**VASCADE MVP® XL** Venous Vascular Closure System

# EXPAND Your PFA & LAAC Closure Capability

## The Only Extravascular Venous Closure System Clinically Proven in EP Procedures Using 17F OD Procedural Sheaths[1]

**VASCADE MVP XL SYSTEM NOW INDICATED FOR**
venous vascular closure in 10-14F ID/17F max OD sheaths

**25F**
diameter disc



**19mg**
collagen

Approved for

**FARADRIVE™**
Steerable Sheath

**WATCHMAN TruSteer™**
Access System

**Agilis NxT Steerable Introducer,** Dual-Reach™

**0%**
Major & Minor Complications[1*†]

HAEMONETICS®

# The AMBULATE EXPAND Trial

## Summary

Prospective, single arm pivotal trial at 8 U.S. centers to evaluate femoral venotomy after catheter-based procedures using 10-14F ID/17F max OD sheaths.

Demonstrated safety and efficacy of the VASCADE MVP® XL venous vascular closure system in 77 patients as follows:[1]

- 0% major complications*
- 0% minor complications†
- Median 2.4 hours time to ambulation (TTA)‡
- Median 2.3 minutes time to hemostasis (TTH)
- Median 2.7 hours time to discharge eligibility (TTDE)




## Success

The study demonstrated 100% procedure success and device success of 98.7%.[1]

## Sheath Type by Access Site

| Procedural Sheath (OD) Detail | Study Acess Sites (N=77) | |
|---|---|---|
| | n | % |
| FARADRIVE™ Steerable Sheath (13F ID/17F OD) | 64 | 83.1% |
| WATCHMAN TruSteer™ Access System (12F ID/17 OD) | 11 | 14.3% |
| Agilis NxT Steerable Introducer Dual-Reach™ (13F ID/17F OD) | 2 | 2.6% |

**Expanded Closure Capability**

in EP Procedures using 10-14F ID/17F max OD sheaths

# Workflow Wins with A Direct Close

With VASCADE MVP XL system, there is no need to downsize your procedural sheath to a smaller size for closure, which adds time to the procedure while waiting for the vein to recoil.

Designed to close 10-14F ID/17F OD venous access sites following pulsed field ablation (PFA) and left atrial appendage closure (LAAC) procedures, VASCADE MVP XL expands your closure capability.

# Built on the Legacy of VASCADE MVP® System

## Patients First[2§]

- Median 2.2 hours time to ambulation – 64% reduction
- 63% improvement in patient satisfaction
- 58% reduction in opioid use post procedure
- 51% reduction in pain medication use post procedure

**63%** improvement in patient satisfaction[2]

**58%** reduction in opioid use post procedure[2]

**51%** reduction in pain medication use post procedure[2]

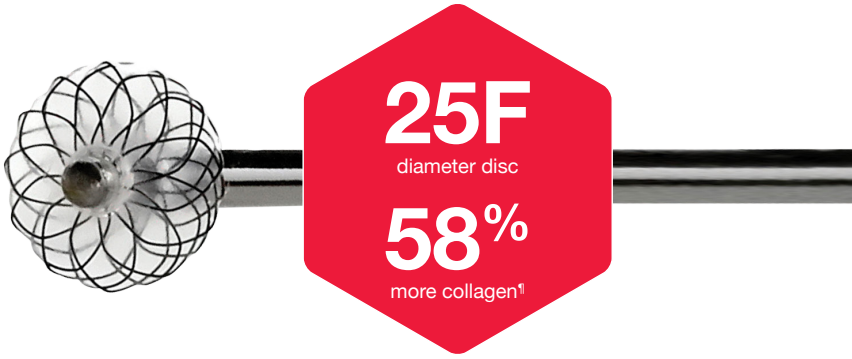
**0%** major complications in >1,000 patients in 5 EP clinical trials[2-6*]



# VASCADE MVP® XL Venous Vascular Closure System

# Simply Bigger.

- 25F diameter disc
- 58% more collagen¶
- Resorbable and thrombogenic collagen plug
- Simple and easy to use
- No sutures, nothing permanent left behind




| Features | VASCADE MVP® Venous Vascular Closure System | VASCADE MVP® XL Venous Vascular Closure System | Increase |
|---|---|---|---|
| Collagen | 12mg ± 3mg | 19mg ± 3mg | 58% |
| Disc Size | 23F | 25F | 9% |
| Sheath Size Compatibility | 6-12 ID (15F maximum OD) | 10-14 ID (17F maximum OD) | +2F max OD |

## Scan to learn more about VASCADE MVP XL

### Ordering Information

| Product | Catalog Number | Sheath Compatibility | Order Quantity | For Use In |
|---|---|---|---|---|
| VASCADE MVP XL Venous Vascular Closure System | 800-1012XL-10U | 10-14F Inner Diameter (17F maximum outer diameter) | 1 Box (10 devices per box) | Venous |

Please consult product labels, and instructions for use for indications, contraindications, warnings, precautions and adverse events. See VASCADE MVP XL IFU 4911 and VASCADE MVP IFU 3972. For a list of worldwide office locations and contact information, visit www.haemonetics.com/officelocations

* Major venous access site closure-related complications through 30-day follow up
† Minor venous access site closure-related complications through 30-day follow up
‡ In Per Protocol population (N=66)
§ VASCADE MVP System was compared to manual compression.
¶ Compared to VASCADE MVP System

1. VASCADE MVP XL IFU 4911
2. Natale A, et al. Venous vascular closure system versus manual compression following multiple access electrophysiology procedures: The AMBULATE Trial. *JACC Clin Electrophysiol* October 2019. DOI: 10.1016/j.jacep.2019.08.013
3. Al-Ahmad A, et al. Results from the prospective, multicenter AMBULATE-CAP trial: Reduced use of urinary catheters and protamine with hemostasis via the mid-bore venous vascular closure system (Vascade MVP following multi-access cardiac ablation procedures. *J Cardiovasc Electrophysiol* Dec 2020. https://doi.org/10.1111/jce.14828. NCT03573206
4. AMBULATE Same Day Discharge Registry Retrospective Study: NCT04538781
5-6. Eldadah ZA, et al. Same-day discharge following catheter ablation and venous closure with VASCADE MVP: A post-market registry. *J Cardioavasc Electrophsyiol* 2022. https://doi.org/10.1111/jce.15763 NCT04203329

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