apply adequate pressure without crushing or damaging tissue. In addition, the AtriClip device's low-profile design allows for precise placement at the base of the LAA.



**References:**

1. Salzberg S, et al. *Enr J Cardiothorac Surg* 2008; 34: 766-70.
2. Salzberg S, et al. *J Thorac Cardiovasc Surg* 2010; 139: 1269-74.
3. Fumoto H, et al. *J Thorac Cardiovasc Surg* 2008; 136: 1019-27.
4. Kamohara K, et al. *J Thoracic Cardiovasc Surg* 2005; 130: 1639-44.
5. Ailawadi G, et al. *J Thorac Cardiovasc Surg* 2011; 142: 1002-9.

**U.S. Indications:** The AtriClip LAA Exclusion System is indicated for the exclusion of the heart's left atrial appendage, performed under direct visualization and in conjunction with other cardiac surgical procedures.

Direct visualization, in this context, requires that the surgeon is able to see the heart directly, with or without assistance from a camera, endoscope, etc., or other appropriate viewing technologies.

Please review the Instructions for Use for a complete listing of contraindications, warnings, precautions and potential adverse events prior to using these devices.

**Rx Only.**

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The AtriCure logo features the word "AtriCure" in a dark blue, sans-serif font. The letter "i" in "Atri" is lowercase and has a dot, while the "C" in "Cure" is uppercase and has a dot. The "i" and "C" are positioned slightly higher than the other letters.