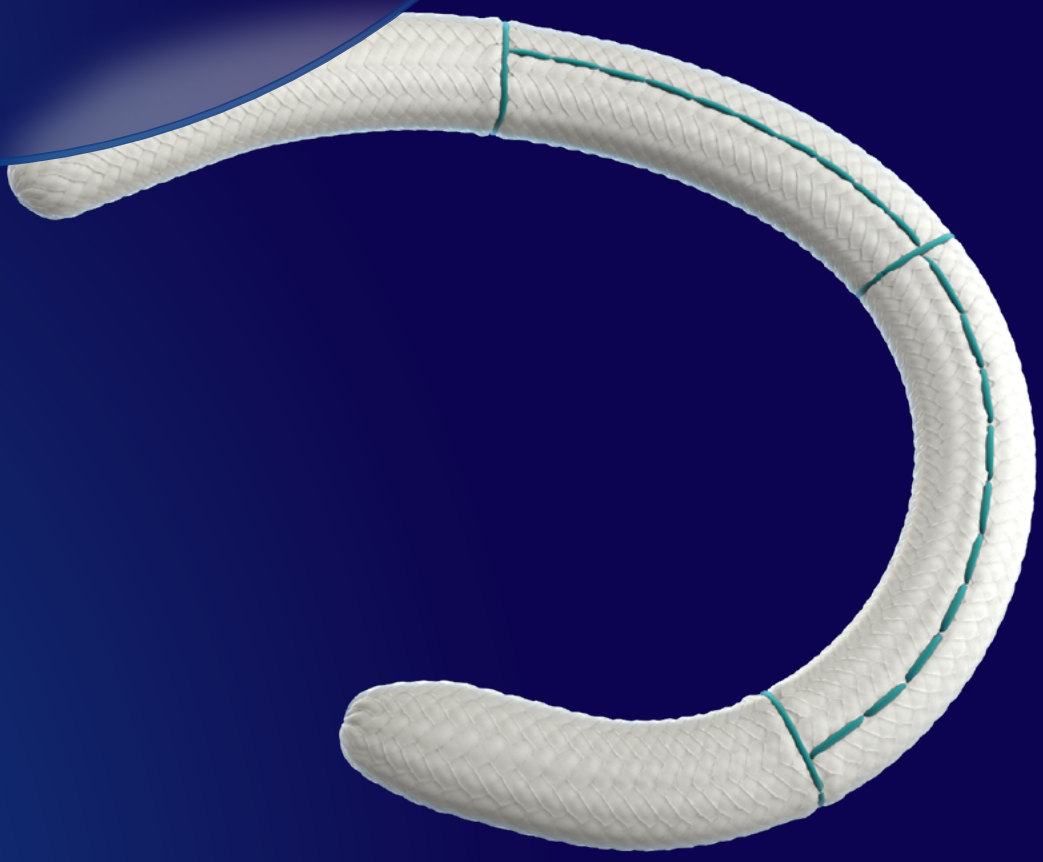
Medtronic

2-in-1 tricuspid remodeling

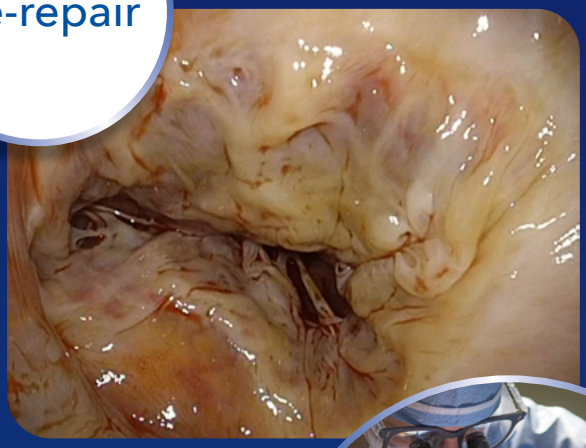
Tri-Ad™ 2.0
Adams tricuspid annuloplasty band



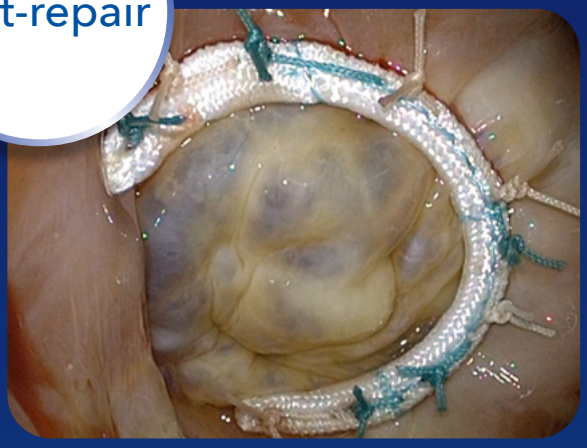
Flexible and semi-rigid combined advantage

- Semi-rigid segment addresses dilation at the free wall for a durable tricuspid valve repair.[1]
- Soft, flexible segments reduce the risk of band dehiscence and allow for physiologic motion.[1-3]
- Large open area enabling industry-leading, low permanent pacemaker implantation (PPI) rates as low as 0%.†,[2,3]

Pre-repair



Post-repair



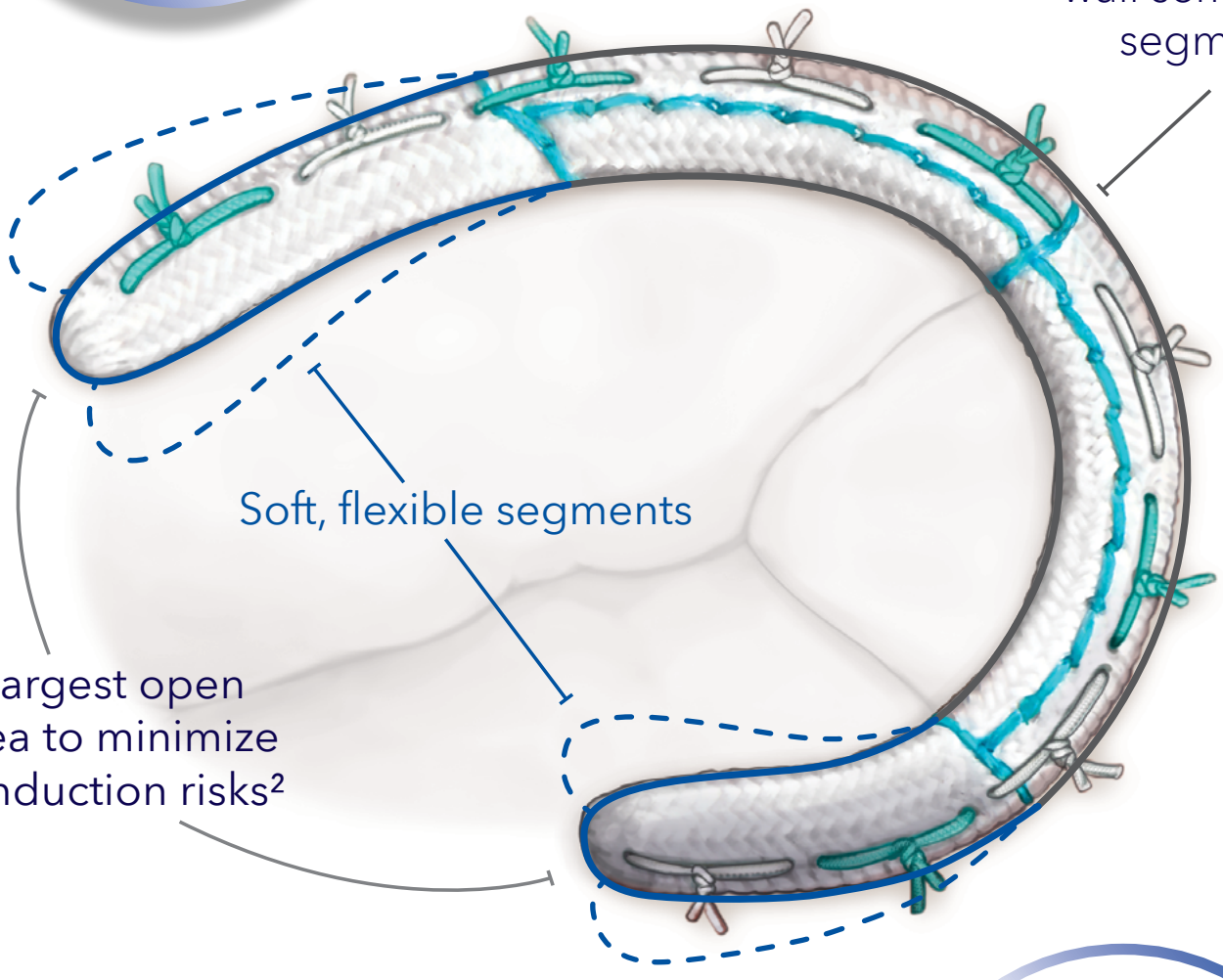
Photos courtesy of Dr. David Adams, Mount Sinai Hospital, New York.



† Results might not be indicative of results in other patient populations.

Thoughtfully designed for the tricuspid anatomy

Targeted free wall semi-rigid segment



Soft, flexible segments

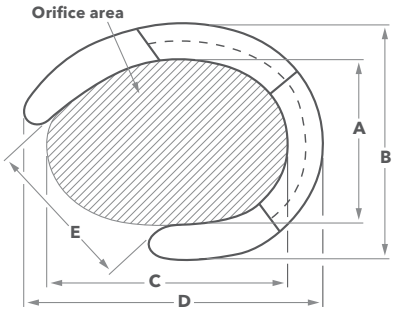
Largest open area to minimize conduction risks[2]

Industry-leading, low rates of PPI[2-4]

Key risks of tricuspid annuloplasty include recurrent regurgitation, stenosis, and ring dehiscence.

Tri-Ad 2.0 Adams tricuspid annuloplasty band, Model 900SFC

Order number	Band size (mm)	A (mm)	B (mm)	C (mm)	D (mm)	E (mm)	Orifice area (mm^2)
900SFC226	26	17.4	25.8	25.6	33.2	15.5	365
900SFC228	28	19.4	27.6	28.1	34.9	17.1	435
900SFC230	30	20.9	29.1	30.6	37.2	18.5	502
900SFC232	32	22.3	30.7	31.5	38.2	20.0	557
900SFC234	34	24.0	32.3	34.7	41.1	20.9	654
900SFC236	36	25.5	33.8	36.3	42.9	21.9	730



Tri-Ad 2.0 accessory and ordering information

Order number	Components and accessories
T7900P	Tri-Ad 2.0 sterilization tray
7900PS	Set of six Tri-Ad 2.0 sizers (26–36 mm)
7686	Annuloplasty handle (216 mm length)
7686L	Annuloplasty handle (254 mm length)
7686XL	Annuloplasty handle (373 mm length)



To order a full kit requires a set of sizers, a tray, and typically two of the shorter-length handles (the regular and long version will fit in the tray). The optional extra-long thoracoscopic handle will not fit into the tray and is sterilized separately.

1. Lee H, Kim J, Jung JH, Yoo JS. Mid-term outcomes of tricuspid annuloplasty using the Tri-Ad Adams tricuspid annuloplasty ring. *Interdiscip Cardiovasc Thorac Surg*. 2024;39(1):ivae131.

2. Jung W, Choi JW, Hwang HY, Kim KH. Early Clinical Outcomes of Tricuspid Valve Repair with a Tri-Ad Annuloplasty Ring in Comparison with the Outcomes Using an MC3 Ring. *Korean J Thorac Cardiovasc Surg*. April 2018;51(2):92–99.

3. Milla F, Castillo JG, Varghese R, Chikwe, J, Anyanwu AC, Adams DH. Rationale and initial experience with the Tri-Ad Adams tricuspid annuloplasty ring. *J Thorac Cardiovasc Surg*. April 2012;143(4 Suppl):S71–S73.

4. Loshusan B. Low Incidence of Postoperative Pacemaker Implantation Following Tricuspid Valve Repair: Impact of a Contemporary Tricuspid Valve Annuloplasty Device in a Multicenter Study. Presented at: AATS Mitral Conclave; December 11–12, 2025; New York, NY.

Tri-Ad™ 2.0 Adams Tricuspid Band

Indications: The Tri-Ad 2.0 Adams tricuspid band is indicated to repair damaged or diseased tricuspid valves with regurgitation as assessed by echocardiography, consistent with contemporary guidelines for the management of valvular heart disease.

Contraindications: The Tri-Ad 2.0 Adams tricuspid band is contraindicated in patients who are not candidates for surgical tricuspid valve repair per contemporary guidelines for the management of valvular heart disease and in whom tricuspid valve repair is not feasible. The device is contraindicated in the following instances: active bacterial endocarditis, heavily calcified valves, greatly dilated annulus (not reducible by standard techniques), severe valvular dysfunction (not correctable by standard techniques), valvular retraction with severely reduced mobility, and congenital malformations with lack of valvular tissue.

Warnings/Precautions/Adverse Events: Only physicians who have received proper training in valve repair should use this device. Adverse events can include: adverse biological response, arrhythmia leading to low cardiac output and/or hypotension, damage to coronary arteries, embolism, heart block or conduction disturbance, hemolysis, hemorrhage, infection or endocarditis, leaflet perforation, paravalvular leak, band dehiscence, stenosis, stroke, thromboembolism, thrombosis, uncorrected or recurrent regurgitation, and valvular tissue damage. These adverse events could lead to reoperation or organ dysfunction.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

For a listing of indications, contraindications, precautions, warnings, and potential adverse events, please refer to the Instructions for Use (IFU). If applicable, consult electronic IFUs

(eIFUs) at www.medtronic.com/manuals. Note: eIFUs can be viewed using a current version of any major internet browser.

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