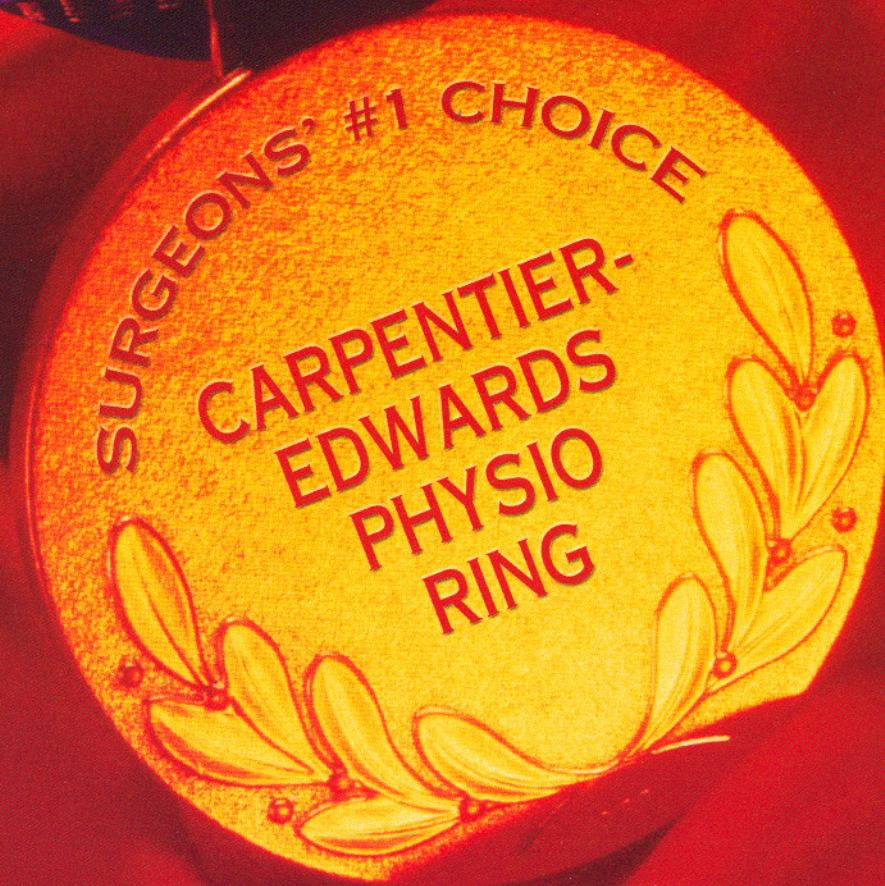


The gold standard for mitral valve repair



Carpentier-Edwards Physio Annuloplasty Ring

The #1 clinically proven annuloplasty ring.



Edwards
LIFESCIENCES

The Gold Standard for remodeling

Carpentier-Edwards Physio Annuloplasty Ring

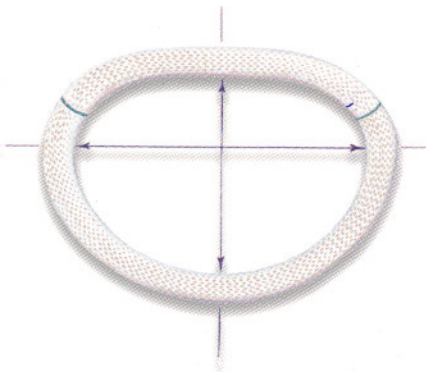
The low incidence of reoperation and late cardiac events suggest that the Carpentier-Edwards Physio annuloplasty ring, with its inherent flexibility, offers a definite advantage in the application of remodeling techniques in mitral valve reconstruction.¹

DESIGNED TO BE THE BEST OF BOTH WORLDS



Semirigid Flexibility

- Variable flexibility is created by the movement of Elgiloy bands separated by plastic bands.
- Allows for **Physiologic** contractility of the mitral valve annulus during systole.
- Minimizes stress on sutures.



Remodeling

- Preserves natural 3:4 ratio between the anteroposterior diameter and transverse diameter during systole.
- Restores anatomical size and shape to provide optimal orifice area.

Based on a 25-year experience, the Carpentier-Edwards Physio annuloplasty ring incorporates all of the features mandatory for a physiological and durable repair of the mitral valve annulus.²

ing while preserving flexibility

PHYSIOLOGIC ANATOMICAL CONFORMANCE



- The original saddle shape to better fit **Physiologic** dimensions while remodeling the annulus to its anatomic shape.
- Conforms to the configuration of the normal mitral annulus.

Mitral valve reconstruction is the treatment of choice for most patients with regurgitant lesions.¹

Carpentier-Edwards Physio Annuloplasty Ring

The #1 clinically proven annuloplasty ring.

I.	492 Patients	These findings support the continued use of the Carpentier-Edwards Physio annuloplasty ring in patients presenting with mitral insufficiency secondary to degenerative disease of the mitral valve as well as in the clinical setting of ischemic mitral insufficiency. ¹
II.	190 Patients	The Carpentier-Edwards Physio annuloplasty ring provided reliable and stable results at medium-term follow-up with a very low incidence of valve-related complications. ³
III.	137 Patients	Based on a 25-year experience, the Carpentier-Edwards Physio annuloplasty ring incorporates all of the features mandatory for a physiological and durable repair of the mitral valve annulus. ²
IV.	100 Patients	The authors conclude that the Carpentier-Edwards Physio annuloplasty ring enables reliable and effective mitral valvuloplasty with excellent short-term results. ⁴
V.	51 Patients	Excellent results of combined restrictive annuloplasty and CABG were obtained. ⁵
VI.	30 Patients	The findings from this study indicated a low incidence of device-related complication, while excellent valvular function was maintained. ⁶

Helping patients is our life's work, and

life is now

Carpentier-Edwards Physio Annuloplasty Ring — The Gold Standard

The Carpentier-Edwards Physio annuloplasty ring can play a critical role in the operative management of patients presenting with mitral valve disease.¹

Model Description	Model Number
Carpentier-Edwards Physio annuloplasty ring (Sizes 24 mm-40 mm)	4450
Handle	1150
Extended handle (total length 10.4 inches)	1151
Mitral sizers	1174
Handle for sizers (reusable)	1111
Handle for sizers (single use)	1126

References:

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2. Carpentier AF, Lessana A, Relland JY, et al. The "Physio-Ring": An Advanced Concept in Mitral Valve Annuloplasty. *Ann Thorac Surg.* 1995;60:1177-1185.
3. Raffoul R, Uva MS, Rescigno G, et al. Clinical evaluation of the Physio annuloplasty ring. *Chest* 1998 May;113(5):1296-301.
4. Sousa Uva M, Raffoul R, Belli E, et al. Initial results of mitral valvuloplasty using the Physio-Carpentier-Edwards ring. *Arch Mal Coeur Vaiss.* 1997 Jun;90(6):789-95.
5. Bax JJ, Braun J, Somer ST, et al. Restrictive Annuloplasty and Coronary Revascularization in Ischemic Mitral Regurgitation Results in Reverse Left Ventricular Remodeling. *Circulation.* 2004;110:II-103 – II-108.
6. Kurosawa H, Nakano M, Kawase M, et al. Mitral valve repair by Carpentier-Edwards physio annuloplasty ring. *Jpn J Thorac Cardiovasc Surg.* 1999 Aug;47(8):355-60.

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