

# **CARBOMEDICS™ FAMILY**Bileaflet mechanical heart valves

With its Carbomedics<sup>TM</sup> line of products CORCYM offers cardiac Surgeons and Patients a complete set of mechanical heart valve solutions to reliably treat even the challenging cases.<sup>2</sup>

The Carbomedics name is intrinsically linked to the historical development of mechanical heart valves.

Based on the expertise and with the clear mission of providing highly reliable and technologically advanced solutions, in 1986 Carbomedics introduced to the market a mechanical bileaflet valve with a rotatable housing for optimal leaflet positioning.

Since this first step, the Carbomedics portfolio has been enriched over time up to the current, complete set of solutions that offer Surgeons flexibility while treating their Patients.

Choosing a Carbomedics
mechanical valve today means
choosing a reliable solution with
proven clinical results in over 20 years
of follow up and an extremely
low incidence\* of post-operative
structural failures reported
in over 1 million implants.1

<sup>\*</sup> CORCYM post-market surveillance classifies the risk of structural valve failure P as improbable (10-6 < P ≤ 10-5).

<sup>1.</sup> Bouchard et al., Twenty-Year Experience With the CarboMedics Mechanical Valve Prosthesis. Ann Thorac Surg 2014;97:816–23.

Nishida et al., Single-institution, 22-year follow-up of 786 CarboMedics mechanical valves used for both primary surgery and reoperation. J Thorac Cardiovasc Surg 2014;147:1493-8).

# **Tailored options for desirable Patient outcomes**<sup>1</sup>

Tailored safety and durability<sup>1</sup>



Tailored performance for desirable clinical outcomes



Tailored ease of implant



Tailored solutions for Patients and Surgeons







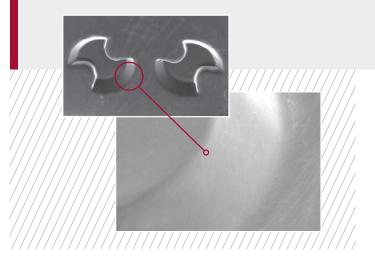
### Historically focused on biocompatible materials

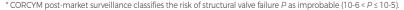
Thanks to its robust design, the Carbomedics bileaflet mechanical heart valve has extremely low incidence of post-operative structural failures\* in over 1 million implants worldwide.

Carbomedics Pyrolite® Carbon is engineered to provide excellent thromboresistance\* and mechanical resistance.<sup>1</sup>

This is achieved by co-depositing a small amount of Silicon during the manufacturing process, because the Silicon acts as a reinforcing element to the crystal structure of Pyrolytic Carbon.<sup>1</sup> The surface is then polished to remove the superficial roughness, thus achieving a mirror like finish.<sup>1,2</sup>

Polished Silicon alloyed varieties of Pyrolytic Carbon exhibit an excellent degree of thromboresistance while improving resistance to wear, offering results proven by over 20 years of clinical follow up.<sup>1,2</sup>





<sup>1.</sup> J.C. Bokros Carbon Biomedical Devices. - Carbon, 1977;15:355-71.





<sup>2.</sup> Goodman et al., Platelet responses to silicon-alloyed pyrolytic carbons. - Wiley Periodicals, Inc. J Biomed Mater Res 83A: 64–69, 2007

#### A robust design\* to minimize post-operative structural failures

#### Pyrolytic carbon coated leaflets

The leaflets of the Carbomedics valves are made of a substrate of tungsten filled graphite coated with Pyrolite® Carbon. The presence of Tungsten provides better radiopacity allowing a non invasive diagnostic observation of the leaflets' motion through fluoroscopy or similar methodologies.

The CORCYM proprietary Carbofilm coating is applied to both the valve's Titanium housing and the sewing cuff. The coating favors hemocompatibility, minimizing the risk for pannus formation\* and favoring a gentle tissue ingrowth.<sup>3,4</sup>

#### Pyrolytic carbon housing

Differently from other substrate processes, which results in a graphite core coated with pyrolytic carbon, Carbomedics valves employ an advanced mandrel process resulting in a low profile housing made entirely of Pyrolite® Carbon.

The mandrel process allows pivots to be located within the housing, reducing pannus ingrowth and interference with leaflet motion that can occur around the protruding "pivot ear" design.<sup>1,2</sup> Moreover, it permits a more sophisticated design of the pivot, the shape of which grants total washing of its entire surface, minimizing thromboembolic events\*\*.<sup>3</sup>

#### **Structural components**

To further enhance structural stability, the housing is reinforced by a titanium stiffening band which makes it stronger than a valve without a stiffening element, minimizing the risk of deformation and, consequently, the risk of leaflet dislodgement or lockup.<sup>3,4</sup> A lock wire forms a solid mechanical bond between the housing and the titanium reinforcement

Secure attachment of the sewing cuff to the housing is ensured by double lock wires.



<sup>\*\*</sup> Falk et al., European Journal of Cardio-Thoracic Surgery 52 (2017) 616-664.

band while creating a track for rotation.

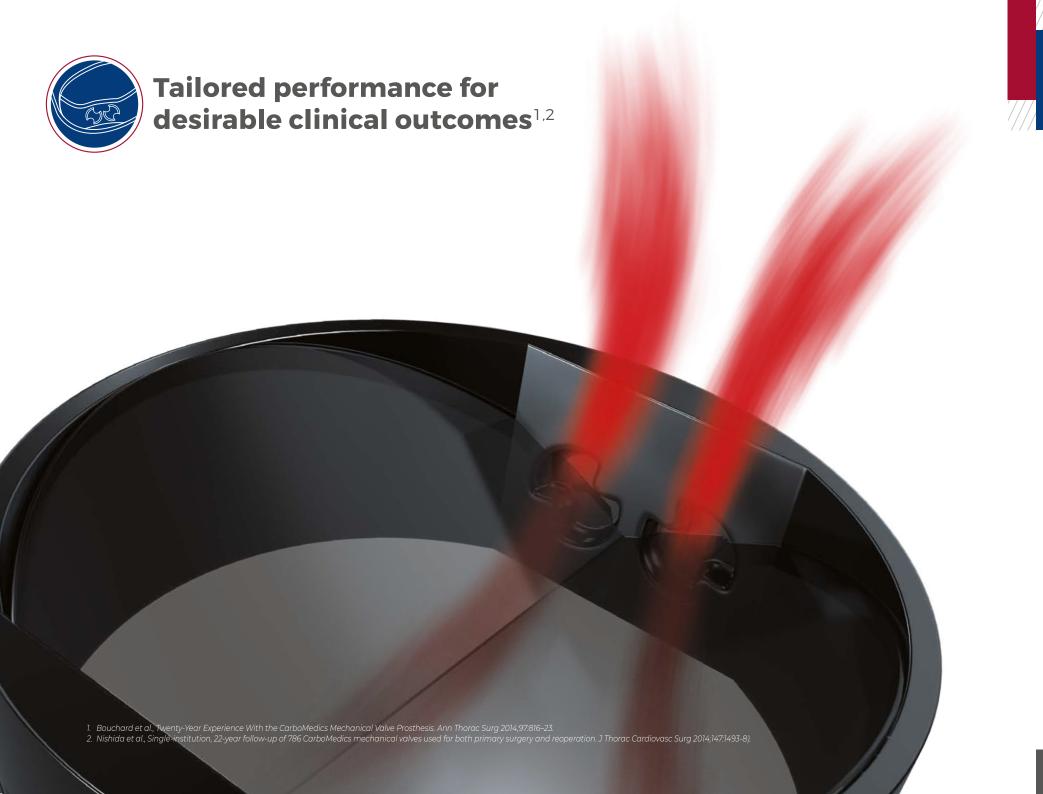


<sup>1.</sup> Aoyagi et al., Obstruction of St Jude medical valves in the aortic position: a consideration for pathogenic mechanism of prosthetic valve obstruction. - Cardiovasc Surg. 2002 Aug;10(4):339-44.

<sup>2.</sup> Dearani et Al., Entrapment of subvalvular mitral tissue causing intermittent failure of a St Jude mitral prosthesis. - J Am Soc Echocardiogr. 2000 Dec;13(12):1121-3.

<sup>3.</sup> Chambers et al., Echocardiographic Description Of The Carbomedics Bileaflet Prosthetic Heart Valve. - J Am Coll Cadiol 1993;21:398-405.

<sup>4.</sup> Bernal et al., The CarboMedics Valve: Experience With 1,049 Implants. - Ann Thorac Surg 1999;67:1299-303



Carbomedics valves are engineered to achieve proven clinical benefits for Patients throughout their lifetime<sup>1,2</sup>

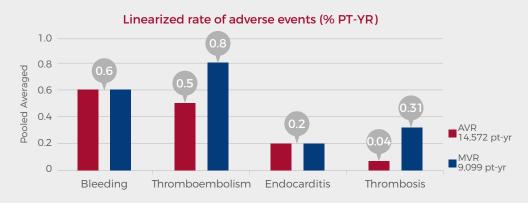
In its long clinical history, Carbomedics valves have demonstrated great levels of safety and reliability, with a considerably low incidence of complications and post-operative structural failures.<sup>1,3</sup>

The enhanced orifice hinge design allows for low thrombogenicity, minimizing pannus overgrowth. The inner surfaces of the pivots are completely open to the flow for washing when the leaflets are closed.<sup>4</sup>

The effectiveness of the Carbomedics design is reflected in the very low linearized rates\* (%/pt-yr) of thromboembolic events reported in published scientific literature.

# Twenty-Year Experience With the CarboMedics Mechanical Valve Prosthesis<sup>1</sup>

Over **twenty years** of published follow up reports "excellent functional results". 1



<sup>\*</sup> Objective performance criteria (OPC) as defined in ISO 5840:2012 used for comparison.

CORCYM post-market surveillance classifies the risk of thromboembolic events P as improbable (10-6 < P ≤ 10-5)1.35

<sup>1.</sup> Bouchard et al., Twenty-Year Experience With the CarboMedics Mechanical Valve Prosthesis. - Ann Thorac Surg 2014;97:816-23.

CFR-00001

<sup>3.</sup> Aagard. Fifteen Years' Clinical Experience with the CarboMedics Prosthetic Heart Valve. - J Heart V Dis 2005 Jan;14(1): 82-8.

<sup>4.</sup> Chambers et al., Echocardiodgraphic Description Of The Carbomedics Bileaflet Prosthetic Heart Valve. - J Am Coll Cadiol 1993;21:398-405.

<sup>5.</sup> Nishida et al., Single-institution, 22-year follow-up of 786 CarboMedics mechanical valves used for both primary surgery and reoperation. J Thorac Cardiovasc Surg 2014;147:1493-8).

# Freedom from valve-related mortality after mitral and aortic valve replacement\*.<sup>1,2</sup>





#### Proven reliability with very low thrombogenicity<sup>3</sup>.

Thrombogenicity remains to date one of the major concerns related to the implantation of mechanical heart valves. The safety of the Carbomedics valve with respect to thrombogenicity has been extensively proved in published scientific literature\*\* and is well recognized by the current European guidelines for heart valve disease management which classify Carbomedics as a Low thrombogenic prosthesis.<sup>3</sup>

<sup>\*</sup> All sudden or unknown causes of death were considered valve related in accordance to the Guidelines for reporting morbidity and mortality after cardiac valvular operations.

<sup>\*\*</sup> CORCYM post-market surveillance classifies the risk of structural valve failure P as improbable (10-6 < P ≤ 10-5).

<sup>1.</sup> Bouchard et al., Twenty-Year Experience With the CarboMedics Mechanical Valve Prosthesis. - Ann Thorac Surg 2014;97:816–23.

<sup>2.</sup> Edmunds et al., Guidelines for reporting morbidity and mortality after cardiac valvular operations. - J Thorac Cardiovasc Surg 1996;112:708–11.

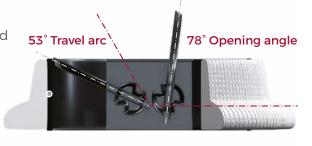
Falk et al., 2017 ESC/EACTS Guidelines for the management of valvular heart disease. The Task Force for the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)

 European Journal of Cardio-Thoracic Surgery 52 (2017) 616–664

#### A unique platform with favorable hemodynamics.<sup>1,2</sup>

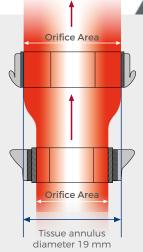
One of the key factors influencing the clinical success of a mechanical heart valve prosthesis is its hemodynamic efficiency.

The opening angle and travel arc of the Carbomedics valves' leaflets are determined by hydrodynamic testing in order to achieve low pressure gradients and an optimal balance between forward flow and regurgitant volume, thus minimizing total energy loss while promoting quiet functioning.



Top Hat, top hemodynamic performance.<sup>1,3</sup>

To further optimize hemodynamics, especially in small aortic annuli, CORCYM features in its Carbomedics portfolio the Top Hat prosthesis, a truly totally supra-annular model which provides an advantage of 1 to 2 sizes over intra-annular valves. Top Hat improves effective valve orifice area thanks to a 100% orifice to annulus match, thus contributing to reduce the risk of PPM.



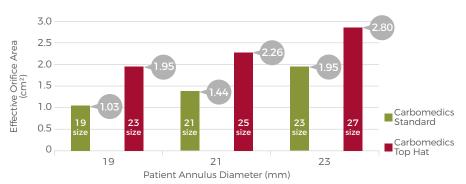
#### 100% ORIFICE TO ANNULUS MATCH

"The Top Hat valve minimizes the risk of patient-prosthesis mismatch, improves hemodynamic performance, and thereby reduces morbidity and mortality".<sup>5</sup>

- 1. Aagard et al., Midterm Evaluation of Hemodynamics of the Top Hat Supraannular Aortic Valve. Asian Cardiovasc Thorac Ann 2010;18:1–5.
- 2. Bernal et al., The CarboMedics Valve: Experience With 1,049 Implants. Ann Thorac Sura 1999;67:1299-303.
- 3. Lundblad R et al., The Carbomedics Supraannular Top hat Valve improves prosthesis size in the Aortic Root. J Heart Valve Dis 2001;10:196-201.
- 4. Supra annular model as defined by International Standard for Cardiovascular implants Cardiac valve Prostheses-Part 2. ISO 5840-2:2015(E).
- 5. Aagard et al., Maximizing prosthetic valve size with the Top Hat supraannular aortic valve.- The Journal of Heart Valve Disease 2007;16:84-90.

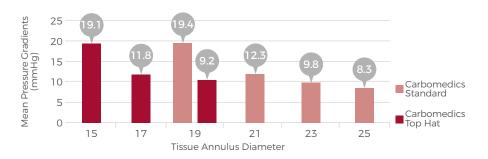
Technical claims are supported by CORCYM data on file.

#### Carbomedics in vitro data\*



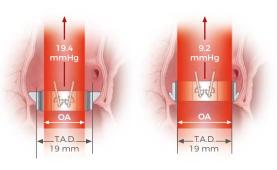
\*\*In vitro test - 5I/min 70 bpm (Data on file at CORCYM)

#### Carbomedics in vivo data<sup>1,2</sup>



# Carbomedics Standard 19 23 Carbomedics Top Hat 23 Carbomedics Top Hat 23

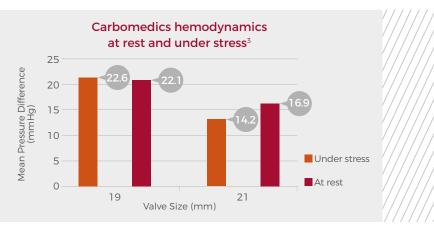
Carbomedics Standard Carbomedics Top Hat



TAD: Tissue Annulus Diameter OA: Orifice Area

In a published experience on small annuli (sizes 19 and 21), Carbomedics has shown good performance even under stress.<sup>3</sup>

"The result is an optimization of the discharge coefficient with exercise, indicating a good design of the moving part of the valve".<sup>3</sup>



- 1. Chambers et al., Echocardiographic description of the Carbomedics bileaflet prosthetic heart valve, JACC 1993; 21(2); 398-405.
- 2. Bernal et al., The Carbomedics "Top Hat" Supra-annular prosthesis. Ann Thorac Surg. 1999;67:1299-303.
- 3. De Paulis et al., Hemodynamic performance of small diameter Carbomedics and St. Jude valves. J Heart Valve Dis 1996;5 (Suppl III):S339-43.





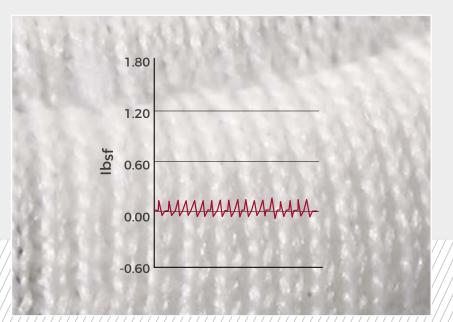
### Carbomedics valves are designed for a smooth implant experience

Carbomedics sewing cuffs are optimized for ease of implant and stable seating. The Carbomedics sewing cuff requires a low force for needle penetration facilitating the suturing phase.

**Most importantly**, the Carbomedics sewing cuff is designed to gently conform to the tissue, thus minimizing the tension on sutures and consequently the risk of dehiscence.<sup>1</sup>

The broad variety of configurations was conceived to provide effective fit in any anatomical configuration.

#### **Carbomedics Sewing Cuff Penetration Force\***



<sup>\*</sup> Test performed on Carbomedics Standard Mitral Model. CORCYM data on file.

<sup>1</sup> CFR-00001



# **Tailored solutions for every Patient and surgeon's need**





Different options for your daily practice

### **CARBOMEDICS TOP HAT**

A truly, totally supra-annular aortic prosthesis for improved hemodynamics and reduced risk of PPM\*.<sup>1,2</sup>

It is of particular advantage also in double valve replacement, where a total supra-annular seating helps minimise the risk of interference with the mitral prosthesis.<sup>1</sup>



### **CARBOMEDICS OPTIFORM**

A unique mitral prosthesis with versatile positioning to approach even challenging situations.<sup>3</sup>

Thanks to its flexible, generous symmetrical sewing cuff Optiform valve can conform to almost any annulus. Valve placement can be adjusted simply by varying suture entry and exit sites.

#### **Everted Suture Technique**



For atrial positioni (supra-annular), needle enters at bottom of cuff and exits at midline





For intra-annular positioning, needle enters at bottom of cuff and exits at top of cuff



For sub-annular positioning, needle enters at midline of cuff and exits at top of cuff

<sup>\*</sup> Compared to non totally supra-annular models.

<sup>1.</sup> Lundblad R et al., The Carbomedics Supraannular Top hat Valve improves prosthesis size in the Aortic Root. - J Heart Valve Dis 2001;10:196-201.

<sup>2.</sup> Aagard et al., Midterm Evaluation of Hemodynamics of the Top Hat Supraannular Aortic Valve. - Asian Cardiovasc Thorac Ann 2010;18:1–5.

<sup>3.</sup> Miyairi et al., Redo mitral valve replacement using the valve-on-valve method. - Asian Cardiovascular & Thoracic Annals 2015, Vol. 23(6) 707-709.

### A complete set of mechanical heart valve solutions









# **CARBOMEDICS<sup>™</sup> FAMILY**The voice of experience

"We observed that the Carbomedics mechanical prosthesis had excellent durability with no structural failures, good hemodynamics, and a low incidence of TE." 1\*

"Our experience demonstrates excellent functional result of the Carbomedics valve in both mitral and aortic positions. Valve-related events were low and often caused by patient-related factors as opposed to the presence of the prosthesis." 1\*

"In our experience, structural valve failure with this device is inexistent. The Carbomedics mechanical valve is a solid choice for long-term valvular replacement." 1\*

TE: Thromboembolic Events

<sup>\*</sup>CORCYM post-market surveillance classifies the incidence of valve structural failure and thromboembolic events P1 as improbable (10 -6 < P1 ≤ 10-5).

<sup>1.</sup> Bouchard et al., Twenty-Year Experience With the CarboMedics Mechanical Valve Prosthesis. - Ann Thorac Surg 2014;97:816–23.

#### **CARBOMEDICS TOP HAT**

#### **CARBOMEDICS REDUCED CARBOMEDICS ORBIS**

#### **CARBOMEDICS STANDARD**

#### • Totally supra-annular placement

- provides an advantage of 1 to 2 sizes over intra-annular valves1,2,3
- facilitates double valve replacement procedure<sup>4</sup>
- The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability in-situ
- Three orientation markers for suture spacing
- Special sizers allow Surgeon to assess position of valve within sinus area and clearance of coronaries before implantation

#### Implantation Consideration -

- · The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability
- Orientation markers provide easy visual suture positioning (except for Orbis)
- Carbomedics Reduced has a smaller and pliable sewing cuff with respect to the Standard model. This design was conceived for improved seating in a smaller annulus or small root.5
- The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability
- Orientation markers provide easy visual suture positioning
- Generous sewing cuff conforms to annulus, designed to minimize paravalvular leaks

#### Clinical Consideration -

- Size upgrades provide improved valve hemodynamics\*1,2,3
- Totally supra-annular design allows a 100% orifice to annulus match, maximazing the orifice available to blood flow<sup>6</sup>
- Alternative to aortic root enlargement<sup>7</sup>
- · Low profile housing minimizes interferences with the coronary ostia
- Titanium stiffening ring minimizes the possibility of leaflet lockup or escape
- Proven reliable structural stability
- Very low valve-related adverse events<sup>8,9</sup>

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#### Valve Placement in-situ







<sup>\*</sup> Compared to non totally supra-annular models.

<sup>1.</sup> Supra annular model as defined by International Standard for Cardiovascular implants - Cardiac valve Prostheses-Part 2. ISO 5840-2:2015(E).

<sup>2.</sup> Lundblad R et al., The Carbomedics Supraannular Top hat Valve improves prosthesis size in the Aortic Root. - J Heart Valve Dis 2001;10:196-201.

<sup>3.</sup> Agaard et al., Maximizing prosthetic valve size with the Top Hat supraannular agrtic valve. - The Journal of Heart Valve Disease 2007;16:84-90.

<sup>4.</sup> Lundblad R et al., The Carbomedics Supraannular Top hat Valve improves prosthesis size in the Aortic Root. - J Heart Valve Dis 2001;10:196-201.

9. Bouchard et al., Twenty-Year Experience With the CarboMedics Mechanical Valve Prosthesis. - Ann Thorac Surg 2014;97:816-23. 5 CORCYM data on file

<sup>6.</sup> Aagard et al., Midterm Evaluation of Hemodynamics of the Top Hat Supraannular Aortic Valve. - Asian Cardiovasc Thorac Ann 2010;18:1-5.

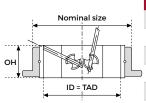
<sup>7.</sup> Bernal et al., The Carbomedics "Top Hat" Supra-annular prosthesis. - Ann Thorac Surg. 1999;67:1299-303.

<sup>8.</sup> Aagard. Fifteen Years' Clinical Experience with the Carbo Medics Prosthetic Heart Valve. - J Heart V Dis 2005 Jan;14(1): 82-8.



TOTALLY SUPRA-ANNULAR AORTIC VALVE Sizes 19-27 mm

#### **Product specifications**



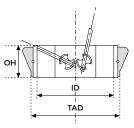
Nominal size	TAD	ID	ОН	GOA	EOA	Catalog N.
19	14.7	14.7	6.2	1.59	1.01	S5-019
21	16.7	16.7	6.6	2.07	1.42	S5-021
23	18.5	18.5	7.3	2.56	1.92	S5-023
25	20.5	20.5	7.7	3.16	2.22	S5-025
27	22.5	22.5	8.4	3.84	2.9 <sup>2</sup>	S5-027



#### **CARBOMEDICS STANDARD**

**AORTIC VALVE Sizes 19-29 mm** 

#### **Product specifications**



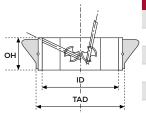
Nominal size	TAD	ID	ОН	GOA	EOA¹	Catalog N.
19	18.8	14.7	6.2	1.59	1.0	R5-019
21	20.8	16.7	6.6	2.07	1.5	R5-021
23	22.6	18.5	7.3	2.56	1.6	R5-023
25	25.0	20.5	7.7	3.16	2.0	R5-025
27	27.0	22.5	8.4	3.84	2.4	R5-027
29	29.0	24.2	8.7	4.44	2.6	R5-029



#### **CARBOMEDICS REDUCED**

AORTIC VALVE Sizes 19-29 mm

#### **Product specifications**



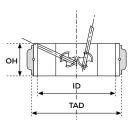
I	Nominal size	TAD	ID	ОН	GOA	EOA <sup>1,2</sup>	Catalog N.
	19	19.8	14.7	6.2	1.59	1.0	A5-019
)	21	21.8	16.7	6.6	2.07	1.5	A5-021
	23	23.8	18.5	7.3	2.56	1.6	A5-023
	25	25.8	20.5	7.7	3.16	2.0	A5-025
	27	27.8	22.5	8.4	3.84	2.4	A5-027
	29	29.8	24.2	8.7	4.44	2.6	A5-029
	31	31.8	24.2	8.7	4.44	2.6	A5-031



#### **CARBOMEDICS ORBIS**

**AORTIC VALVE Sizes 19-31 mm** 

#### **Product specifications**



Nominal size	TAD	ID	ОН	GOA	EOA¹	Catalog N.
19	18.8	14.7	6.2	1.59	1.0	A1-019
21	20.8	16.7	6.6	2.07	1.5	A1-021
23	22.6	18.5	7.3	2.56	1.6	A1-023
25	25.0	20.5	7.7	3.16	2.0	A1-025
27	27.0	22.5	8.4	3.84	2.4	A1-027
29	29.0	24.2	8.7	4.44	2.6	A1-029
31	31.0	24.2	8.7	4.44	2.6	A1-031

#### Legend

TAD = Tissue Annulus Diameter (mm)	EOA = In vivo Effective Orifice Area (cm²)	GOA = Geometric Orifice Area (cm²)
ID = Internal Diameter (mm)	OH = Orifice Height (mm)	

<sup>1.</sup> Chambers et al., Echocardiographic description of the Carbomedics bileaflet prosthetic heart valve. - JACC 1993; 21(2); 398-405.

<sup>2.</sup> Aagard et al., Midterm Evaluation of Hemodynamics of the Top Hat Supraannular Aortic Valve. - Asian Cardiovasc Thorac Ann 2010;18:1-5.

# CARBOMEDICS STANDARD SMALL SIZES

### SMALL SIZES

- Sewing cuff assembly reduces cuff size to maximize orifice area by design<sup>1</sup>
- The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability in-situ
- Orientation markers provide easy visual suture positioning

- Sewing cuff assembly reduces cuff size to maximize orifice area by design¹
- The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability in-situ

**CARBOMEDICS STANDARD** 

• Orientation markers provide easy visual suture positioning

#### —— Clinical Consideration —

Implantation Consideration –

- Fits where other Carbomedics valves will not
- Titanium stiffening ring minimizes the possibility of leaflet lockup or escape
- Proven reliable structural stability

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Valve Placement in-situ —









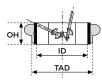
Size 16

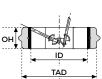
Size 18

#### **CARBOMEDICS STANDARD SMALL SIZES**

AORTIC VALVES Sizes 16 and 18 mm

#### **Product specifications**





Nominal size	TAD	ID	ОН	GOA	EOA <sup>1</sup>	Catalog N.
16	16.2	14.7	6.2	1.59	1	A5-016
18	18.8	14.7	6.2	1.59	1	A5-018







Size 18

Size 21

#### **CARBOMEDICS STANDARD SMALL SIZES**

MITRAL VALVES Sizes 16, 18 and 21 mm

#### **Product specifications**



#### Legend

Edgeria .						
TAD = Tissue Annulus Diameter (mm)	EOA = In vivo Effective Orifice Area (cm²)	GOA = Geometric Orifice Area (cm²)				
ID = Internal Diameter (mm)	OH = Orifice Height (mm)					

<sup>1.</sup> Chambers et al., Echocardiographic description of the Carbomedics bileaflet prosthetic heart valve. - JACC 1993; 21(2); 398-405.

#### **CARBOMEDICS STANDARD**

# CARBOMEDICS OPTIFORM CARBOMEDICS ORBIS

#### —— Implantation Consideration ———

- Generous sewing cuff conforms to annulus, designed to minimize paravalvular leaks
- The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability in-situ
- · Orientation markers provide easy visual suture positioning

- Symmetrical cuff design allows valve to be placed in a supraannular, intra-annular or subannular position simply by varying suture entry and exit sites<sup>1,2</sup>
- Flexible, generous cuff easily conforms to difficult Patient annular anatomy<sup>1,2</sup>
- The lock wire, connecting the housing and the Titanium stiffening ring, allows for rotatability in-situ
- Orientation markers provide easy visual suture positioning (Carbomedics Optiform only)

#### 

- Low-profile pivot design minimizes protrusion into low-flow atrial area, reducing potential thrombus formation
- Titanium stiffening ring minimizes the possibility of leaflet lockup or escape
- Proven reliable structural stability
- Very low valve-related adverse events<sup>3,4</sup>

- Variable valve placement allows Surgeon to choose best valve position for each Patient
- Titanium stiffening ring minimizes the possibility of leaflet lockup or escape
- Proven reliable structural stability
- Very low valve-related adverse events<sup>3,4</sup>

- Valve Placement in-situ -





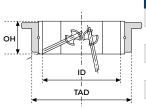
- 1. Miyairi et al., Redo mitral valve replacement using the valve-on-valve method. Asian Cardiovascular & Thoracic Annals 2015, Vol. 23(6) 707-709.
- 2. CORCYM data on file.
- $3. \ Aggard. \ Fifteen\ Years'\ Clinical\ Experience\ with\ the\ Carbo Medics\ Prosthetic\ Heart\ Valve.\ \ J\ Heart\ V\ Dis\ 2005\ Jan; 14(1):82-8.$
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#### **CARBOMEDICS STANDARD**

MITRAL VALVE Sizes 23-33 mm

#### **Product specifications**



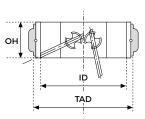
17-023
17-025
17-027
17-029
17-031
17-033



#### **CARBOMEDICS OPTIFORM**

MITRAL VALVE Sizes 23-33 mm

#### **Product specifications**



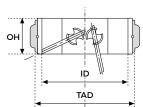
	-				
Nominal size	TAD	ID	ОН	GOA	Catalog N.
23	22.6	18.5	7.3	2.56	F7-023
25	25.0	20.5	7.7	3.16	F7-025
27	27.0	22.5	8.4	3.84	F7-027
29	29.0	24.2	8.7	4.44	F7-029
31	31.0	24.2	8.7	4.44	F7-031
33	33.0	24.2	8.7	4.44	F7-033



#### **CARBOMEDICS ORBIS**

MITRAL VALVE Sizes 21-33 mm

#### **Product specifications**



Nominal size	TAD	ID	ОН	GOA	Catalog N.
21	20.8	16.7	6.6	2.07	M2-021
23	22.6	18.5	7.3	2.56	M2-023
25	25.0	20.5	7.7	3.16	M2-025
27	27.0	22.5	8.4	3.84	M2-027
29	29.0	24.2	8.7	4.44	M2-029
31	31.0	24.2	8.7	4.44	M2-031
33	33.0	24.2	8.7	4.44	M2-033

#### Legend

TAD = Tissue Annulus Diameter (mm)	OH = Orifice Height (mm)
ID = Internal Diameter (mm)	GOA = Geometric Orifice Area (cm²)

# CARBOMEDICS CARBO-SEAL VALSALVA

# CARBOMEDICS CARBO-SEAL

#### - Implantation Consideration -

- Vertical orientation of sinus pleats facilitates coronary anastomosis
- Graft material resists fraying and quickly seals suture holes, minimizing bleeding<sup>2</sup>
- Easier handling and suturing in comparison to bulkier velour materials<sup>3</sup>
- Ultra-low porosity fabric and gelatin sealing result in less leakage, weeping and blushing<sup>2</sup>
- Pliable, cork-shaped sewing cuff conforms to annulus, designed to minimize potential paravalvular leaks
- · Titanium stiffening ring allows valve rotatability in-situ
- · Orientation markers provide easy visual suture positioning

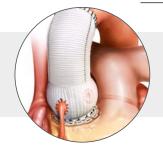
- Pliable, cork-shaped sewing cuff conforms to annulus, designed to minimize potential paravalvular leaks
- Graft material resists fraying and quickly seals suture holes, minimizing bleeding  $^{\!\scriptscriptstyle 2}$
- Easier handling and suturing in comparison to bulkier velour materials<sup>3</sup>
- Ultra-low porosity fabric and gelatin sealing result in less leakage, weeping and blushing<sup>2</sup>
- Titanium stiffening ring allows rotatability in-situ
- Orientation markers provide easy visual suture positioning

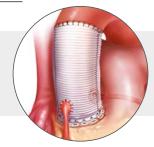
#### — Clinical Consideration ————

- Graft is infused with minimally crosslinked gelatin that does not alter the healing process, encouraging a secure neo-intimal attachment with reduced inflammatory response<sup>4</sup>
- Gelatin hydrolyzes within 14 days<sup>5</sup>
- Sinus of Valsalva reproduces the native sinus, reducing required dissection of and stress on the coronary anastomoses<sup>1</sup>
- Sinus design encourages natural formation of systolic vortex<sup>6</sup>
- Full-sized standard aortic valve provides favorable hemodynamics<sup>7</sup>
- Very low rate of thromboembolic events<sup>8,9</sup>
- Titanium stiffening ring minimizes the possibility of leaflet lockup or escape

- Graft is infused with minimally crosslinked gelatin that does not alter the healing process, encouraging a secure neo-intimal attachment with reduced inflammatory response<sup>4</sup>
- Collagen gel hydrolyzes within 14 days
- Full-sized standard aortic valve provides favorable hemodynamics<sup>7</sup>
- Very low rate of thromboembolic events<sup>8,9</sup>
- Titanium stiffening ring minimizes the possibility of leaflet lockup or escape

#### Valve Placement in-situ -





- 1. De Paulis, et al., One-year appraisal of a new aortic root conduit with sinuses of Valsalva. J Thorac Cardiovasc Surg 2002;123:33-9.
- 2. CORCYM data on file
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- 6. De Paulis et al., A New Aortic Dacron Conduit for Surgical Treatment of Aortic Root Pathology. Ital Heart J 2000, 1 (7), 457-463.
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- 9. De Paulis et al., Opening and closing characteristics of the aortic valve after valve-sparing procedure usign a new aortic root conduit. Ann Thorac Surg 2001:72:487-494





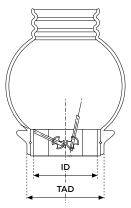
# CARBOMEDICS CARBO-SEAL VALSALVA

ASCENDING AORTIC PROSTHESIS (AAP) Sizes 21-29 mm



# CARBOMEDICS CARBO-SEAL

ASCENDING AORTIC PROSTHESIS (AAP) Sizes 21-33 mm



#### **Product specifications**

Nominal size	TAD	ID	GOA	Graft ID	Catalog N.
21	21.8	16.7	2.07	24	CP-021
23	23.8	18.5	2.56	26	CP-023
25	25.8	20.5	3.16	28	CP-025
27	27.8	22.5	3.84	30	CP-027
29	29.8	24.2	4.44	32	CP-029



ID TAD

#### **Product specifications**

	Nominal size	TAD	ID	GOA	Graft ID	Catalog N.
	21	21.8	16.7	2.07	24	AP-021
	23	23.8	18.5	2.56	26	AP-023
	25	25.8	20.5	3.16	28	AP-025
)	27	27.8	22.5	3.84	30	AP-027
	29	29.8	24.2	4.44	32	AP-029
	31	31.8	24.2	4.44	34	AP-031
	33	33.8	24.2	4.44	34	AP-033

#### Legend

TAD = Tissue Annulus Diameter (mm) ID = Internal Diameter (mm) GOA = Geometric Orifice Area (cm²)

#### **Aortic mechanical valves ACCESSORIES**

# CARBOMEDICS TOP HAT

Aortic Mechanical Bileaflet Valve



Article	Code	Description
Empty tray	TR-101	1 empty tray
Sizer set	SAS-200	3 sizers 19mm, 21-23mm, 25-27mm
Uni Handle	ICV0664	1 Universal Bendable Handle
Extended Uni Handle	ICV1342	1 Universal Extended Bendable Handle
Occluder tester	VT-100	10 disposable occluder tester (provided sterile)

# CARBOMEDICS REDUCED, ORBIS, STANDARD

Aortic Mechanical Bileaflet Valve







Article	Code	Description	
Empty tray	TR-101	1 empty tray	g harman
Sizer set	VS-200	4 sizers 19-21mm, 23-25mm 27-29mm, 31-33mm	
Jni Handle	ICV0664	1 Universal Bendable Handle	-
Extended Uni Handle	ICV1342	1 Universal Extended Bendable Handle	
Occluder tester	VT-100	10 disposable occluder tester (provided sterile)	_

#### **Small size Mechanical Valves ACCESSORIES**

# CARBOMEDICS STANDARD SMALL SIZES Aortic Mechanical Bileaflet Valve





Article	Code	Description	
Empty tray	TR-101	1 empty tray	
Sizer	VS2-1618	1 sizer (16-18mm)	
Uni Handle	ICV0664	1 Universal Bendable Handle	
Extended Uni Handle	ICV1342	1 Universal Extended Bendable Handle	-2-
Occluder tester	VT-100	10 disposable occluder tester (provided sterile)	

#### **Aortic mechanical conduits ACCESSORIES**

CARBOMEDICS CARBO-SEAL VALSALVA, CARBO-SEAL

**Aortic Mechanical Conduit** 

Article	Code	Description
Empty tray	TR-101	1 empty tray
Sizer set	VS-200	4 sizers 19-21mm, 23-25mm 27-29mm, 31-33mm
Rotators set	AR-150	6 aortic rotators
Occluder tester	VT-100	10 disposable occluder tester (provided sterile)

#### **Mitral Mechanical Valve ACCESSORIES**

# CARBOMEDICS OPTIFORM, ORBIS, STANDARD

Mitral Mechanical Bileaflet Valve







# CARBOMEDICS STANDARD SMALL SIZES

Mitral Mechanical Bileaflet Valve

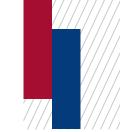






Article	Code	Description
Empty tray	TR-101	1 empty tray
Sizer set	VS-200	4 sizers 19-21mm, 23-25mm 27-29mm, 31-33mm
Uni Handle	ICV0664	1 Universal Bendable Handle
Extended Uni Handle	ICV1342	1 Universal Extended Bendable Handle
Occluder tester	VT-100	10 disposable occluder tester (provided sterile)

Article	Code	Description
Empty tray	TR-101	1 empty tray
Sizer	VS2-1618	1 sizer (16-18mm)
Sizer set	VS-200	4 sizers 19-21mm, 23-25mm 27-29mm, 31-33mm
Uni Handle	ICV0664	1 Universal Bendable Handle
Extended Uni Handle	ICV1342	1 Universal Extended Bendable Handle
Occluder tester	VT-100	10 disposable occluder tester (provided sterile)



#### INTENDED USE/INDICATIONS

**Europe, Australia:** The Carbomedics Prosthetic Heart Valve is intended for use as a replacement valve in patients with diseased, damaged, or malfunctioning aortic or mitral heart valve.

The Carbomedics Prosthetic Heart Valve Aortic/Mitral models, respectively, are indicated for use in patients suffering from aortic/mitral valvular heart disease, that is a condition involving obstruction of the aortic/mitral heart valve or stenosis; leakage of the aortic/mitral valve, known as regurgitation, incompetence, or insufficiency; and combinations of the two or patients with a previously implanted aortic/mitral valve prosthesis that is no longer functioning adequately and requires replacement.

**US**, Canada: The Carbomedics Prosthetic Heart Valves are indicated as a replacement for human cardiac valves that are malfunctioning as a result of acquired or congenital disease, or as a replacement of a previously implanted prosthesis.

#### KEY CONTRAINDICATIONS

There are no absolute contraindications to the use of the Carbomedics Prosthetic Heart Valve. The mechanical heart valves are contraindicated or difficult to apply in patients unable to tolerate long term anticoagulation therapy or for whom this type of therapy is difficult to carry out.

#### **KEY WARNINGS**

For single use only. Safety and effectiveness of the Carbomedics valve has not been demonstrated for valve replacement in the pulmonic and tricuspid positions. Handle the valve only with accessories provided by the manufacturer specifically for the Carbomedics valve. Only use sizers provided by the manufacturer specifically for the Carbomedics valve.

#### TOP POTENTIAL SIDE EFFECTS

The risks or potential adverse events associated with cardiac valve replacement with a prosthetic mechanical heart valve include: cardiac arrhythmias, death, endocarditis, hemolysis, anti-coagulation related hemorrhage, leaflet entrapment by tissue ingrowth or impingement on anatomic structures, intravalvular and/or paravalvular leak, prosthetis thrombosis, thromboembolism, structural valve deterioration.

#### MRI conditional

For professional use. Please contact us through our website to receive instructions for use containing full prescribing information, including indications, contraindications, warnings, precautions and adverse events. Not approved in all geographies. Consult your labeling.







Manufactured by:

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