

Medtronic

FlexCath Cross™ Transseptal Solution +
FlexCath Contour™ Steerable Sheath

Zero

exchange workflow

Tailored

Efficient

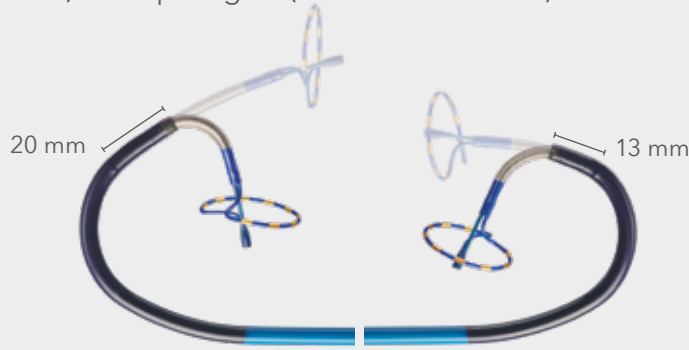
Controlled



Tailored

Tailored to the single shot procedure of your preference, with multiple French sizes (10 Fr and 12 Fr) and tip lengths (13 mm and 20 mm) to choose from.¹

10 Fr diameter

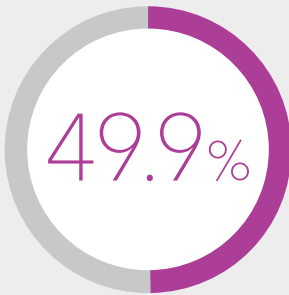


12 Fr diameter

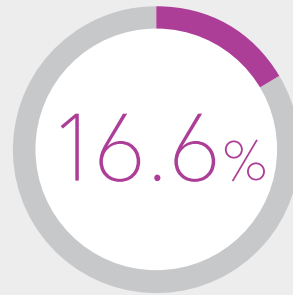


Efficient

Zero-in on efficiency with an integrated needle/dilator for zero exchanges between wire and needle.¹



reduction in
transeptal puncture
(TSP) time (mins)
versus BRK-1™*2



reduction in
total procedure time
(mins) versus NRG™*3

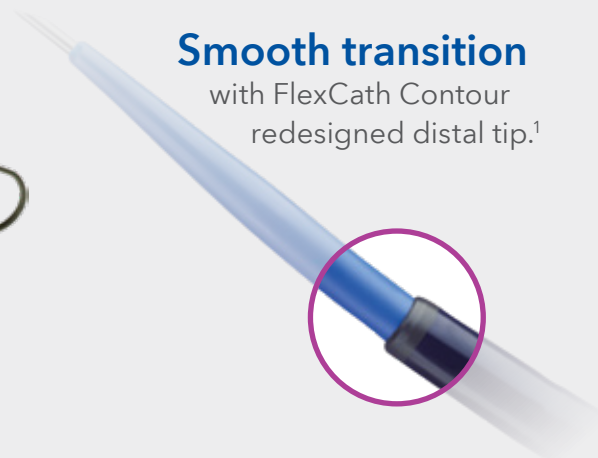
Controlled

Cross with control as the FlexCath Cross needle only deploys when activated, designed for ease of control.¹



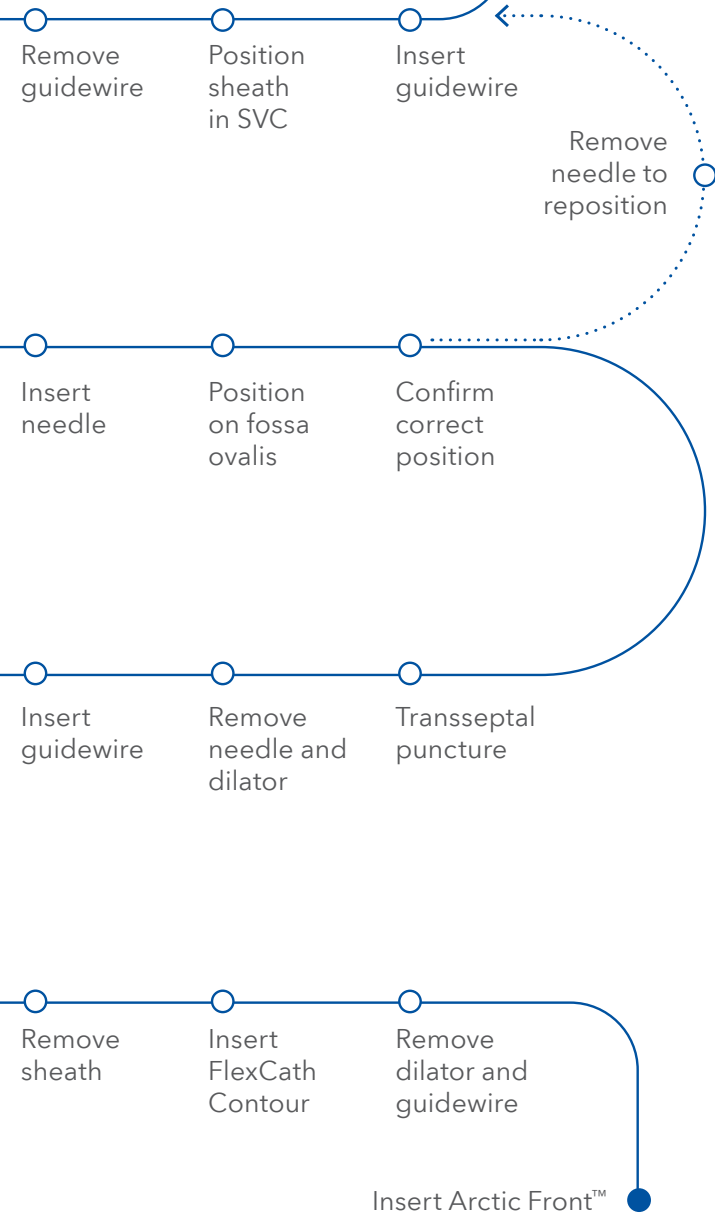
Smooth transition

with FlexCath Contour redesigned distal tip.¹

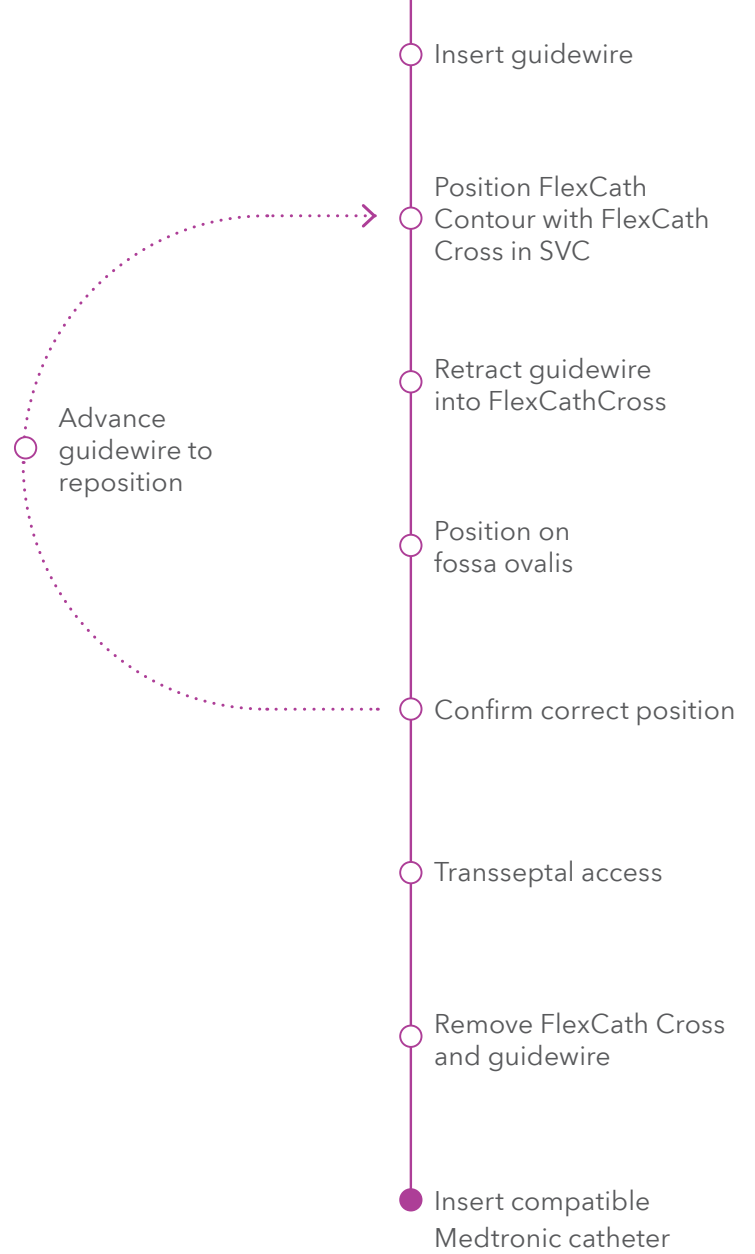


Left heart workflow

Traditional transeptal access workflow



FlexCath Cross workflow with FlexCath Contour



Order information

PulseSelect™ Pulsed Field Ablation Procedures

Order number	Product name/detail
10FCC13	FlexCath Contour 10 Fr; 13 mm configuration
10FCC20	FlexCath Contour 10 Fr; 20 mm configuration
900310	FlexCath Cross-Contour 10 Fr configuration

Arctic Front Family of Cryoballoon Procedures

Order number	Product name/detail
12FCC13	FlexCath Contour 12 Fr; 13 mm configuration
12FCC20	FlexCath Contour 12 Fr; 20 mm configuration
900311	FlexCath Cross-Contour 12 Fr configuration

References

¹ Medtronic data on file. 2023.

² Rizzi S, Pannone L, Monaco C, et al. First experience with a transeptal puncture using a novel transeptal crossing device with integrated dilator and needle. *J Interv Card Electrophysiol*. December 2022;65(3):731-737.

³ Yong Ji S, et al. Use of the Novel AcQCross Transeptal System Improves Procedural Efficiency Compared to Conventional Transeptal Puncture Technique. Presented at AF Symposium 2022.

FlexCath Contour™ Steerable Sheath Brief Statement

Intended Use:

The FlexCath Contour steerable sheath facilitates introducing various cardiovascular catheters into the heart.

Indications for Use:

The FlexCath Contour steerable sheath is indicated for percutaneous catheter, or transeptal needle introduction into the vasculature and into the chambers of the heart, including the left side of the heart through the interatrial septum. The sheath deflection facilitates device positioning.

Contraindications

The FlexCath Contour steerable sheath is contraindicated for placement in the left atrium or ventricle if:

- The patient has an intra-atrial septal patch or has had other surgical intervention in or adjacent to the intra-atrial septum.
- The patient has had a previous embolic event from the left side of the heart within two months of the procedure.
- The patient has known or suspected atrial myxoma.

Compatible Catheter Sizes:

FlexCath Contour Steerable Device (10 Fr)

The sheath can be used with Medtronic diagnostic and ablation catheter sizes from 7 Fr (2.3 mm) up to 9.5 Fr (3.2 mm).

FlexCath Contour Steerable Device (12 Fr)

The sheath can be used with Medtronic diagnostic and ablation catheter sizes from 7 Fr (2.3 mm) up to 10.5 Fr (3.5 mm).

Warnings and Precautions

This is a single use sheath to be used in a single patient. Do not resterilize this sheath for purpose of reuse. The dilator is compatible with transeptal needles that are at least 89 cm in length and less than 21 Gauge outer diameter. Do not use the sheath if it is kinked or damaged. Only physicians trained in left-sided catheterization should use this sheath during transeptal puncture. Administer appropriate levels of peri-procedural anticoagulation therapy for patients undergoing left-sided, right-sided, and transeptal cardiac procedures. Administer anticoagulation therapy during and post-procedure according to patient conditions and institutional standards. Introducing any catheter or sheath into the circulatory system entails the risk of air embolism, which can occlude vessels and lead to tissue infarction with serious consequences. To minimize the risk of air embolism, observe and remove any air prior to introducing the sheath and during the procedure. Do not advance the dilator

or sheath through the interatrial septum without first confirming left atrial access to prevent advancing these components into an undesired location. Remove the guide wire and dilator from the sheath or insert the catheter into the sheath before slowly aspirating and flushing the sheath. Minimize catheter exchanges and always advance and withdraw catheters slowly. Follow advancement or withdrawal of catheters with appropriate aspiration and flushing according to institutional standards or consensus statements. Connect to a continuous drip to minimize back-bleeding. Do not pass the sheath through a prosthetic heart valve (mechanical or tissue). The sheath may become trapped in the valve, damaging the valve and causing valvular insufficiency or premature failure of the prosthetic valve. Cardiac catheterization procedures should be performed only in a fully equipped facility. This sheath should be used only by, or under the supervision of, physicians trained in cardiac catheterization procedures. Use extreme care when manipulating the sheath. Do not use excessive force to advance or withdraw the sheath, especially if resistance is encountered. Only physicians trained in left-sided catheterization should use this sheath during transeptal puncture.

Potential Adverse Events or Potential Complications

Potential adverse events associated with cannulation of the peripheral vasculature and intracardiac placement of the sheath and dilator may include the following conditions:

Access site complications (hematoma, infection, thrombosis, ecchymosis, AV fistula, bleeding from puncture site, hemorrhage); Air embolism; Arrhythmia (such as atrial fibrillation, atrial flutter, heart block requiring permanent pacemaker, ventricular tachycardia); Cardiac arrest; Chest discomfort, pain, or pressure; Coronary artery spasm; Damage to heart tissue or vasculature; Death; Endocarditis; Entrapment of the sheath within the patient; Hemothorax; Iatrogenic atrial septal defect (iASD); Infection (such as pericarditis, sepsis, urinary); Myocardial infarction; Perforation of venous, cardiac or surrounding tissue; Pericardial effusion, tamponade; Pericarditis; Pleural effusion; Pneumothorax; Pseudoaneurysm; Pulmonary edema; Pulmonary embolism; PV stenosis; Stroke; Thrombus; Transient ischemic attack (TIA); Valve damage; Vasovagal reaction

Refer to the device technical manual for detailed information regarding the procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1-800-328-2518 and/or consult the Medtronic website at www.medtronic.com.

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

FlexCath Cross™ Transeptal Solution Indications (or Intended Use)

Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. FlexCath Cross devices are FDA cleared. Not all FlexCath Cross devices are CE marked.

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