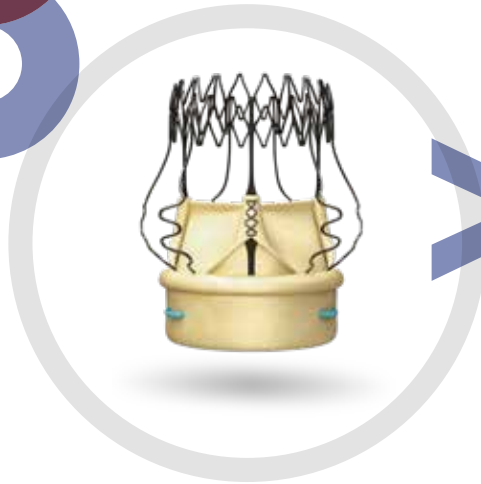


# PERCEVAL™ PLATFORM

# 13

Years of  
Clinical Results  
from a real-world single center experience<sup>1</sup>



# > 75,000

Patients treated  
worldwide

## STUDY OUTLINE<sup>1</sup>

### 785 intermediate risk patients

- 45% isolated AVR
- 55% concomitant procedures (CABG or multiple valve procedures)

**Study period: 2007-2020**

**Mean follow-up: 7.3 years**

## OUTCOMES

### EARLY

#### Lower than expected observed mortality:

1.4% in isolated AVR and 4.5% in concomitant procedures

**Low incidence of stroke: 1.8%**

**Low PPI with new sizing procedure since 2017: 4.6%**

### LATE

#### Low rate of:

- **SVD: 0.76%**
- **Reintervention: 1.9%**
- **Reintervention for SVD: 0.5%**

**Stable hemodynamics with low rate of PVL**

**Perceval has shown highly favorable long-term results after 13 years of clinical experience<sup>1</sup>**

AVR: Aortic Valve Replacement  
CABG: Coronary Artery Bypass Graft  
PPI: Permanent Pacemaker Implant  
SVD: Structural Valve Deterioration  
PVL: ParaValvular Leak

**LIMITATIONS:**  
single center retrospective study

## REFERENCES

1. M. Lamberigts  
*Abstract presented at EACTS 2021*

## INTENDED USE/INDICATIONS

**EUROPE:** Perceval/Perceval Plus prosthesis is intended to replace a damaged native aortic heart valve or a malfunctioning aortic prosthesis via open heart surgery. The prosthesis is indicated for use in adult patients suffering from aortic valve stenosis or steno-insufficiency or with a previously implanted aortic valve prosthesis that is no longer functioning adequately and requires replacement.

**US:** The Perceval/Perceval Plus bioprosthesis is indicated for the replacement of diseased, damaged, or malfunctioning native or

prosthetic aortic valves.

**CANADA:** The Perceval/Perceval Plus bioprosthesis is intended for use in patients aged ≥ 65 years in which the aortic valve pathology is in an advanced stage to require the replacement of the native or malfunctioning previously implanted prosthesis.

**AUSTRALIA:** Perceval prosthesis is indicated for the replacement of a diseased native or a malfunctioning prosthetic aortic valve via open heart surgery. The prosthesis is indicated in patients who meet the following criteria: 1) subjects of age ≥ 65

years 2) subjects with aortic valve stenosis or steno-insufficiency.

## TOP POTENTIAL SIDE EFFECTS

Non-structural dysfunction, cardiac conduction disorders, structural valve deterioration, thromboembolism.

## MRI conditional

For professional use. Instructions for Use are available upon request through the manufacturer's website. Not approved in all geographies. Follow your labeling.

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