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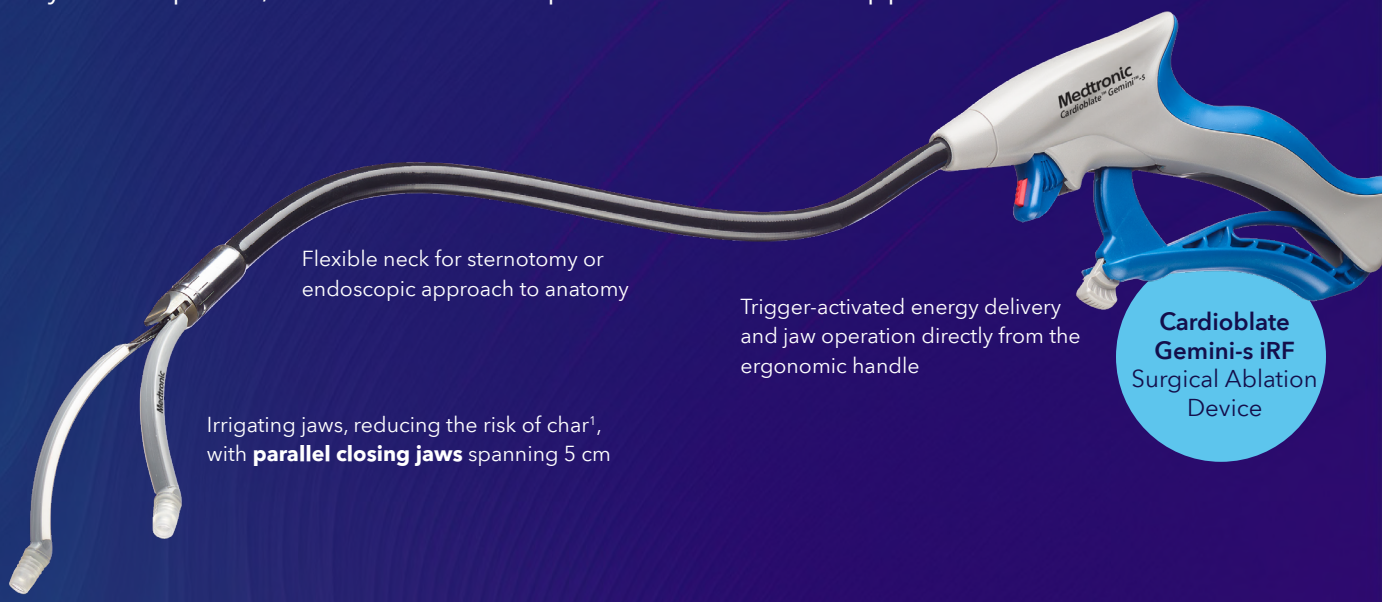
The Medtronic AF Solution: All you need to create the box.

Cardioblate™ Gemini™-s iRF
Non-Atriotomy Surgical Ablation System

Ultimately versatile.

Two lesions to achieve lateral conduction block[3]

- Unique bipolar clamp and flexible neck enable access to the posterior left atrium to create conduction block with two lesions
- Navigate the transverse and oblique sinuses to position clamp on the posterior left atrium, **on or off pump.** Full control at your fingertips – One trigger integrated directly on the probe, no need for a foot pedal or additional support.



Ablates thick and fatty tissues[4]

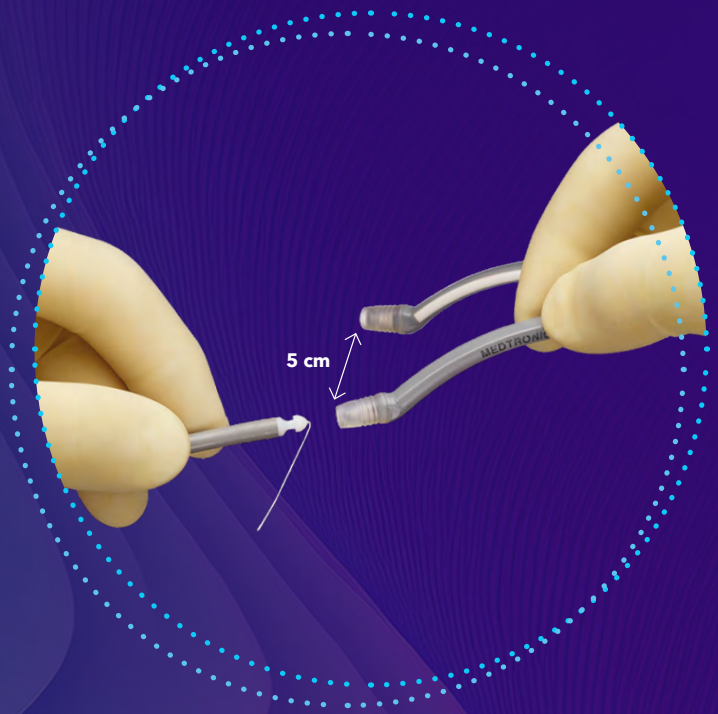
Provides additional power which may ablate through thick and fatty tissue associated with the posterior left atrium

Easy positioning[5]

Guides use natural pathways for the Cardioblate Gemini-s iRF device to follow and aid in jaw placement

Wide Jaw Opening[6]

Tip to tip spans 5 centimeters, wider than most bipolar clamps.



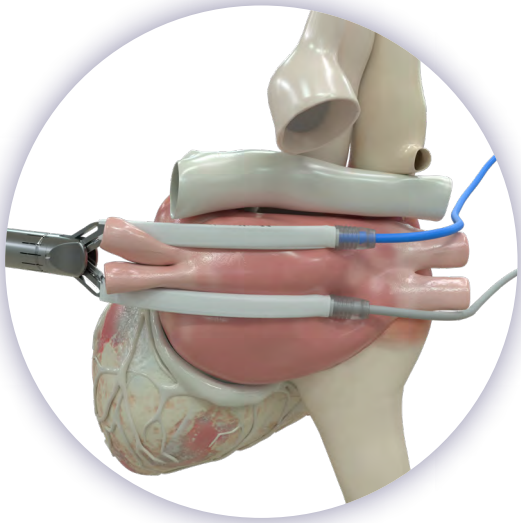
Confidence across approaches– with one versatile device

- Irrigated RF to **reduce the likelihood of charring**[1] – Atraumatic and safe ablation with consistent lesion quality.
- Delivers the benefits of iRF energy to the posterior left atrium while reducing the need for extensive blunt tissue dissection.[2]
- Flexibility and control during **sternotomy or MICS** ablation procedures, **even on a beating heart.** Full control at your fingertips – One trigger integrated directly on the probe, no need for a foot pedal or additional support.
- **No need for patient selection** – You can perform the box lesion in every case, whether paroxysmal or persistent (or LSPAF).
- **Suitable for all CS patients** – From aortic valve to CABG or mitral surgery. If the patient has AF, simply follow the guidelines and ablate without requiring atriotomy.
- **Reproducible** – The use of guides eliminates the risk of performing two different lines, ensuring consistent results (transmurality) and reliable evaluation of your technique.
- **Easy access** – Short learning curve; only one procedure needed to master the technique for all CS cases.
- **One device for the entire procedure** – No need for additional pens or tools for extra lesions. Fast full box lesion completed.

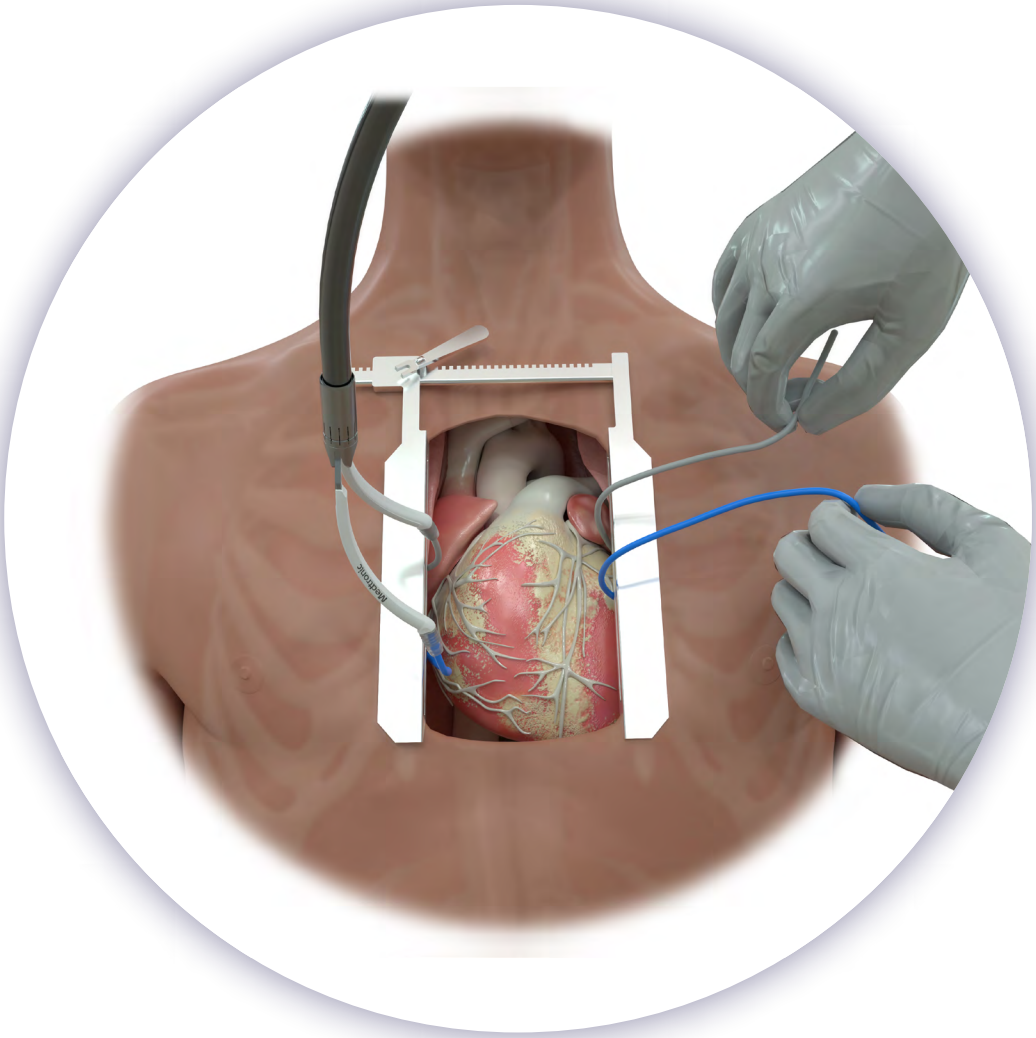


ON-pump and OFF-pump compatible – The only device on the market capable of handling both approaches in a single procedure.

The Gemini-s device offers the benefits of irrigated RF energy and creates conduction block on the posterior left atrium of the heart in both sternotomy and minimally invasive approaches.

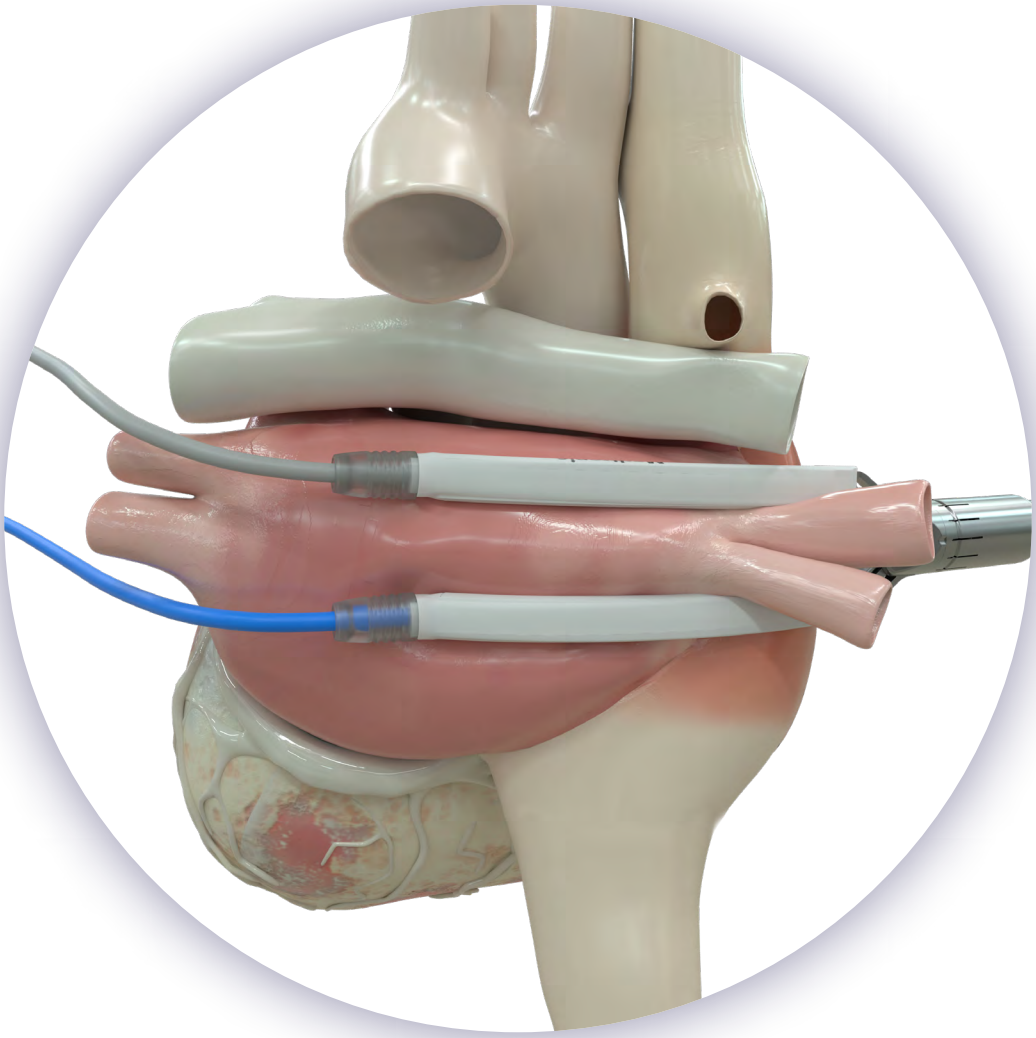


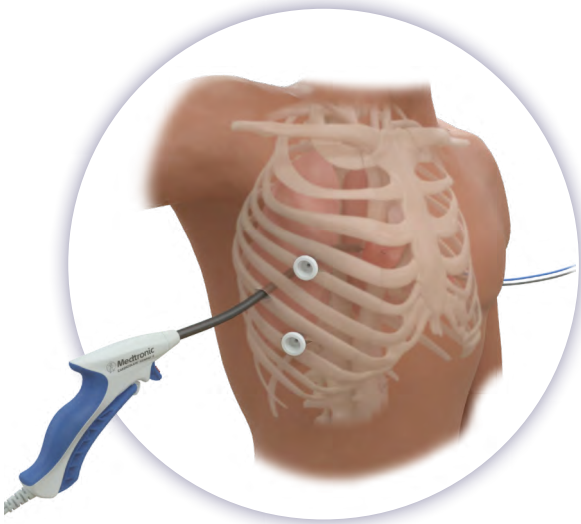
Sternotomy
Approach



Consider for off-pump and on-pump procedures[7]

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Minimally Invasive Approach

Right and left mini-thoracotomies (three small incisions) or port-only approach[8]

Product ordering information

PRODUCT	CATALOG CODE	NO.	USE
Cardioblate Gemini-s iRF surgical ablation device for use with the Valleylab™ FT10 energy platform	49351	1 each	single
Valleylab FT10 energy platform†	VLFT10GEN	1 each	reusable

Commercially available pressure bag, IV tubing, and normal saline also required.

†If foot pedal operation is desired, the LigaSure™ LS0300 purple pedal foot switch is required for Valleylab FT10 operation with Cardioblate devices.

Cardioblate™ Gemini™ Surgical Ablation Device

Indications for Use

The Cardioblate Gemini Surgical Ablation Device is intended to ablate cardiac tissue during cardiac surgery using radiofrequency energy. The system is indicated for use, under direct or endoscopic visualization, in surgical procedures, including minimally invasive surgical procedures.

Contraindications:

The Cardioblate Gemini Surgical Ablation Device should not be used for:

- Patients that have active endocarditis at time of surgery
- Ablation in a pool of blood (e.g., through a purse string suture on a beating heart). (Effects of this type of ablation are unknown.)

Adverse Effects:

Possible adverse effects related to the ablation of cardiac tissue in combination with open heart surgery are: tissue perforation, extension of extracorporeal bypass, perioperative heart rhythm disturbances (atrial and/or ventricular), postoperative embolic complications, pericardial effusion or tamponade, injury to the great vessels, valve leaflet damage, conduction disturbances (SA/AV node), acute ischemic myocardial event, thrombus formation, nerve damage, unintentional burns, pericarditis, pleural effusion, esophageal perforation, death, coronary sinus perforation, coronary artery spasm, atrial lead dislodgement, hypotension, pulmonary vein stenosis, cerebrovascular accident, transient ischemic attack, blood loss.

This material should not be considered the exclusive source of information, it does not replace or supersede information contained in the device manual(s). Please note that the intended use of a product may vary depending on geographical approvals. See the device manual(s) for detailed information regarding the intended use, the (implant) procedure, indications, contraindications, warnings, precautions, and potential adverse events. For a MRI compatible device(s), consult the MRI information in the device manual(s) before performing a MRI. If a device is eligible for eIFU usage, instructions for use can be found at Medtronic's website manuals.medtronic.com. Manuals can be viewed using a current version of any major internet browser. For best results, use Adobe Acrobat® Reader with the browser. Medtronic products placed on European markets bear the CE mark and the UKCA mark (if applicable). For any further information, contact your local Medtronic representative and/or consult Medtronic's websites.

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Cardiac Surgery

With every beat,
expect more

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