

What is Afib?

Afib is a malfunction of the heart's electrical system that originates in the upper chambers known as the atria. With Afib, electrical impulses are initiated in different areas of the heart - **called rotors** - which cause the heart's contractions to become disorganized and irregular.

What are rotors and what role do they play in my Afib?

Rotors are rotations of electrical activity that spin in the atria and their location is unique for each Afib patient. Although rotors are tiny (1-2 cm in diameter), they have a very clear core or 'eye' at their center. Just like a hurricane, if the rotor's core persists, so will the rotational activity and your Afib.



For more information on Afib and FIRM-guided therapy, visit ABBOTTEP.COM

As is the case with any interventional procedure, a FIRM-guided procedure is not without risk. Discuss the risks and benefits with your doctor to determine what is right for you.

You are a unique individual.



Not long ago, you received the diagnosis—atrial fibrillation also known as Afib. You are not alone, as over 33 million people worldwide have Afib.¹ Previously, every Afib patient was treated with the same approach.

Now there's a new way to treat Afib that is specific to you.

So is the source of your Afib.



What is a cardiac ablation?

A cardiac or heart catheter ablation is a non-surgical procedure, that introduces a catheter into the heart through a vessel in the groin area. During the procedure, your electrophysiologist (EP) destroys or ablates the tissue that are responsible for the abnormal electrical activity or Afib. A common technique is to ablate the tissue surrounding the pulmonary veins called pulmonary vein isolation (PVI). Some patients respond well when rotors are identified and treated appropriately during cardiac ablation, while others must undergo multiple procedures.

Your EP will use the RhythmView® System to guide them to the areas of your heart where rotors exist, allowing them to identify the sources of your Afib. Using the FIRMap® catheter and a 3D map of your heart, your EP can make patient-specific decisions for your treatment.

What are the possible risks and benefits of FIRMap-guided therapy and cardiac ablation?

As with any procedure, risks include blood clots, strokes, blockage, or perforation of the pulmonary veins or heart.

The RhythmView System leads EPs to the areas of the heart that are causing the abnormal rhythm, allowing them to identify the sources of your Afib. Some patients have complete or partial relief of their symptoms including shortness of breath, palpitations, and weakness. Others may experience improved quality of life and/or freedom from antiarrhythmic medications.

What can I expect before my cardiac ablation using FIRMap-guided therapy?

You will not be able to drink or eat after midnight the night before your procedure. Your doctor will

advise you on whether you will need to stop taking certain medications. Your doctor may also require lab work to be completed before your procedure. In preparation for the procedure, an IV is inserted in your arm or hand. You will be given a sedative through the IV that will either relax you or put you to sleep. You will be brought into the cath lab where electrode patches are placed on your body. Your right and left groin areas in most cases will be numbed. The EP will make a needlestick or small cut where the FIRMap catheter will be inserted.

What can I expect during cardiac ablation using FIRMap-guided therapy?

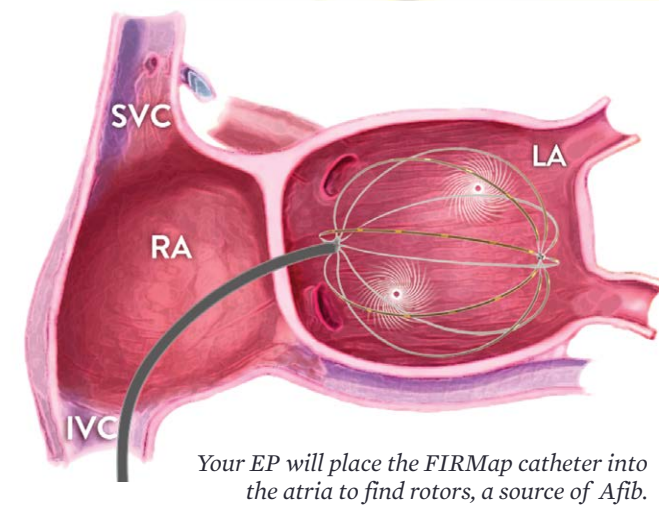
During the procedure, you will receive anticoagulants or blood thinners to help prevent blood clots.

The FIRMap catheter is guided to the right atrium of your heart via a main vein. It is designed to conform to the area around the wall of the atrium. Your EP will use the FIRMap catheter to gather electrical signals from the heart using 64 electrodes. The signals are recorded and then analyzed by the RhythmView System to identify the electrical patterns (i.e., rotors) that are sustaining your Afib. Your EP will use this information to guide them to the areas of the atria where rotors are found to perform a cardiac ablation.

Your EP will then insert an ablation catheter into the atria and treat the rotors with ablation. Energy will travel through the catheter tip and destroy the tissue that is sustaining the rotors. Energy can come from radiofrequency, lasers or cryoablation.

A cardiac ablation including FIRMap-guided rotor mapping usually takes 2 to 4 hours to complete, however in some cases, it could take longer. You may feel some minor discomfort during and after the procedure. Your EP and cath lab staff will monitor you to help keep you as comfortable as possible.

With the ability to see and destroy rotors, your doctor can tailor a treatment strategy for Afib that is unique to you.



What can I expect after my cardiac ablation using FIRMap-guided therapy?

Once the procedure is completed, you will be moved to a recovery room. You will be asked to lie still with your leg straight for 4 to 6 hours. The nursing staff may place manual pressure on the groin or a device may be placed on the groin to prevent it from bleeding. You will be monitored during your recovery time with nurses frequently checking your heart rate, blood pressure, and groin. You may be able to go home the same day or the following day depending on your condition. At this time, you may

still experience some mild soreness in your groin or chest area. Before you are sent home, the staff will discuss your activity limitations and possible side effects due to the procedure. Your EP may also place you on medications. Once you are home, if you have questions, concerns or experience any increased pain or symptoms, you should contact your doctor right away. Most patients are able to resume normal activities after a few days.

You will have a follow up visit with your EP to monitor your progress.

Where can I get more information about FIRMap-guided therapy?

Before beginning any treatment strategy for Afib, always talk to your doctor about the risks and benefits. You may also visit www.AbbottEP.com for more information about FIRMap-guided therapy.

1. Chugh SS, Havmoller R, et al. Worldwide epidemiology of atrial fibrillation: a Global Burden of Disease 2010 Study. *Circulation*. 2014; Feb 25;129(8):837-47.