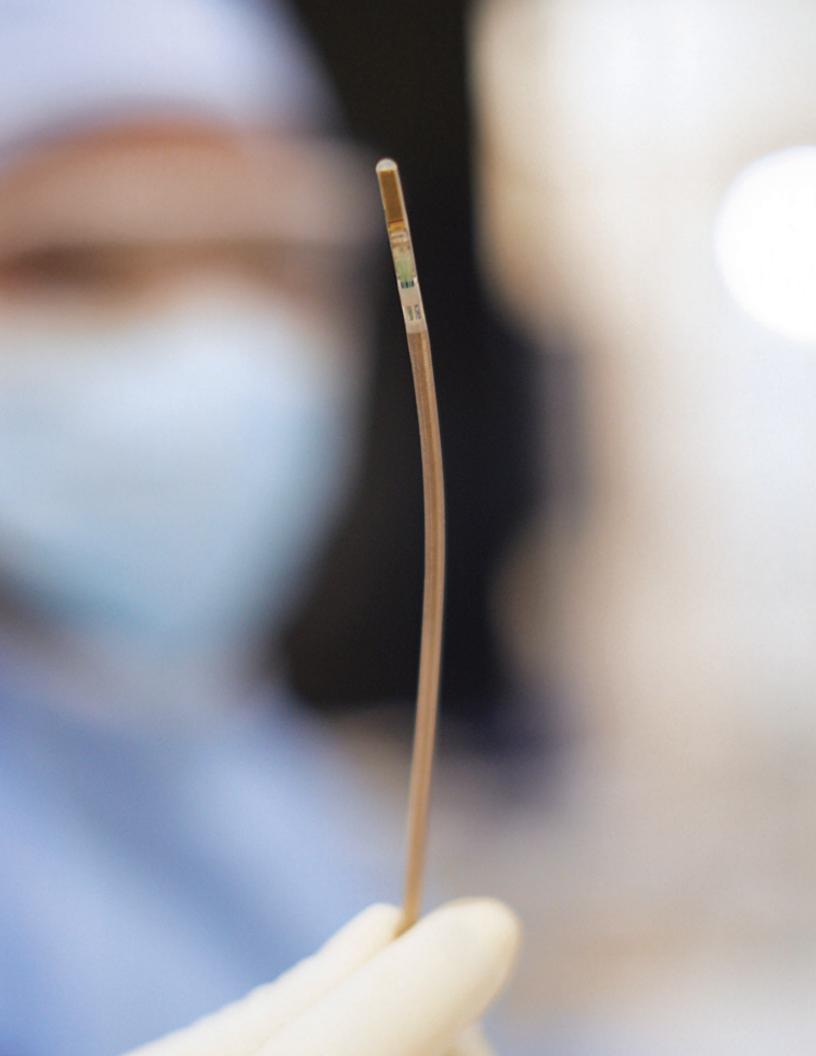
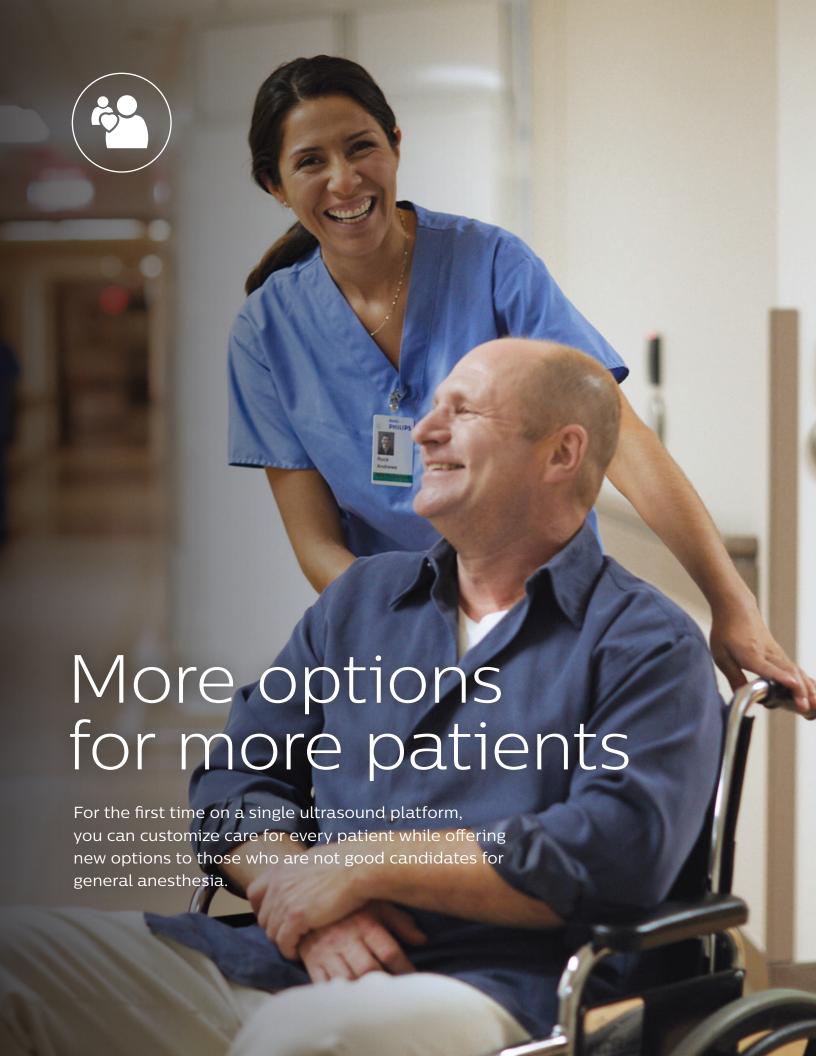


Philips VeriSight Pro was developed to challenge the standard of care for electrophysiology and structural heart disease.

As the first ICE catheter to miniaturize the same 3D imaging technology that powers TEE, Philips VeriSight Pro allows you to reduce your reliance on general anesthesia while giving you more confidence and control in interventional procedures.





A new path to exceptional care

Philips VeriSight Pro technology provides you with an alternative to TEE-based procedures for patients who are not good candidates for general anesthesia.¹

77%

of clinicians believe using Philips VeriSight Pro instead of TEE will **improve the overall patient experience.**²

Philips VeriSight Pro allows you to see two planes side-by-side for the first time with an ICE catheter. With revolutionary xPlane technology, you can simultaneously view the long and short axis of your target anatomy, which can aid in device sizing and placement.

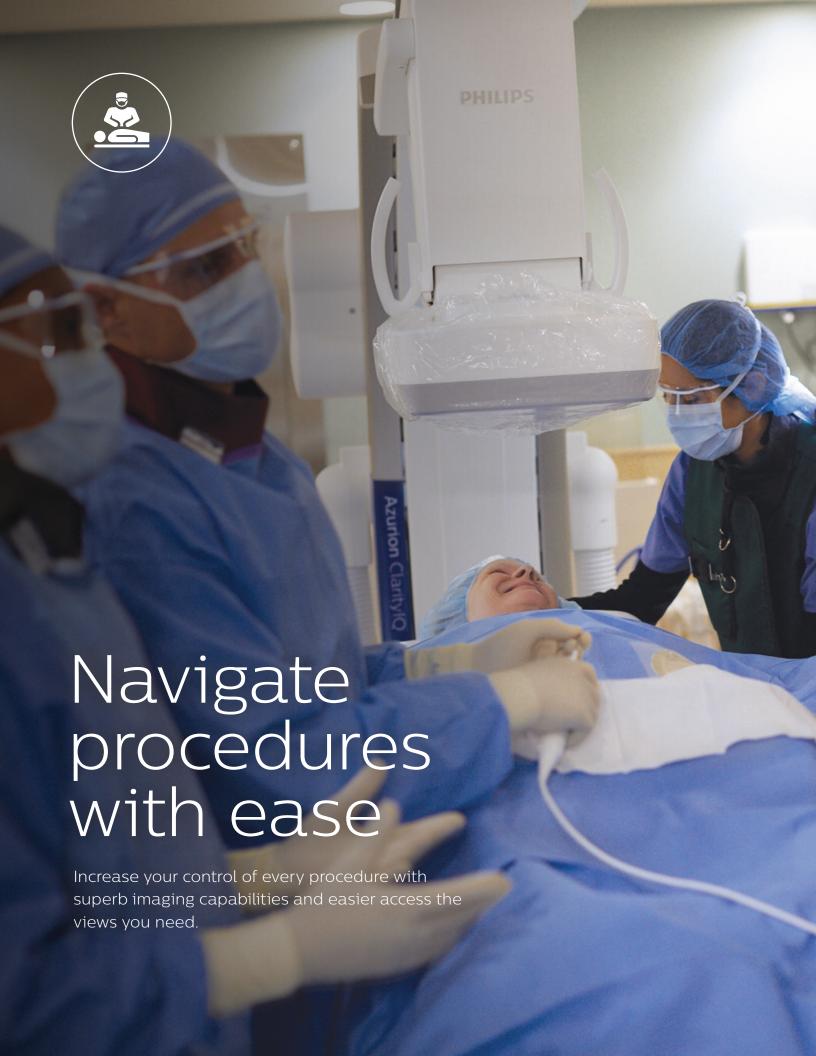
93%

of physicians believe that Philips xPlane technology allows for **more accurate navigation and placement** of interventional devices.²

Philips VeriSight Pro was designed with patient safety in mind. Physicians believe that the softer catheter tip and flexible shaft help minimize the risk of perforations.



of physicians believe the flexible shaft and softer tip of the VeriSight Pro catheter will allow them to **navigate with more confidence** during ICE-guided procedures.²



Simplify procedural workflows

Philips VeriSight Pro is the only ICE catheter to offer iRotate technology, which helps to streamline procedures by allowing you to digitally change the scan angle without moving the catheter. Nearly all physicians believe this capability will help reduce the manual manipulation required to access the views they need.



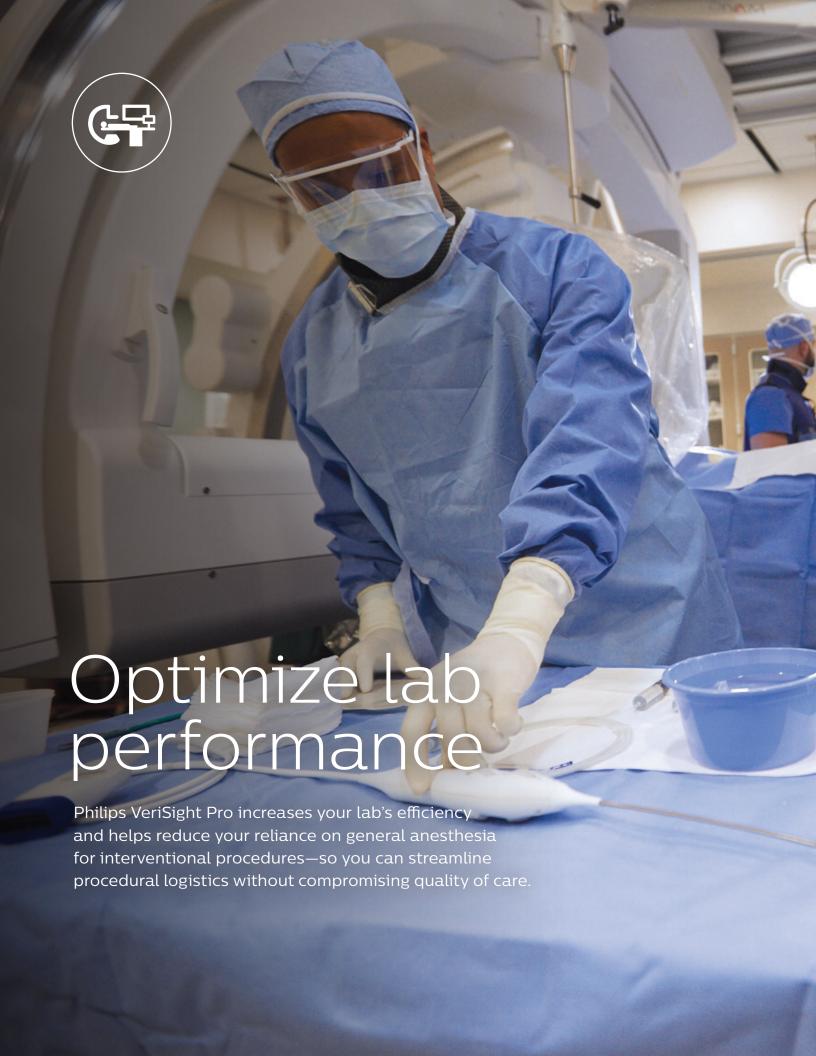
100%

of physicians believe that iRotate technology will reduce catheter manipulation during procedures.²

Philips VeriSight Pro uses the same 3D imaging technology as TEE, miniaturized to fit on the tip of a 9 French catheter. Delivering powerful 3D imaging capabilities, VeriSight Pro is an excellent TEE alternative for image guidance in interventional procedures.

94%

of physicians believe using Philips VeriSight Pro technology instead of TEE will **streamline procedural workflows.**^{2,3,4}



Deliver high caliber care without compromise

Exceptional 3D imaging capabilities make VeriSight Pro a superb choice for image guidance in interventional procedures. When VeriSight Pro replaces other imaging modalities, you may be able to reduce your reliance on general anesthesia—and all the logistical hurdles that accompany it.

88%

of physicians believe using VeriSight Pro technology instead of TEE will help to **simplify scheduling of procedures.**²

75%

of physicians believe using Philips VeriSight Pro technology instead of TEE will help them **improve lab throughput.**^{2,3,4}







Philips VeriSight Progives you:

More options,

with exceptional 3D image quality that allows you to customize care for more patients.

More efficiency,

with advanced imaging capabilities that unlock simpler procedural workflows.

More control,

by helping you reduce your reliance on general anesthesia and manage resources more effectively.



References:

- 1. Using Philips ICE instead of TEE helps minimize the risk of anesthesia related complications.
- VeriSight handling claims validated by clinician feedback collected from a bench study, with a sample size of 16 physicians and 16 technicians, totaling 32 clinicians. Clinicians also provided feedback based on images taken by VeriSight Pro in a porcine model. Data on file (D000259724).
- 3. Basman, C., Parmar, Y. J., & Kronzon, I. (2017). Intracardiac Echocardiography for Structural Heart and Electrophysiological Interventions. Current cardiology reports, 19(10), 102. https://doi.org/10.1007/s11886-017-0902-6
- 4. Alqahtani, F., Bhirud, A., Aljohani, S., Mills, J., Kawsara, A., Runkana, A., & Alkhouli, M. (2017). Intracardiac versus transesophageal echocardiography to guide transcatheter closure of interatrial communications: Nationwide trend and comparative analysis. Journal of interventional cardiology, 30(3), 234–241.

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