MitraClip™

Transcatheter Edge-to-Edge Repair

# A SAFE, PROVEN TREATMENT FOR **REPAIRING A LEAKY MITRAL VALVE**

## WHAT YOU NEED TO KNOW ABOUT MITRACLIP™ THERAPY

Abbott

## ABOUT THE PROCEDURE
TRANSCATHETER EDGE-TO-EDGE REPAIR

This pamphlet is for patients like you who have been evaluated by a team of heart doctors and selected for transcatheter edge-to-edge repair (or "TEER") with MitraClip™ Therapy.

MitraClip TEER is an **approved, safe, and trusted**[1] treatment option for people who:

- Have significant mitral regurgitation (MR) due to abnormality of the mitral valve who are too sick for open-heart surgery, or;
- Have moderate-to-severe or worse MR due to underlying heart disease who continue to have symptoms despite being on heart failure medication.

Your team of doctors has determined that you may benefit from having this procedure.



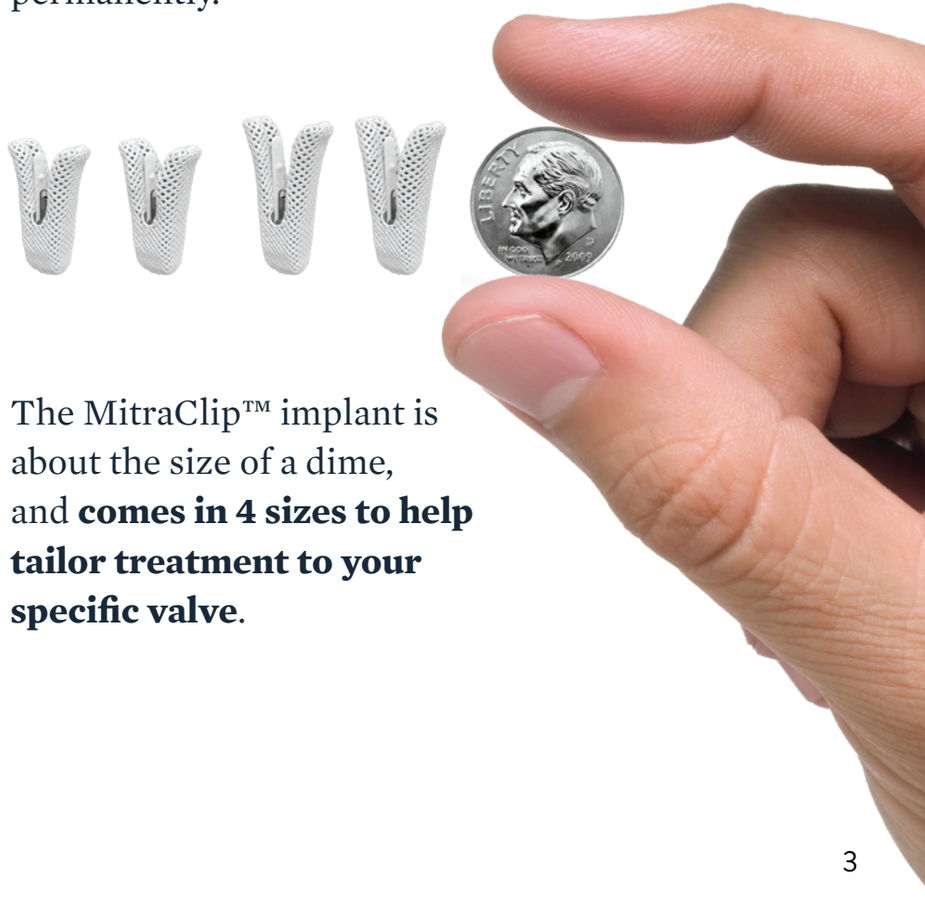
## WHAT IS A MITRACLIP™ IMPLANT?

The MitraClip™ implant is a small clip that is placed on your mitral valve to help it close properly. It reduces mitral regurgitation by clipping the leaflets (the flaps) of the valve.

The valve continues to open and close on either side of the clip. This allows blood to flow on both sides of the clip into the left ventricle while preventing blood from flowing backward into the left atrium.

The MitraClip™ implant is available in four different sizes to help personalize your care for optimal results. The clip is small, made of metal, and covered with a polyester fabric to promote healing.[2]

Once the device is implanted, it stays in your heart permanently.




The MitraClip™ implant is about the size of a dime, and **comes in 4 sizes to help tailor treatment to your specific valve**.

# WHAT WILL HAPPEN DURING THE PROCEDURE

**MitraClip™ Procedure is quick and minimally invasive:**

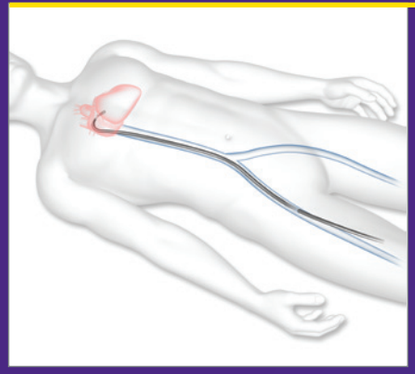
- The procedure is not open-heart surgery
- Typically takes 1 to 3 hours to implant device[3]
- Most patients are out of the hospital within 1 day[3]

Your procedure will most likely be performed in a specialized room at the hospital called a "cath lab." During the procedure, you will be placed under general anesthesia to put you in a deep sleep, and a ventilator will be used to help you breathe. Your doctor will use fluoroscopy (a type of X-ray that delivers radiation to you) and echocardiography (a type of ultrasound) during the procedure to visualize your heart.

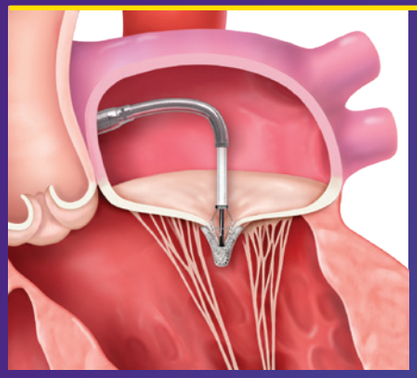
The procedure can provide immediate reduction of mitral regurgitation. You should experience relief from your symptoms soon after your procedure.



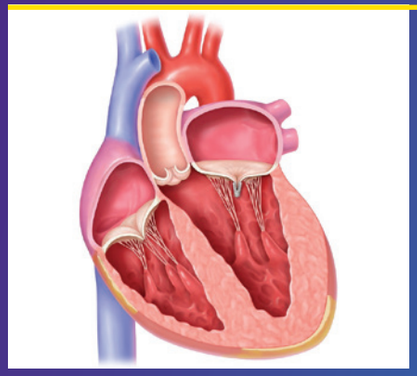




1 Your doctor will make a small puncture in your groin to access your vein and insert a delivery system catheter to reach your heart.



2 The implant will be advanced to the left atrium and positioned in the appropriate location to grasp the mitral valve leaflets. One or more clips may be used.



3 The catheter will be removed and the MitraClip™ implant will become a permanent part of your heart, allowing your mitral valve to close more tightly and reduce the backward flow of blood.

## HOW SHOULD YOU PREPARE FOR THE PROCEDURE?

- Make sure all of your lab work is complete
- Gather any images you need to bring with you
- Ensure you have prepared your legal documents and your caregiver knows where they are located
- Make sure you have made all arrangements for after you are discharged from the hospital
- Take all your prescribed medications as directed by your doctor in the days before your procedure
- Tell your doctor if you are taking any other medications
- Make sure your doctor knows of any allergies you have
- Follow all instructions given to you by your doctor or nurse



## WHAT WILL HAPPEN AFTER THE PROCEDURE?

While in the hospital, you will be closely monitored and your doctor will perform various tests to evaluate your heart function. You may be prescribed blood-thinning medications to help reduce the risk of developing a dangerous blood clot after the procedure. Your doctor or nurse will give you instructions about your medications before you leave the hospital.

You will be discharged to the care of your cardiologist or family doctor, who will ask you to return for follow-up visits. It is important that you keep all appointments for follow-up care and follow your doctor's instructions.

As you leave the hospital, you will receive an implant card, which has information about your MitraClip™ implant. Please share your implant card with all members of your healthcare team, and before any medical, dental, or MRI (magnetic resonance imaging) procedures.

# RECOVERING AFTER THE PROCEDURE

**After being discharged from the hospital, it is important that you:**

- Limit strenuous physical activity (such as lifting heavy objects), for at least 30 days, or longer if your doctor thinks it is necessary.
- Carefully follow your doctor's instructions regarding medications
- Keep all appointments for follow-up care

You should be back to light activities after 2 weeks. Your doctor will provide more detailed instructions about when you can return to normal activities. For now, be sure that you are familiar with these important recovery tips:

## TENDING TO THE ACCESS SITE

- You will need to keep the small incision area in your groin dry for the first 24 hours. This is where the doctor accessed your vein for the procedure.
- Monitor bruising and call your doctor immediately if any bleeding, sudden hardness, swelling, or discharge occurs



To learn more about MitraClip™ Therapy, find additional resources, or to find a clinic near you, please visit:

*www.MitraClip.com*

## NOTES

# IMPORTANT SAFETY INFORMATION

## What is MitraClip™ Therapy approved for?

**Available by prescription only.**

MitraClip therapy is a minimally invasive procedure approved for treating patients with clinically significant mitral regurgitation due to either (a) a deteriorated mitral valve in patients who are deemed to be at prohibitive risk for surgery, or (b) mitral valve in patients who have heart failure and reduced pumping function who remain symptomatic despite maximally tolerated medications to treat their heart failure.

Patients should work with their doctor and a multidisciplinary heart team, which may include a heart surgeon and cardiologist with experience treating heart failure, to confirm their surgical risk and to ensure that they are on the optimal medications. The heart team will determine if transcatheter edge-to-edge valve repair is clinically appropriate, and if the patient meets the indications for the MitraClip procedure.

## Who should not have the MitraClip Procedure?

Patients that have any of the following conditions should not have the MitraClip Procedure: inability to tolerate or are allergic or hypersensitive to anti-coagulants, anti-platelet therapies, nickel, titanium, cobalt, chromium, polyester, or contrast dye; have inflammation or rheumatic disease of the valve; have blood clots inside the heart or blood vessels (inferior vena cava, femoral vein), or active endocarditis or other active infection of the valve or have mitral or tricuspid valve anatomy which is deemed not suitable for repair with MitraClip.

## What are the possible complications associated with the MitraClip Procedure?

As with any medical procedure, there is a possibility of complications. The most serious complications of the MitraClip procedure includes, but are not limited to: death, stroke (a condition in which decreased blood flow to the brain can result in brain damage and may cause severe disability), transient ischemic attack (stroke symptoms that last only a few minutes), major vascular complications (damage to a major blood vessel that may require emergency surgery or urgent cardiac surgery), life threatening bleeding event (a major bleeding event that requires a blood transfusion). For additional potential risks and complications, please consult with your physician or heart team.

**Talk to your doctor to learn more about the risks associated with MitraClip™ Therapy and ask for the detailed Important Safety Information if you'd like to review the full list of complications.**


**REFERENCES**

1. von Bardeleben, R, Mahoney, P, Morse, M. et al. 1-Year Outcomes With Fourth-Generation Mitral Valve Transcatheter Edge-to-Edge Repair From the EXPAND G4 Study. *J Am Coll Cardiol Intv.* 2023 Nov, 16 (21) 2600–2610.
2. Ladich, E, Michaels, M, Jones, R, et al. Pathological Healing Response of Explanted MitraClips. *Circ.* 2011;123:1418-1427
3. Kar S, von Bardeleben R, Rottbauer W, et al. Contemporary Outcomes Following Transcatheter Edge-to-Edge Repair: 1-Year Results From the EXPAND Study. *J Am Coll Cardiol Intv.* 2023 Mar, 16 (5) 589–602.

# MITRACLIP™
# TEER THERAPY

Watch this video to learn from cardiologist and a MitraClip recipient about how the procedure works to repair the mitral valve.

- Learn more about MR
- See the treatment options
- Hear the story of a patient like you

**Watch Now!**

Scan the QR code with the camera on your smart phone or tablet to view the video or visit:

*https://abbo.tt/MitraClipVideo*

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