

With our comprehensive portfolio of solutions for surgical and interventional approaches, **we support the lifetime management of your patients — every beat, every day.**



Medtronic and you.
Let's take healthcare Further, Together.

PRODUCT SPECIFICATIONS

Hancock™ II Aortic Valve, Model T505

Order Number	Valve Size (Stent O.D. [†]) (± 0.5 mm)	Orifice Diameter (Stent I.D.) (± 0.5 mm)	Suture Ring Diameter (± 1 mm)	Valve Height (± 0.5 mm)	Aortic Protrusion (± 0.5 mm)
	(A)	(B)	(C)	(D)	(E)
T505C221	21	18.5	27.0	15.0	12.0
T505C223	23	20.5	30.0	16.0	13.5
T505C225	25	22.5	33.0	17.5	15.0
T505C227	27	24.0	36.0	18.5	15.5
T505C229	29	26.0	39.0	20.0	16.0

Hancock™ II Mitral Valve, Model T510

Order Number	Valve Size (Stent O.D. [†]) (± 0.5 mm)	Orifice Diameter (Stent I.D.) (± 0.5 mm)	Suture Ring Diameter (± 1 mm)	Valve Height (± 0.5 mm)	Ventricular Protrusion (± 0.5 mm)
	(A)	(B)	(C)	(D)	(E)
T510C25	25	22.5	33.0	18.0	13.5
T510C27	27	24.0	35.0	19.0	14.0
T510C29	29	26.0	38.0	20.5	15.5
T510C31	31	28.0	41.0	22.0	17.0
T510C33	33	30.0	43.0	23.0	17.5

Hancock™ II Ultra™ Aortic Valve, Model T505

Order Number	Valve Size (Stent O.D. [†]) (± 0.5 mm)	Orifice Diameter (Stent I.D.) (± 0.5 mm)	Suture Ring Diameter (± 1 mm)	Valve Height (± 0.5 mm)	Aortic Protrusion (± 0.5 mm)
	(A)	(B)	(C)	(D)	(E)
T505U221	21	18.5	26.0	15.0	12.0
T505U223	23	20.5	28.0	16.0	13.5
T505U225	25	22.5	30.0	17.5	15.0
T505U227	27	24.0	32.0	18.5	15.5
T505U229	29	26.0	34.0	20.0	16.0

Hancock™ II Bioprosthetic Accessories

Order Number	Description
T7610HKA	Tray, Accessory, Hancock II, Aortic
T7605HKM	Tray, Accessory, Hancock II, Mitral
T7505UX	Tray, Accessory, Hancock II Ultra, Supra-X Aortic Sizer Set
7505UX	Hancock II Ultra, Supra-X Aortic Sizer Set
7639	Handle (234 mm length) pliant, without locknut handle to be used with Hancock II, Hancock II Ultra prostheses
7639XL	Handle (368 mm length) pliant, without locknut handle to be used with Hancock II, Hancock II Ultra prostheses
7505SET	Hancock II Aortic Obturator Set (no handles, no tray)
7510SET	Hancock II Mitral Obturator Set (no handles, no tray)

[†] Equivalent to annulus diameter

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Hancock™ II Bioprosthetic

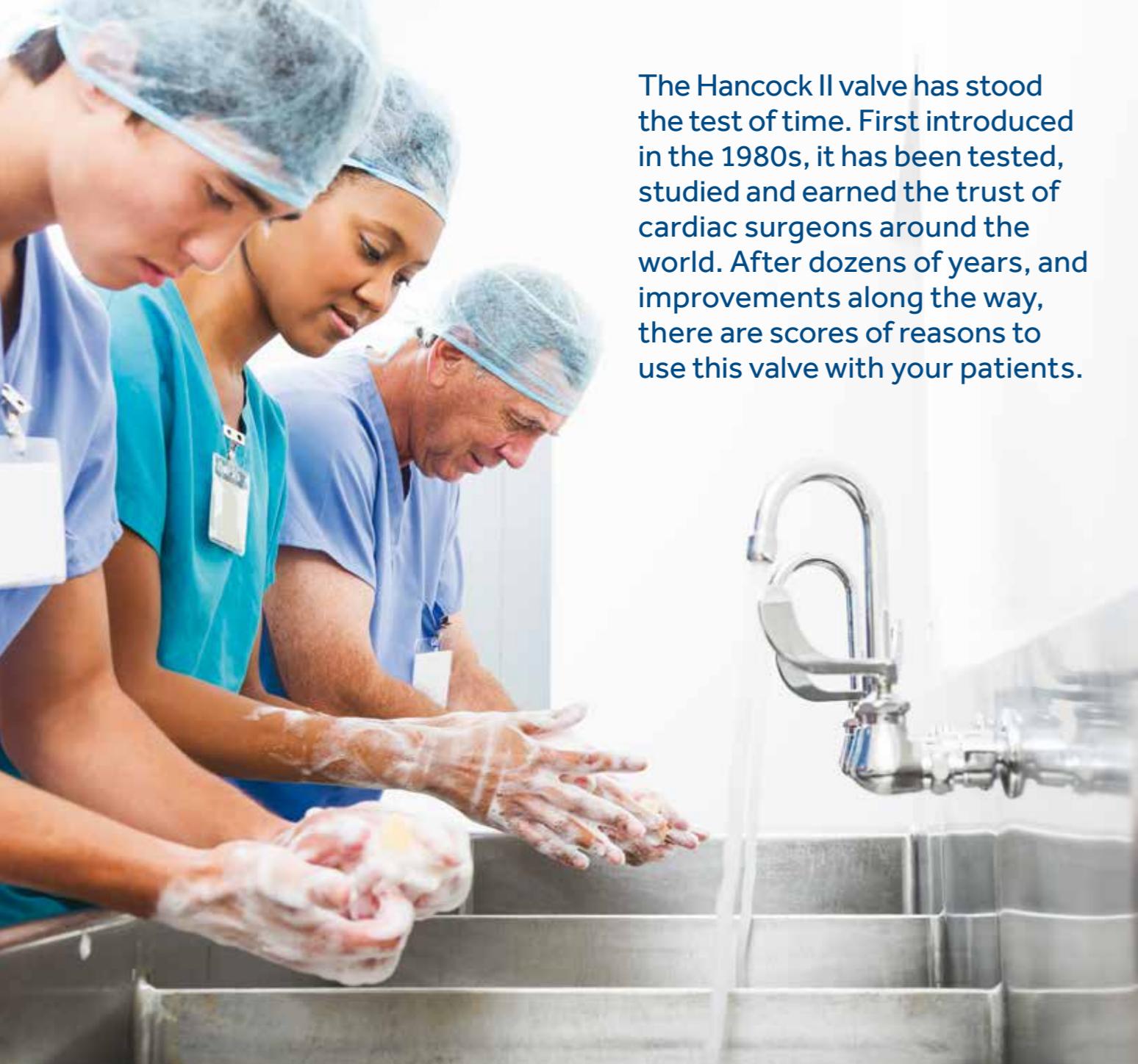


TESTED, TRUSTED.

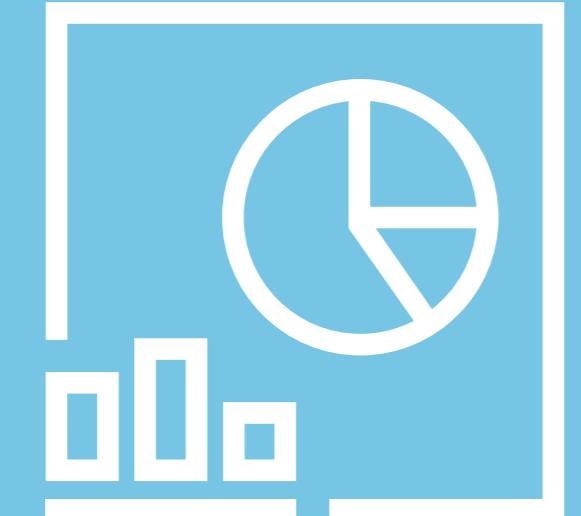
Our second generation bioprosthetic is designed for use in both aortic and mitral positions.



Medtronic
Further, Together



More than
30 years
delivering consistent
performance and clinical
results, you can
feel confident procedure
after procedure.



The Hancock II valve has stood the test of time. First introduced in the 1980s, it has been tested, studied and earned the trust of cardiac surgeons around the world. After dozens of years, and improvements along the way, there are scores of reasons to use this valve with your patients.

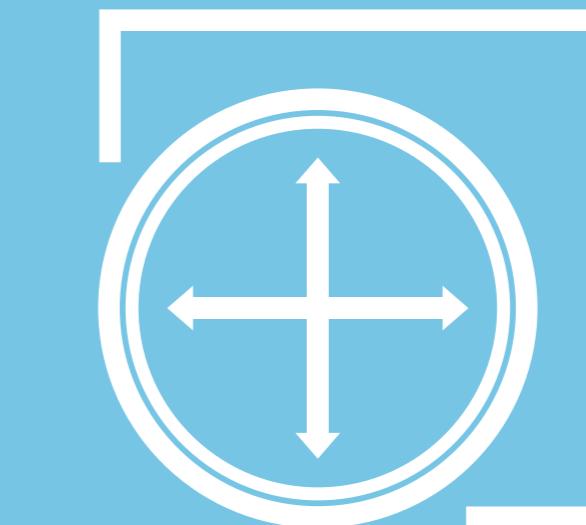
97.8%
AORTIC | freedom from SVD
at 20 years^{*1}

85%
MITRAL | freedom from SVD
at 15 years²

DURABILITY

Published clinical experience demonstrates impressive long-term performance in all age groups for both the aortic and mitral valve. Additional factors that may contribute to durability are:

- T6 (sodium dodecyl sulfate) anti-calcification treatment is applied in order to mitigate the absorption of calcium in the leaflets
- Next generation flexible polymer stent allows for absorption of stress produced during the cardiac cycle
- Two-step, low-pressure fixation process



MAXIMUM FLOW

The Hancock II valve is designed to allow the maximum amount of blood to flow through it.³

- The sewing ring is mounted flush with the inflow edge of the scalloped stent allowing the bioprosthesis to be positioned completely superior to the annulus
- The internal diameter of the valve aligns with the patient's annulus allowing for a larger available flow area
- The valve design allows blood to flow through the annulus encountering only tissue, not obstructive components such as the stent and sewing ring



EASE OF IMPLANT

Our innovative Cinch™ implant system further capitalizes on the valve's flexible stent to facilitate valve implantation, particularly through a tight sinotubular space. It also:

- Improves overall visualization
- Has stent posts that deflect to allow for easier knot tying near the posts in aortic replacements
- Helps prevent suture looping
- Facilitates minimally invasive procedures
- Protects tissue from inadvertent damage

*For patients over age 65.

SUITABILITY FOR FUTURE INTERVENTIONS

Valve dimensions and geometry enable future valve-in-valve (ViV) replacements.

- Radiopaque annulus ring and stent post markers provide visible, distinct guidelines during ViV procedures
- MR conditional, non-metallic frame mitigates risk of corrosion between SAV and TAV stent materials
- Interior-mounted leaflets mitigate potential risk of coronary obstruction

