Navitor Vision Valve Design

Deepak Talreja, MD

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Disclosure of Relevant Financial Relationships

Within the prior 24 months, I have had a financial relationship with a company producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:

Speaker Name: Deepak Talreja, MD

Nature of Financial Relationship	Ineligible Company
Consultant Fees/Honoraria/Speaker's Bureau	Abbott; Medtronic; Amgen
Consultant Fees/Honoraria/Speaker's Bureau	Abiomed; Bristol-Myers Squibb; AstraZenca

Support of this program is provided by Abbott, and the speaker is presenting on behalf of Abbott. This program is not intended for continuing education credits for any healthcare professional. All information presented is consistent with applicable FDA requirements.

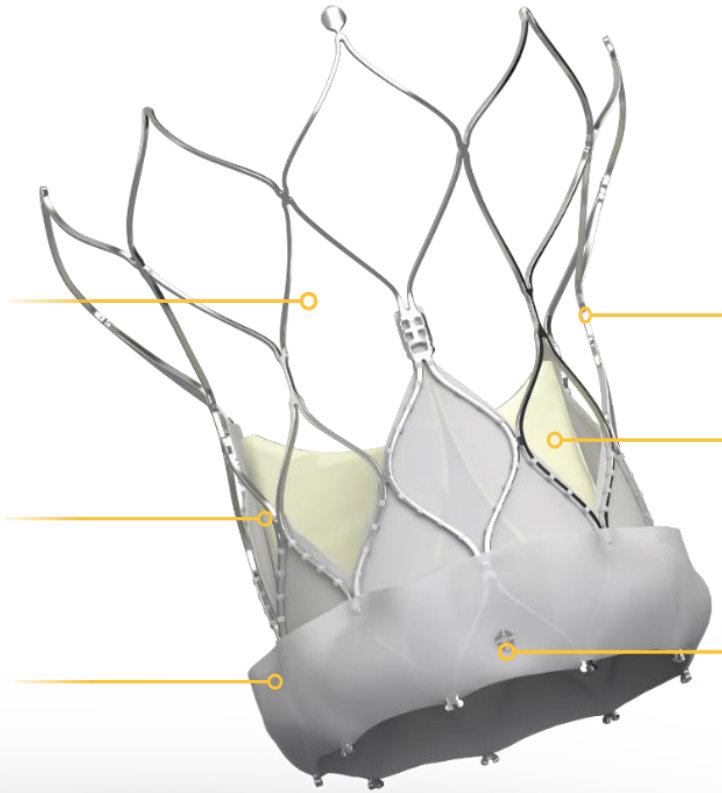
All relevant financial relationships have been mitigated.
Faculty disclosure information can be found on the app

Navitor Vision* Valve Design

LARGE CELL DESIGN
Minimizes coronary obstruction and improves coronary access and flow

ANNULUS TREATMENT RANGE
19 mm to 30 mm diameters

ACTIVE-SEALING CUFF
Synchronizes to the cardiac cycle to seal and mitigate PVL[1]



CONSISTENT RADIAL FORCE
Expands, anchors, stabilizes and seals

INTRA-ANNULAR LEAFLETS
Function immediately for continuous hemodynamic stability during deployment

THREE RADIOPAQUE MARKERS
Provide clear visualization of 3 mm implant depth

1. Sondergaard, L. 30-day outcomes from a next generation TAVI device with an active sealing cuff. Presented at: EuroPCR conference; May 18-20, 2021.
* Labeled as Navitor and Navitor Titan with Vision Technology

See Important Safety Information referenced within.
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FlexNav™ Delivery System

INTEGRATED SHEATH: 14 AND 15 F*

Features low insertion profile and hydrophilic coating for reduced insertion force

ERGONOMIC HANDLE

Features intuitive deployment wheel, visual deployment indicator and tactile lockout mechanism

FLEXIBLE CAPSULE, SHAFT AND ATRAUMATIC NOSECONE

For navigating routine to tortuous anatomies

STABILITY LAYER

Enables precise and stable deployment

*14 F and 15 F equivalent

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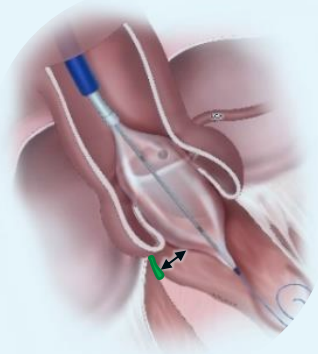
Navitor Cusp Overlap Technique Summary

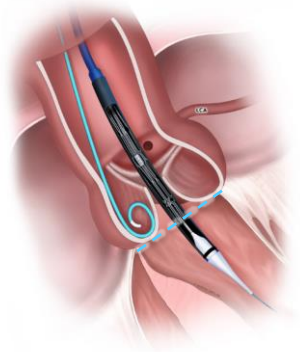
Important Annulus Prep: Perform an Effective Pre-dilation

- Choose balloon diameter up to but not exceeding perimeter derived annulus diameter
- Place balloon more aortic than ventricular to minimize interaction with conduction system



STEP 1
Initial FlexNav™ System Positioning

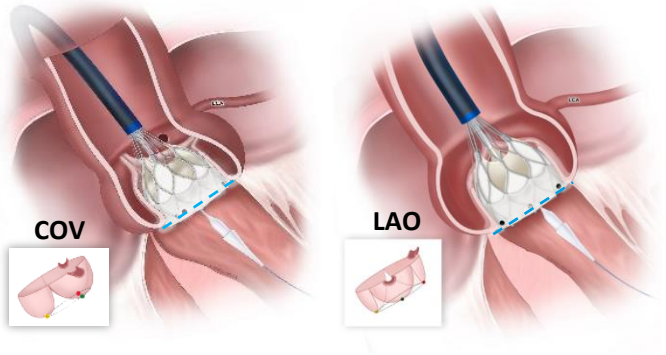
- In cusp overlap view:
  - Remove parallax
  - Align inflow edge of the stent with annulus



STEP 2
Valve Deployment

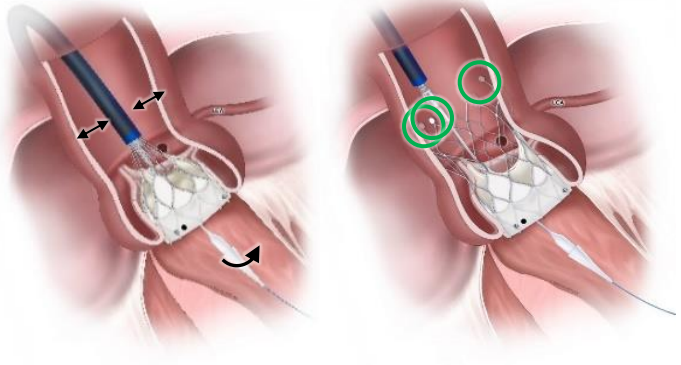
- Steady deployment allowing valve to descend to 3mm
- In cusp overlap view: if parallax develops during valve opening & before full annular contact:

  -Pause deployment, move to LAO view, and remove parallax
- Adjust coaxial alignment using the guidewire and/or FlexNav
- Check for incomplete stent opening and resolve if present
- Confirm 3mm target depth in cusp overlap and LAO views



STEP 3
Valve Release

- Keep FlexNav neutral or with slight forward pressure
- Centralize FlexNav and pull guidewire to a mid-ventricular position
- Continue deployment to release valve and confirm all 3 tabs fully detached
- Pull guidewire to centralize nosecone and slowly withdraw FlexNav delivery system
- Confirm final placement with an aortic root injection



Images on file.
Abbott data on file CL1027660.

NOTE: Blue dash line represents Annular Plane.

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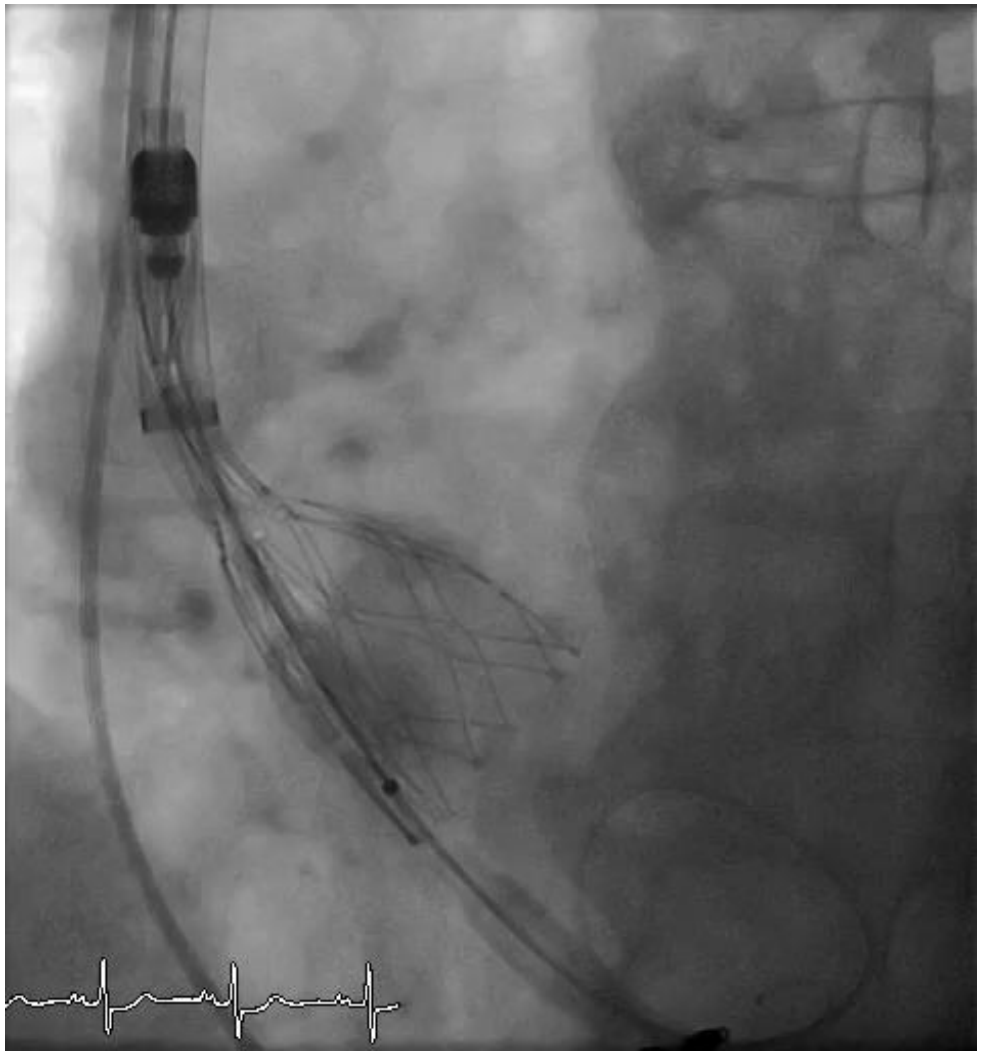
Example of 80% Deployed Navitor Valve



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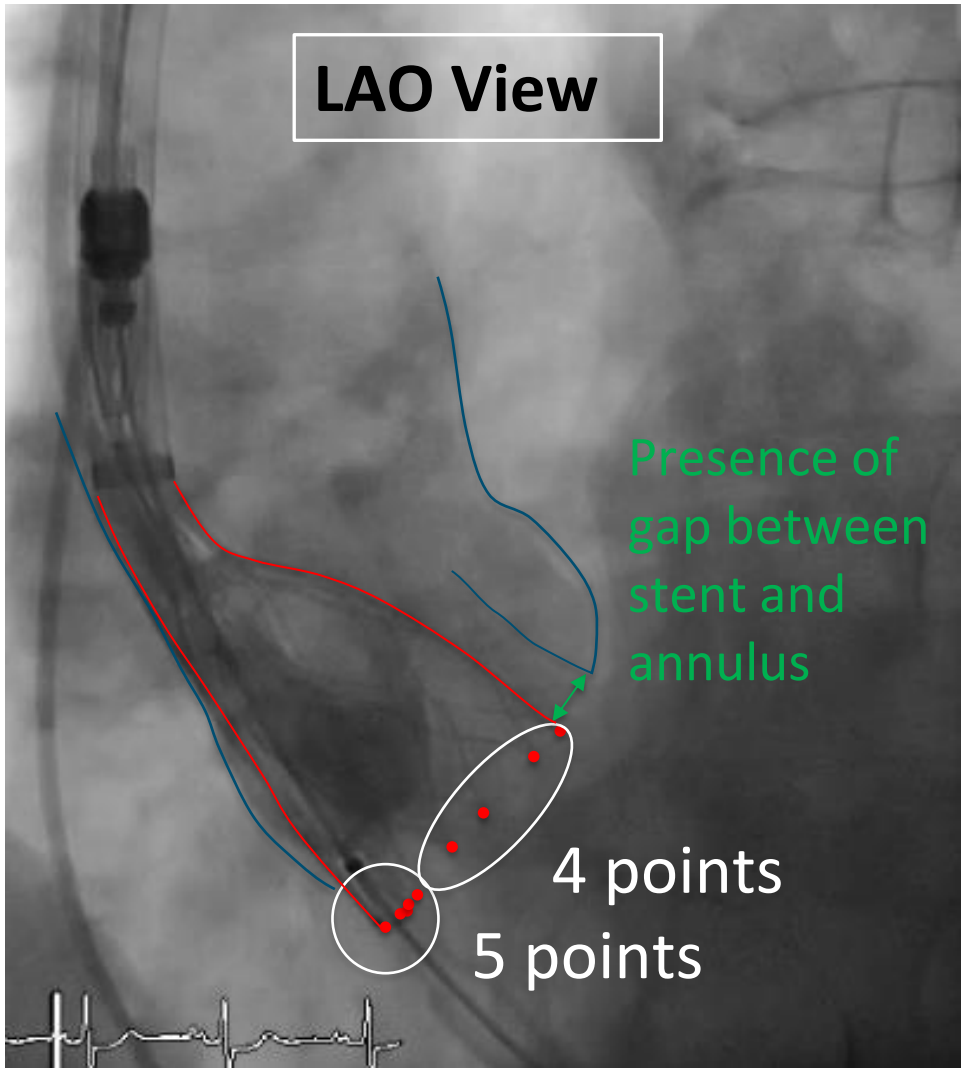
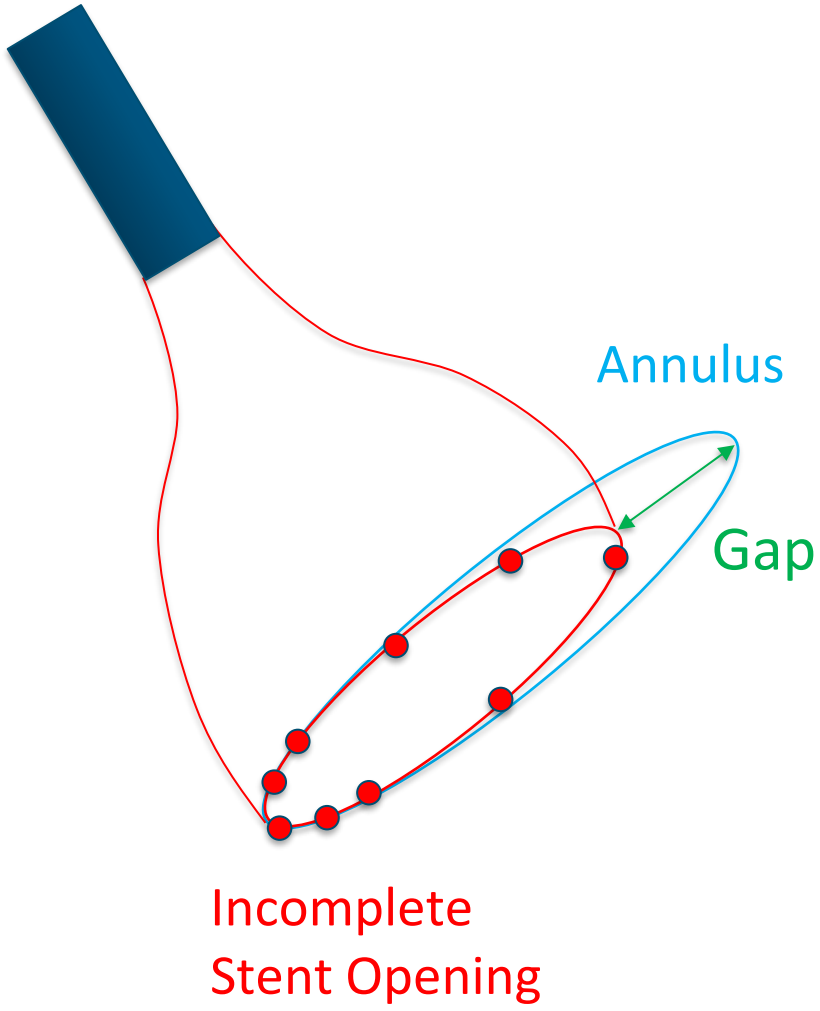
Closer Examination of 80% Deployed Navitor Valve





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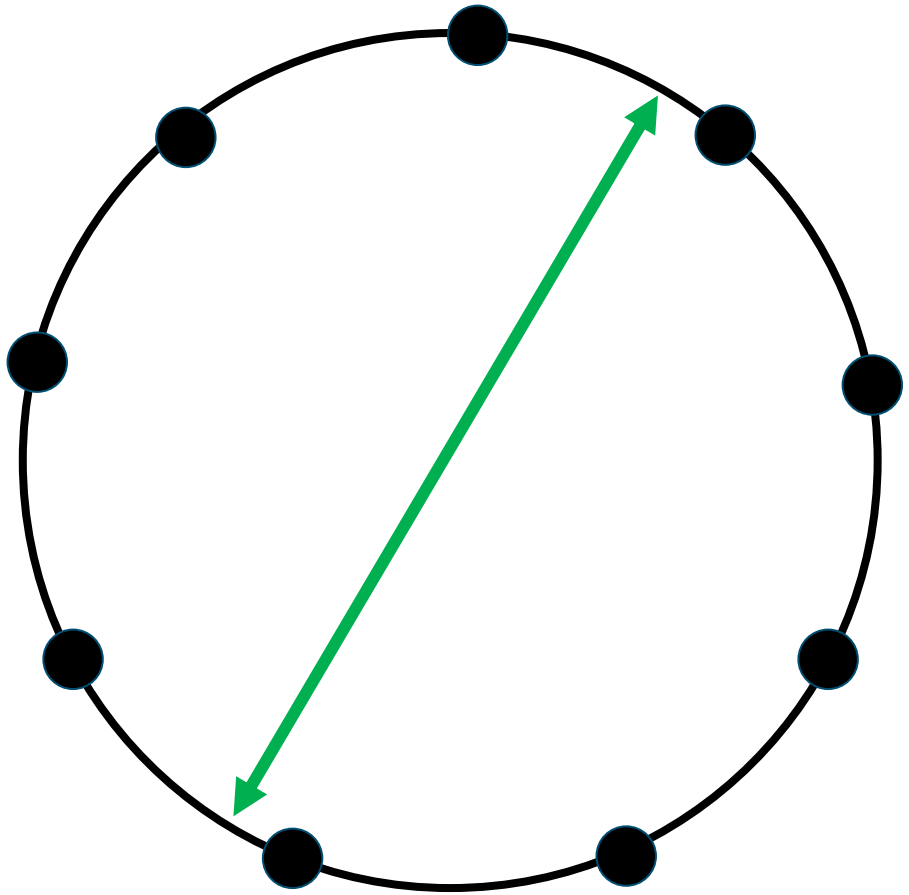
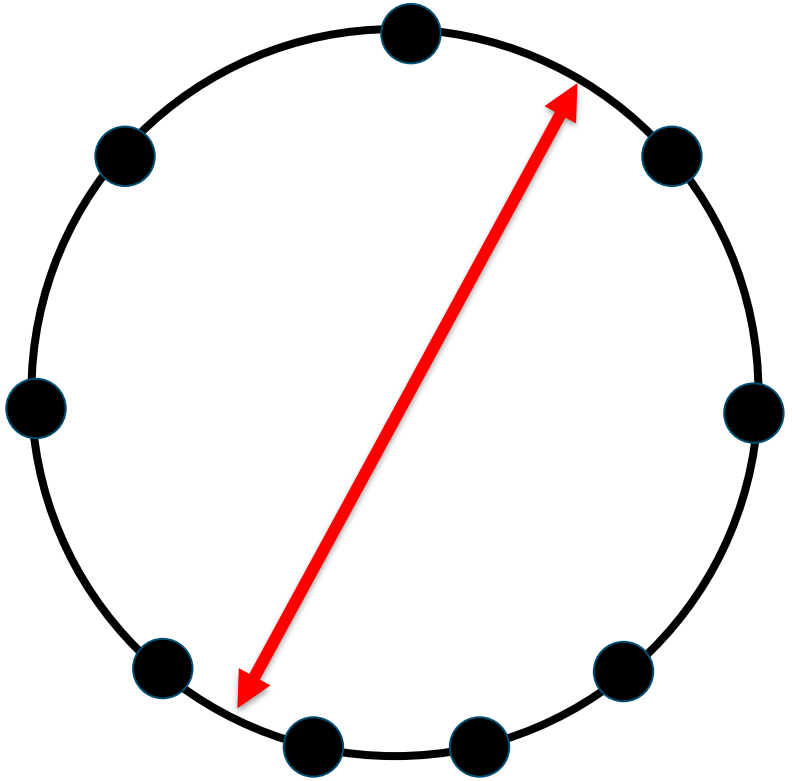
Consequences of Ineffective Balloon Pre-dilation

Expected Diameter



Smaller Diameter

(Incomplete Stent Opening)



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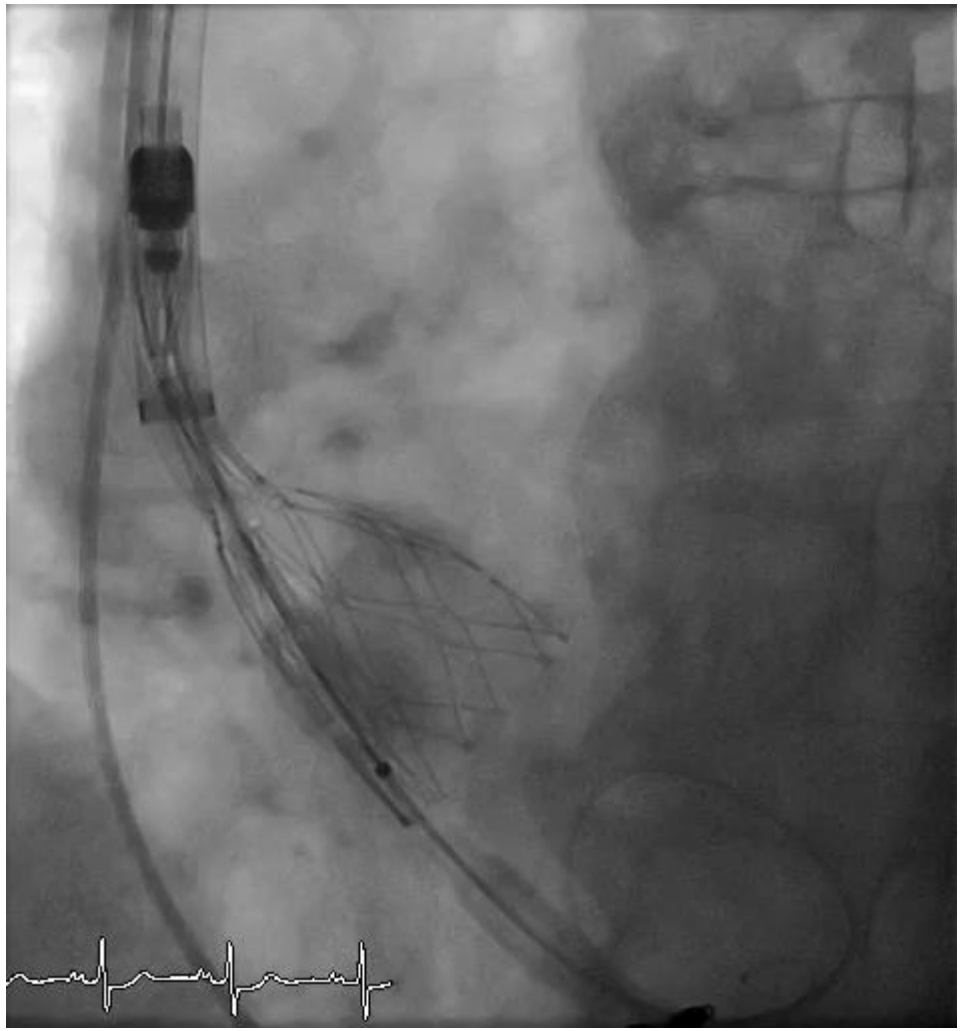
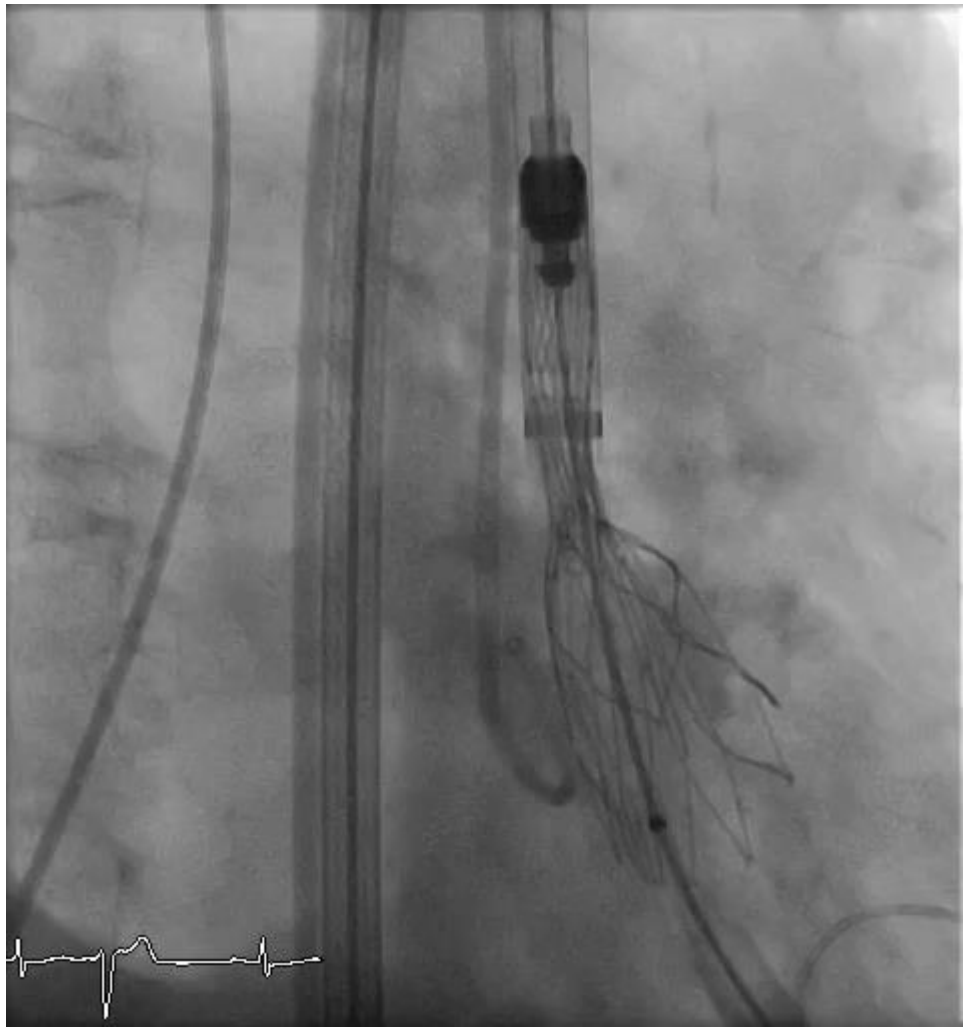
Stent Opening is Better Visualized in RAO/CAU Projection

LAO Projection



RAO/CAU Projection



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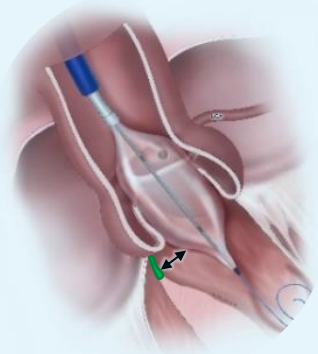

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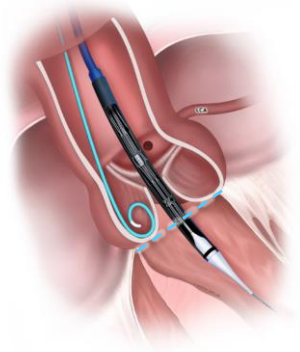

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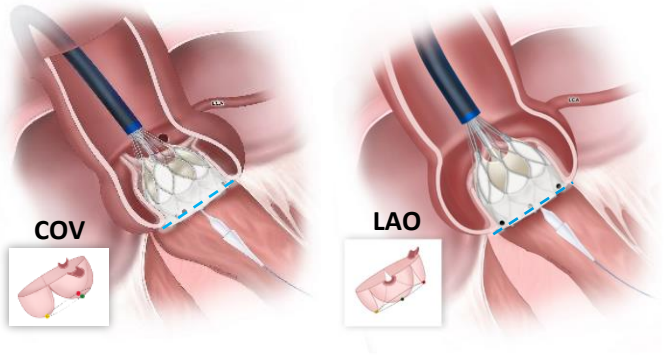

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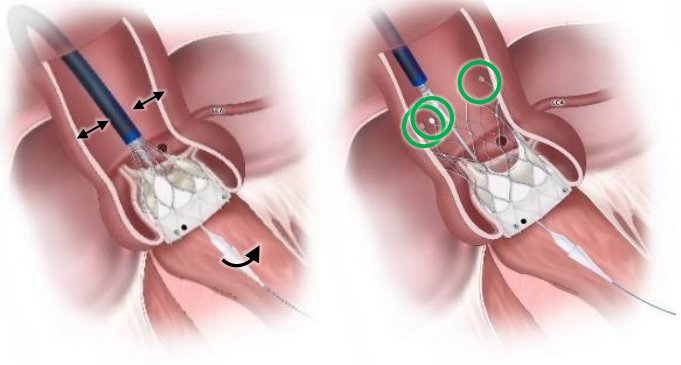

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