

## AtriClip PRO2® Device

A Simplified Approach  
to LAA Exclusion

**>98%**  
successful LAA  
exclusion<sup>1</sup>

AtriCure's AtriClip products are the most widely sold Left Atrial Appendage (LAA) management devices worldwide.

### **Epicardial Exclusion**

- Implant is not in the blood stream
- Ischemic injury electrically isolates the LAA
- Atrophy and resorption of the LAA

### **Dynamic Closing Force**

Continuous closing force maintains LAA exclusion throughout changes to the tissue caused by ischemia

### **Parallel / Linear Closing**

Minimized occurrence of tissue folds with optimal apposition of tissue along long axis of LAA ostia

### **Tissue Compression / Atraumatic**

No cutting, non-piercing, and atraumatic compression reduces risk of tissue tearing and bleeding

### **Stroke\* risk reduction**

Indicated for use in patients at high risk of thromboembolism for whom left atrial appendage exclusion is warranted

\*Originated from the LAA



Now recommended **Class I**  
by ESC/EACTS 2024  
Recommendations

**AtriClip PRO Devices** can be used in stand-alone totally thoracoscopic procedures or in conjunction with other heart surgery.

### Minimal accesses

#### AtriClip PRO2

##### Features

- 12 mm Port Compatibility
- Hoopless End Effector
- Active Articulation Levers
- Articulation Lock
- Quick Release
- Ambidextrous Lever Release Trigger
- Clip Opening Lever
- Rigid Shaft Greater than 30° Pitch and Yaw
  - Right - Up and Down (Pitch)
  - Left - Side to Side (Yaw)



Pitch



Yaw



**AtriClip PRO2**

Device	Size
PRO235	35 mm
PRO240	40 mm
PRO245	45 mm
PRO250	50 mm

Selection device  
CGG

The AtriClip LAA Exclusion System is indicated for use in patients at high risk of thromboembolism for whom left atrial appendage exclusion is warranted.

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

1. Mean closure rate among the 3 studies is 98.1% per data on file at AtriCure, Inc. Ailawadi G. et al. J Thorac Cardiovasc Surg 2011;142:1002–9, 1009.e1; Gerdisch MW. et al. Innovations (Phila). 2022;17(6):463-470; Cartledge R et al., Interactive CardioVascular and Thoracic Surgery 34 (2022) 548–555

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