Carpentier-Edwards Physio Annuloplasty Ring

The #1 clinically proven annuloplasty ring.

Edwards
LIFESCIENCES

The Gold Standard for remodeli

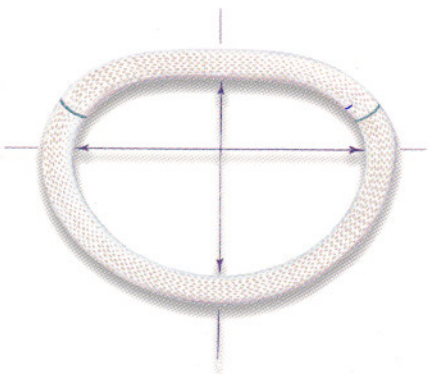
Carpentier-Edwards Physio Annuloplasty Ring

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 ***Physio***logic 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]

ng while preserving flexibility

PHYSIOLOGIC ANATOMICAL CONFORMANCE

- The original saddle shape to better fit ***Physio***logic 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]

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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:

1. Accola KD, Scott ML, Thompson PA, et al. Midterm outcomes using the physio ring in mitral valve reconstruction: experience in 492 patients. *Ann Thorac Surg.* 2005;79(4):1276-83.
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.

Edwards Lifesciences

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