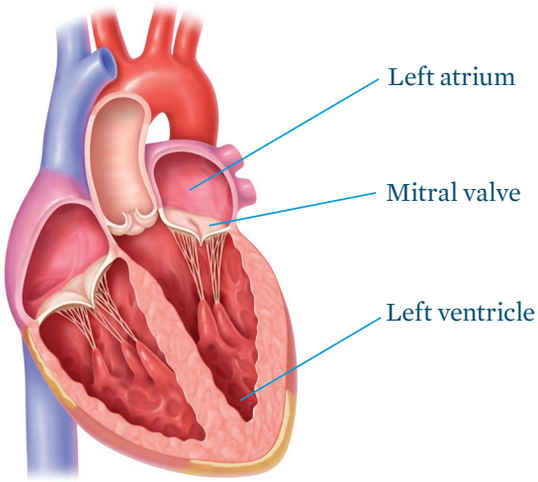
DON'T WAIT TO DO SOMETHING ABOUT MITRAL REGURGITATION – THERE ARE OPTIONS.

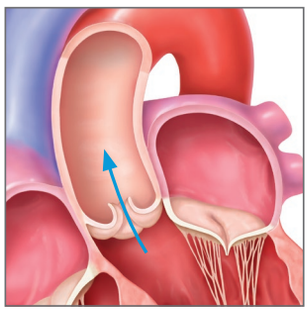
Abbott

WHAT IS MITRAL REGURGITATION?

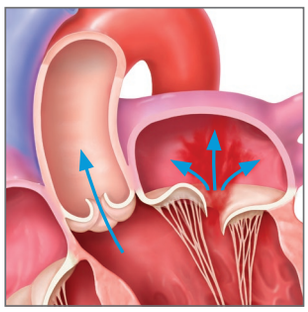
Mitral regurgitation (MR) is a condition affecting the mitral valve. The mitral valve is located between your heart's two left chambers and has two flaps of tissue that open and close to ensure that blood flows in only one direction.

Mitral regurgitation occurs when the mitral valve fails to close completely and blood leaks backward inside your heart.





Normally functioning mitral valve



Mitral regurgitation

Mitral regurgitation can get worse over time and really impact your quality of life. It weakens your ability to complete simple day-to-day tasks.

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:[1-3]

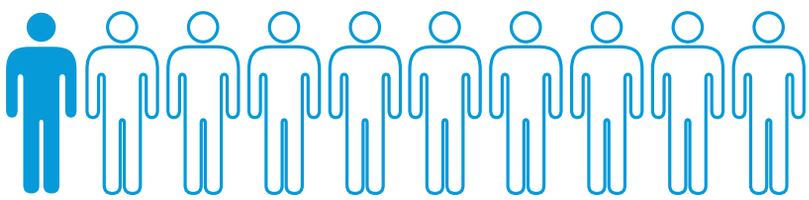
- Fatigue
- Inability to exercise
- Decrease in appetite
- Dry, hacking cough (often worse when lying down)
- Shortness of breath (especially at night)
- Fainting
- Weight gain from retaining fluid
- Accumulation of fluid in feet, ankles, and lungs (edema)

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:[4]

- 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 caused by natural deterioration
- Use of certain medications



ABOUT 1 IN 10 PEOPLE AGE 75 AND OLDER HAVE MR[5-6]

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

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.[8]

SURGERY

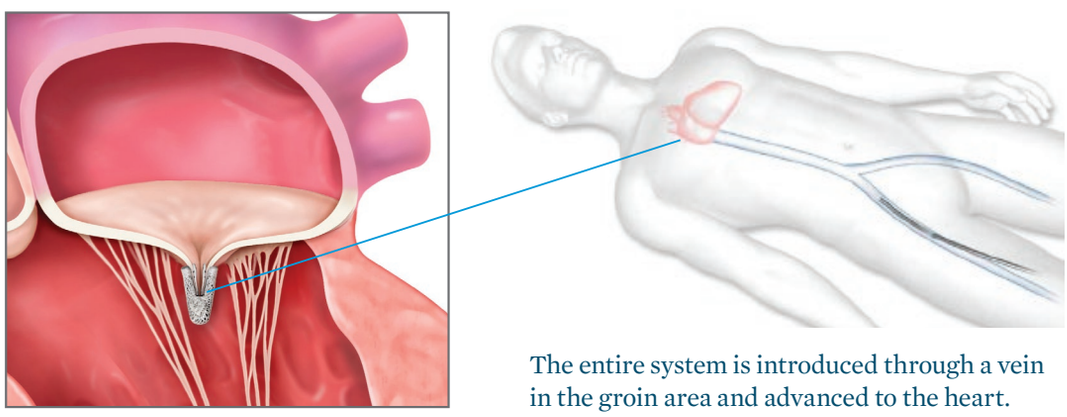
Depending on the root cause of the MR, severity, and symptoms, your physician may recommend open-heart surgery to have the mitral valve repaired or replaced.

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. This technique is a minimally invasive method not requiring open-heart surgery.

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. Considering any type of procedure can be stressful for both patients and caregivers, but knowing the facts can help alleviate anxiety.



The entire system is introduced through a vein in the groin area and advanced to the heart.

MINIMALLY INVASIVE

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.

PROVEN THERAPY

Included in the new medical guidelines for treating mitral regurgitation, and proven safe and effective with over 15 years of use, 70,000 patients implanted, and 1,000 scientific publications.[9]

LOW HOSPITAL LENGTH OF STAY

Patients are usually released from the hospital within 2 to 3 days.[10]

NEW CLINICAL RESULTS FROM A LANDMARK TRIAL SHOW DRAMATIC IMPROVEMENT IN SURVIVAL.

SPEAK WITH YOUR DOCTOR ABOUT THE NEW CLINICAL TRIAL RESULTS FOR COAPT AND TRANSCATHETER MITRAL VALVE REPAIR.

In a recently published landmark clinical trial called COAPT, select 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.[11]

SAVES LIVES

38%

RELATIVE RISK REDUCTION IN MORTALITY

FEWER HOSPITALIZATIONS FOR HEART FAILURE

47%

RELATIVE RISK REDUCTION IN HEART FAILURE HOSPITALIZATION

FEEL BETTER

23%

IMPROVEMENT IN QUALITY OF LIFE, COMPARED TO 6% DECLINE FOR PATIENTS WITHOUT MITRACLIP

A NEW OPTION FOR HEART FAILURE PATIENTS.

Transcatheter mitral valve repair has made a difference for thousands of patients worldwide, providing new quality of life and the opportunity for a new story.*

That's the difference. I'm living now. I'm doing anything and everything I want. Going where I want.

– PATIENT

I immediately saw a difference. I saw her come alive again... A real quality of life again...

– CAREGIVER

*This testimonial relates an account of an individual's response to the treatment. This patient's account is genuine, typical and documented. 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 patient.

If you or a loved one would like more information about Transcatheter Mitral Valve Repair, talk to your doctor, or visit [FPO WEBSITE]*

*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.

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1. Nishimura RA, Otto CM, Bonow RO, et al. 2017 AHA/ACC focused update of the 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2017;136(9):1–123. DOI: 10.1161/CIR.0000000000000503. **2.** Baumgartner H, Falk V, Bax JJ, et al. 2017 ESC/EACTS Guidelines for the management of valvular heart disease: The Task Force for the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2017;00:1-53. **3.** Ponikowski P, Voors AA, Anker SD, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur J Heart Fail*. 2016;18(8):891-975. **4.** Mayo Clinic. Mitral valve regurgitation. https://www.mayoclinic.org/diseases-conditions/mitral-valve-regurgitation/symptoms-causes/syc-20350178. Accessed 22 October, 2018. **5.** Nkomo VT, Gardin JM, Skelton TN, Gottdiener JS, Scott CG, Enriquez-Sarano M. Burden of valvular heart diseases: a population-based study. *Lancet*. 2006;368(9540):1005-1011. **6.** Mozaffarian D, Benjamin EJ, Go AS, et al; American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and Stroke Statistics – 2016 update: a report from the American Heart Association. *Circulation*. 2015;133:e38-e360. **7.** Cioffi G, Tarantini L, De Feo S, et al. Functional mitral regurgitation predicts 1-year mortality in elderly patients with systolic chronic heart failure. *Eur J Heart Fail*. 2005;7(7):1112-1117. **8.** A. Young and T. Feldman. Current cardiology reports 16, 443 (2014). **9.** Abbott data on file as of Nov 2018. **10.** Lim DS, Reynolds MR, Feldman T, et al. Improved functional status and quality of life in prohibitive risk patients with degenerative mitral regurgitation after transcatheter mitral valve repair. *J Am Coll Cardiol*. 2014;64(2):182-192. **11.** Stone, G.W., Lindenfeld, J.A., Abraham, W.T., Kar, S., Lim, D.S., Mishell, J.M., Whisenant, B., Grayburn, P.A., Rinaldi, M., Kapadia, S.R., Rajagopal, V., Sarembock, I.J., Brieke, A., Marx, S.O., Cohen, D.J., Weissman, N.J., Mack, M.J., et al Transcather Mitral-Valve Repair in Patients with Heart Failure, *N Engl J Med*. 2018: DOI: 10.1056/NEJMoa1806640.

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Abbott International BVBA
Park Lane, Culliganlaan 2B, 1831 Diegem, Belgium, Tel: 32.2.714.14.11

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