MITRAL REGURGITATION

DON’T WAIT TO DO SOMETHING – THERE ARE OPTIONS.
WHAT IS MITRAL REGURGITATION?
Mitral regurgitation (MR) is a condition affecting the mitral valve. The mitral valve is located between your heart’s two left chambers and has two flaps of tissue that open and close to ensure that blood flows in only one direction.
Mitral regurgitation occurs when the mitral valve fails to close completely and blood leaks backward inside your heart.

WHAT ARE THE SYMPTOMS?
Over time, MR may lead to heart failure. Heart failure means that the heart is unable to pump enough blood to meet the body’s demands. In some cases, patients with MR may never experience symptoms. Others may develop symptoms of heart failure, such as:

- Fatigue
- Inability to exercise
- Decrease in appetite
- Dry, hacking cough (often worse when lying down)
- Shortness of breath (especially at night)
- Fainting
- Weight gain from retaining fluid
- Accumulation of fluid in feet, ankles, and lungs (edema)

If you are experiencing any of these symptoms, talk to your doctor to receive a thorough examination and diagnosis. You should also seek treatment if you notice that your symptoms are getting worse.

WHAT ARE THE RISK FACTORS?
Several factors can increase your risk of MR, including:

- History of valve disease
- Heart attack
- Certain forms of heart disease
- Infections such as endocarditis (inner heart lining is inflamed) or rheumatic fever (inflammatory disease caused by complications from strep throat)
- Age—by middle age, many people have some MR

WHAT IS THE IMPACT?
Patients with MR may experience a poorer quality of life, and without treatment, MR can lead to irreversible heart damage with serious consequences.

- MR places an extra burden on your heart and lungs
- Over time, some people may develop an enlarged heart, as the heart must work harder to pump blood through the body
- If it is not treated, MR can cause other, more serious problems to your heart, such as heart failure and death

ABOUT 1 IN 5 PEOPLE AGE 75 AND OLDER HAVE MR

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WHAT ARE MY TREATMENT OPTIONS?

Treatment depends on how bad your condition is, and if it’s getting worse. Consult with your doctor to discuss all treatment options, risks, and benefits. Only your doctor can help you decide which option is right for you.

MEDICATIONS
Your doctor may prescribe medications to manage your symptoms. However, these will only treat MR symptoms and cannot eliminate the root causes.11

SURGERY
Depending on the root cause of the MR, severity, and symptoms, your physician may recommend open-heart surgery to have the mitral valve repaired or replaced.

CARDIAC RESYNCHRONIZATION THERAPY (CRT)
CRT is a potential treatment option for patients that helps improve the heart rhythm and increases blood flow to help treat heart failure symptoms.

TRANSCATHETER MITRAL VALVE REPAIR
If you meet certain criteria, your physician may recommend a procedure which is less invasive compared to open-heart surgery: transcatheter mitral valve repair.

WHAT ARE THE BENEFITS OF A MINIMALLY INVASIVE TREATMENT OPTION?

Transcatheter mitral valve repair is an approved, minimally invasive treatment to repair your leaking mitral valve using an implanted clip.

MINIMALLY INVASIVE BEATING HEART PROCEDURE
Less invasive than traditional open-heart surgery, the device is implanted via a small tube, or catheter, inserted through an incision in your upper leg.

IMPROVED QUALITY OF LIFE
Most patients experience improvement in symptoms and quality of life after the procedure.15

PROVEN THERAPY
Included in the medical guidelines for treating mitral regurgitation, and proven safe and effective with over 15 years of use, reaching 100,000 patients treated, and more than 1,000 scientific publications.12

SHORT HOSPITAL STAY
Patients are usually released from the hospital within 2 to 3 days, significantly less time compared to surgery.13

The entire system is introduced through a vein in the groin area and advanced to the heart.
In a published landmark clinical trial called COAPT, selected heart failure patients with MR who were treated with MitraClip with guideline-directed medical therapy had a dramatic improvement in survival, had fewer hospitalizations for heart failure, and experienced improved quality of life compared to patients who were treated with guideline-directed medical therapy alone.14

**This testimonial relates an account of an individual’s response to the treatment. The testimonial is genuine; however, it does not provide any indication, guide, warranty or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual’s account.**

**The information contained in this website is in no way a substitute for professional medical advice. If you have any questions about treatment options, contact your doctor.**

*Data on file at Abbott.*
**INDICATIONS FOR USE**

- The MitraClip™ NTR/XTR Clip Delivery System is indicated for the percutaneous reduction of significant symptomatic mitral regurgitation (MR ≥3) due to flail or prolapse 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, a cardiologist experienced in mitral valve disease, and in whom existing comorbidities would not preclude the expected benefit from reduction of the mitral regurgitation.

- The MitraClip™ NTR/XTR Clip Delivery System, when used with maximally tolerated guideline-directed medical therapy (GDMT), is indicated for the treatment of symptomatic, moderate-to-severe or severe (or functional) mitral regurgitation (MR, MR severity ≤3 [per American Society of Echocardiography criteria]) in patients with a left ventricular ejection fraction (LVEF) ≥20% and ≤50%, and a left ventricular end systolic dimension (LVESD) ≤70 mm whose systolic and MR severity persist despite maximally tolerated GDMT as determined by a multidisciplinary heart team experienced in the evaluation and treatment of heart failure and mitral valve disease.

**CONTRAINDICATIONS**

The MitraClip™ NTR/XTR Clip Delivery System is contraindicated in patients with the following conditions:

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

**WARNINGS**

- DO NOT use MitraClip™ outside of the labeled indication.
- The MitraClip™ Implant should be implanted with sterile techniques using fluoroscopy and echocardiography (TTE) and/or transesophageal (TEE) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]) in a facility with on-site echocardiography (e.g., transesophageal [TEE] and transthoracic [TTE]).
- 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 bioburds and sharps while handling the MitraClip™ System to avoid injury.
- Use of the MitraClip™ should be restricted to those physicians trained to perform invasive endovascular and transesophageal procedures and those trained in the proper use of the MitraClip™ 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. Use caution when treating patients with hemodynamic instability requiring isotropic support or mechanical heart assistance due to the increased risk of mortality in this patient population. The safety and effectiveness of MitraClip™ in these patients has not been evaluated.

**PRECAUTIONS**

- Note the product “Use by” date specified on the package.
- Inspect all product prior to use. Do not use if the package is open or damaged, or if product is damaged.
- Prohibitive Risk Primary (or degenerative) Mitral Regurgitation
- 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 occurrence of one of the following documented surgical risk factors:
  - 30-day STS predicted mortality risk score of
  - ≤8% for patients deemed likely to undergo mitral valve replacement or
  - >16% 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)
  - Severe pulmonary hypertension (systolic pulmonary artery pressure >2.5 systemic pressure)
  - Unusual extenuating circumstance, such as right ventricular dysfunction with severe tricuspid regurgitation, chemotherapy for malignancy, major bleeding diathesis, immunity, AIDS, severe dementia, high risk of aspiration, internal mammary artery (IMA) at high risk of injury, etc.
- Evaluative data regarding safety or effectiveness is not available for prohibitive risk DMR patients with an LVEF < 20% or LVESD > 60 mm. MitraClip™ should be used only when criteria for clip suitability for DMR have been met.

**ADVERSE EVENTS**

- 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.
- Secondary Mitral Regurgitation
- Evaluable data regarding safety or effectiveness is not available for secondary MR patients with an LVEF < 20% or LVESD > 70 mm.
- The multidisciplinary heart team should be experienced in the evaluation and treatment of heart failure and mitral valve disease and determine that symptoms and MR severity persist despite maximally tolerated GDMT.

**POTENTIAL COMPLICATIONS AND ADVERSE EVENTS**

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

- Death: Allergic reaction (anesthetic, contrast, Heparin, iodinated, etc.), Arrhythmias; Atrial fibrillation; Atrial sepal defect requiring intervention; Artery–venous fistula; Bleeding; Cardiac arrest; Cardiac perforation; Cardiac tamponade; Pericardial Effusion; Chordal entanglement/rapture; Coagulopathy; Conversion to standard valve surgery; Deep venous thrombus (DVT); Dislodgement of previously implanted devices; Dizziness; Drug reaction to antiplatelet or anticoagulation agents; Contrast media; Dyskinesia; Dyspnea; Edema; Emboli (air, thrombus, MitraClip™ Implant); 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; Hemolyis; Hemorrhage requiring transfusion; Hypotension; Hypertension; Infection; Injury to mitral valve complicating or preventing later surgical repair; Lymphatic complications; Mesenteric ischemia; MitraClip™ Implant erosion, migration or malposition; MitraClip™ Implant 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 complications; Pulmonary thrombo-embolism; Renal insufficiency or failure; Respiratory failure; atelectasis/pneumonia; Septicemia; Shock; Anaphylactic or Cardiogenic; Single lumen device attachment (SLDA); Site changes due to exposure to ionizing radiation; Stroke or transient ischemic attack (TIA); Urinary tract infection; Vascular trauma, dissection or occlusion; Vessel injury; Vessel perforation or laceration(s); Worsening heart failure; Worsening mitral regurgitation; Wound dehiscence.