

AtriClip PRO•V® Device

A Distinctive Approach to LAA Exclusion

>98%
successful LAA
exclusion¹

LAA exclusion results in electrical isolation

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 Device Performance with an Open-Ended Implant

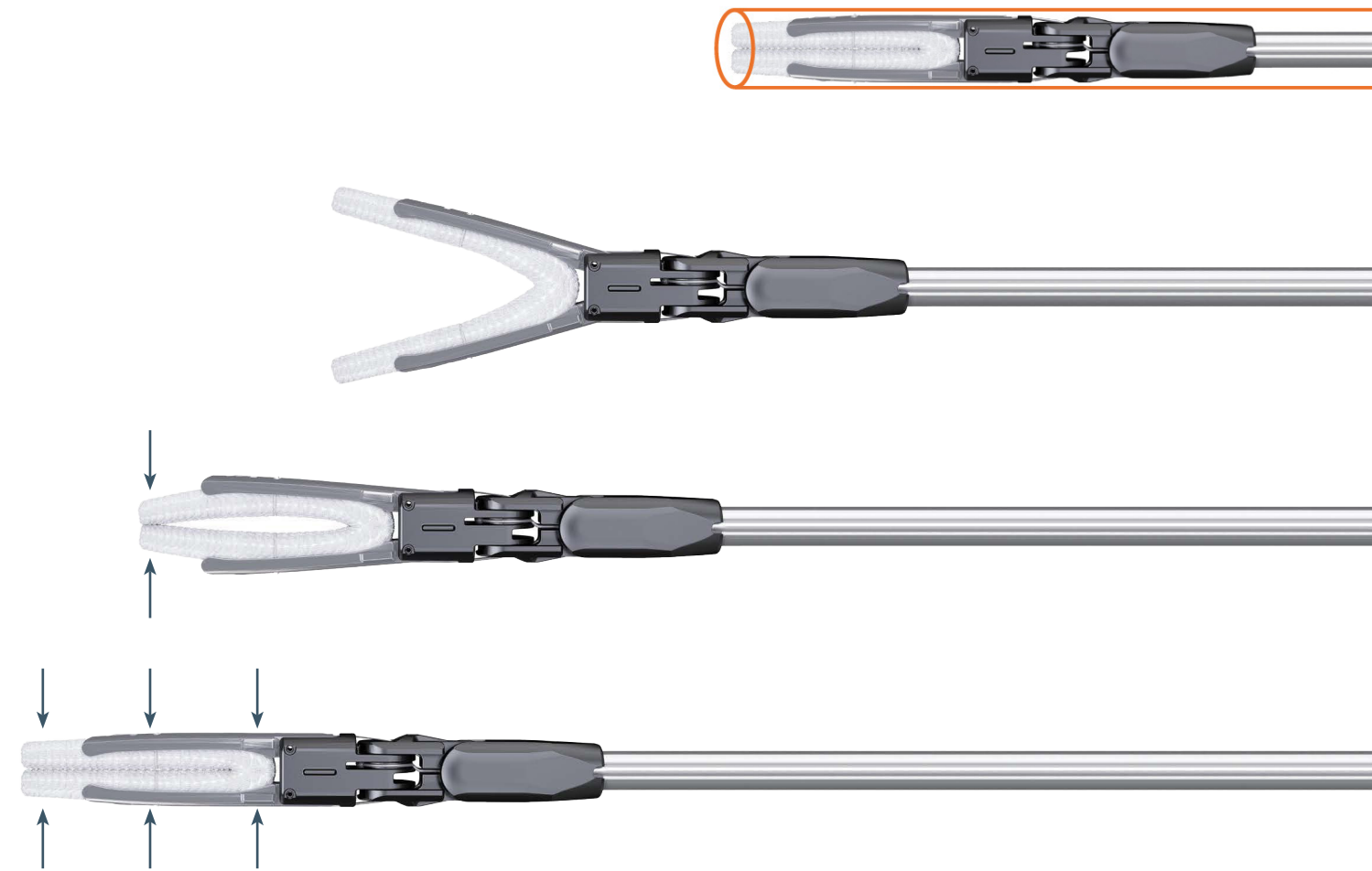
Minimal accesses

AtriClip PRO•V

Features

- 12 mm Port Compatibility
- Tip-First Closure
- Opened-Ended Design Clip
- The AtriClip Device Applies Continual Force to the Base of the LAA as it Atrophies
- Articulation Lock
 - Quick Release
 - Ambidextrous Lever Release Trigger
- Greater than 80° of Articulation

AtriClip PRO® Devices can be used in totally thoracoscopic procedures in conjunction with other heart surgery.



AtriClip PRO•V

Device	Size
PROV35	35 mm
PROV40	40 mm
PROV45	45 mm
PROV50	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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