



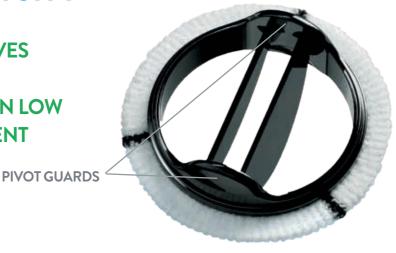
CONFIDENTLY **IMPLANT THE MOST TRUSTED MECHANICAL VALVES IN THE WORLD**

NEARLY 3 MILLION PATIENTS TREATED WITH ABBOTT **MECHANICAL HEART VALVES**

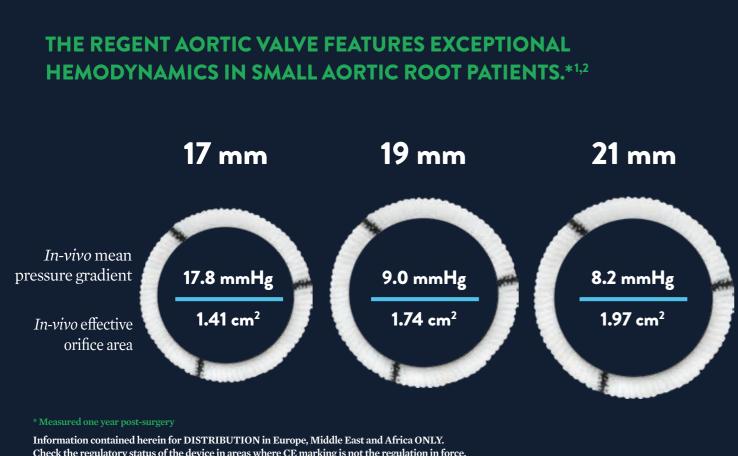
MORE THAN 1,000 PEER-REVIEWED **PUBLICATIONS PROVIDE EVIDENCE FOR ABBOTT MECHANICAL HEART VALVES**

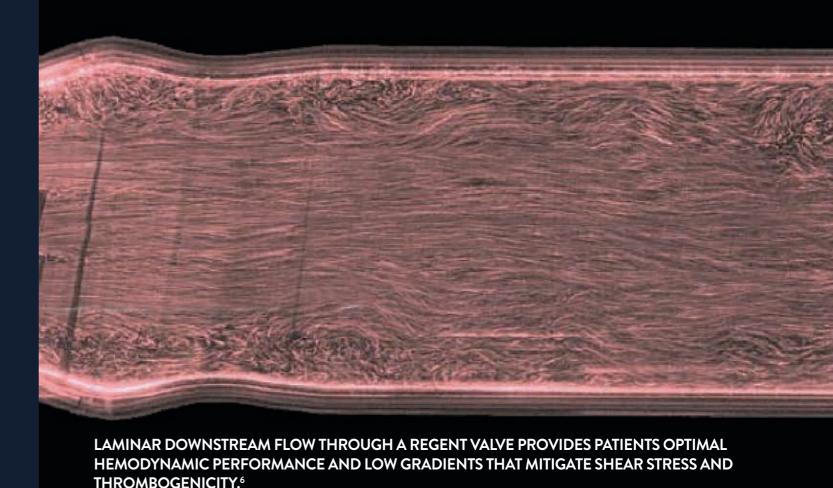
DESIGN-DRIVEN HEMODYNAMIC CONFIDENCE & LOW THROMBOGENICITY

ABBOTT MECHANICAL HEART VALVES LEAD THE WAY WITH A PROVEN BILEAFLET DESIGN THAT RESULTS IN LOW THROMBOGENICITY AND EXCELLENT PATIENT OUTCOMES.



- Regent valve leaflets open to an 85 degree angle in systole due to their upstream positioning, enabled by unique pivot guards (shown above).3
- Strong, uniform velocities within hinge recesses aid washout of blood elements.4
- Low carbon surface area means less thrombus formation.
- Regent's orifice-to-annulus ratio (as high as 84%) ensures large EOAs and reduces Prosthesis-Patient Mismatch.⁵





ABBOTT ANTICOAGULATION MANAGEMENT

A DEMONSTRATED WORLDWIDE HISTORY OF EXCELLENCE OVER A WIDE INR RANGE

THE REGENT AORTIC VALVE SHOWS LOW THROMBOEMBOLISM, THROMBOSIS, AND BLEEDING OVER A WIDE INR RANGE, MAKING THIS VALVE AN EXCELLENT CHOICE.

INR 1.5 — 2.0 — 2.5

SAITO⁷ (1.6-2.5)

Retrospective Study 950 patients, 30 years

Thromboembolism 0.56%/pt-year
Thrombosis 0.02%/pt-year
Freedom from bleeding 0.27%/pt-year



Randomized Study 44 patients*, 5 years
Thromboembolism 0.09%/pt-year
Thrombosis 0%/pt-year
Bleeding events 0.56%/pt-year

ESCAT III⁹ (1.6-2.1)

Randomized Study 1,137 patients**, 2 years
Thromboembolism 0%/pt-year, 0.58%/pt-year***
Bleeding events 1.07%/pt-year, 0.58%/pt-year[†]

EMERY¹⁰ (1.8-2.5)

Retrospective Study 2,982 patients, 25 years
Thromboembolism 1.9%/pt-year

Thrombosis 0.06%/pt-year Freedom from bleeding 2.7%/pt-year

 $[\]dagger_{
m Bleeding}$ events for VL1 and VL2 groups are listed together, respectively



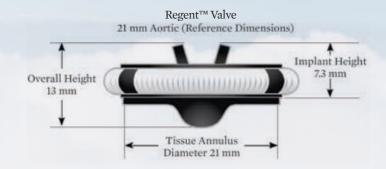
 $^{^*44/197}$ patients in the Lowering-IT study were implanted with Abbott Valves

^{**}This was further stratified into a control group, a very low INR (monitored 1x weekly), and a very low INR (monitored 2x weekly) group.

^{***}Thromboembolic events for VL1 and VL2 groups are listed together, respectively

REGENT GIVES YOU IMPLANTABILITY OPTIONS.

MAKE THE BEST DECISION FOR YOUR PATIENTS.



Low valve implant height helps ensure coronary ostia clearance.



Replica sizing with the 907 sizer gives you confidence that you are using the most appropriately sized valve.

Two distinct cuff types provide you with different options.





STANDARD CUFF



and Africa ONLY. Check the regulatory status of the device in areas where CE marking is not the regulation in force.

Information contained herein for DISTRIBUTION in Europe, Middle East



REGENT™ VALVE AND ACCESSORIES **ORDERING GUIDE**

Regent™ Valves

SIZE (MM)	STANDARD CUFF	FLEXCUFF ^{TM4}
17	17AGN-751	17AGFN-756
19	19AGN-751	19AGFN-756
21	21AGN-751	21AGFN-756
23	23AGN-751	23AGFN-756
25	25AGN-751	25AGFN-756
27	27AGN-751	27AGFN-756
29	29AGN-751	29AGFN-756

[&]quot;All sizes may not be available in your region. Contact your Abbott representative for details.

Mechanical Valve Sizer and Accessories

MODEL NO.	DESCRIPTION	
907	SJM Regent™ sizer set contains 17–29 mm valve sizers and valve holder handle model 905-HH	
905	Universal sizer set contains 17-33 mm valve sizers and valve holder handle model 905-HH	
905-RHH	Rigid valve holder handle	

REFERENCES

- 1. Okamura, Homare, et al. "Is the threshold for postoperative prosthesis-patient mismatch the same for all prostheses?" Surgery today 43.8 (2013): 871-876.
- 2. Regent PMA Supplement
- 3. Shipkowitz, T., et al. "Evaluation technique for bileaflet mechanical valves." The Journal of heart valve disease 11.2
- 4. Jun, Brian H., Neelakantan Saikrishnan, and Ajit P. Yoganathan. "Micro particle image velocimetry measurements of steady diastolic leakage flow in the hinge of a St. Jude Medical® regent™ mechanical heart valve." Annals of biomedical engineering 42.3 (2014): 526-540.
- 5. Abbott Internal Document 90423960
- 6. Alemu, Yared, and Danny Bluestein. "Flow-induced platelet activation and damage accumulation in a mechanical heart valve: numerical studies." Artificial organs 31.9 (2007): 677-688.
- 7. Saito, Satoshi, et al. "Bileaflet mechanical valve replacement: an assessment of outcomes with 30 years of follow-up." Interactive cardiovascular and thoracic surgery 23.4 (2016): 599-607.
- $8. \ \ Torella, Michele, et al.\ ``LOWERing the INtensity of oral anticoa Gulant Therapy in patients with bileaflet mechanical$ aortic valve replacement: results from the "LOWERING-IT" Trial." American heart journal 160.1 (2010): 171-178.
- 9. Koertke, Heinrich, et al. "Efficacy and safety of very low-dose self-management of oral anticoagulation in patients with mechanical heart valve replacement." The Annals of thoracic surgery 90.5 (2010): 1487-1493.
- 10. Emery, Robert W., et al. "The St. Jude Medical cardiac valve prosthesis: a 25-year experience with single valve replacement." The Annals of thoracic surgery 79.3 (2005): 776-782.

Information contained herein for DISTRIBUTION in Europe, Middle East and Africa ONLY. Check the regulatory status of the device in areas where CE marking is not the regulation in force.

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use provided inside the product carton (when available), at eifu.abbottvascular.com or at medical.abbott/manuals for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

Abbott Vascular International BVBA

Park Lane, Culliganlaan 2b, 1831 Diegem, Belgium www.Cardiovascular.Abbott

™Indicates a trademark of the Abbott group of companies.

 \ddagger Indicates a third party trademark, which is property of its respective owner.

©2019 Abbott. All rights reserved 9-EH-1-9113-01 02-2019

