CORCYM
WE TAKE LIFE TO HEART

PERCEVAL™ PLATFORM

13 Years of
Clinical Results
from a real-world single center experience[1]

>75.000
Patients treated worldwide

STUDY OUTLINE[1]

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[1]

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.

Manufactured by:
Corcym S.r.l.
Via Crescentino sn
13040 Saluggia (VC) Italy
Tel: +39 0161 487800
Corcym S.r.l. previously Sorin Group Italia S.r.l.

Corcym Canada Corp.
5005 North Fraser Way
Burnaby, BC V5J 5M1 Canada
Tel: +604 412-5650
Corcym Canada Corp. previously LivaNova Canada Corp.

CE 0123

corcym.com

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