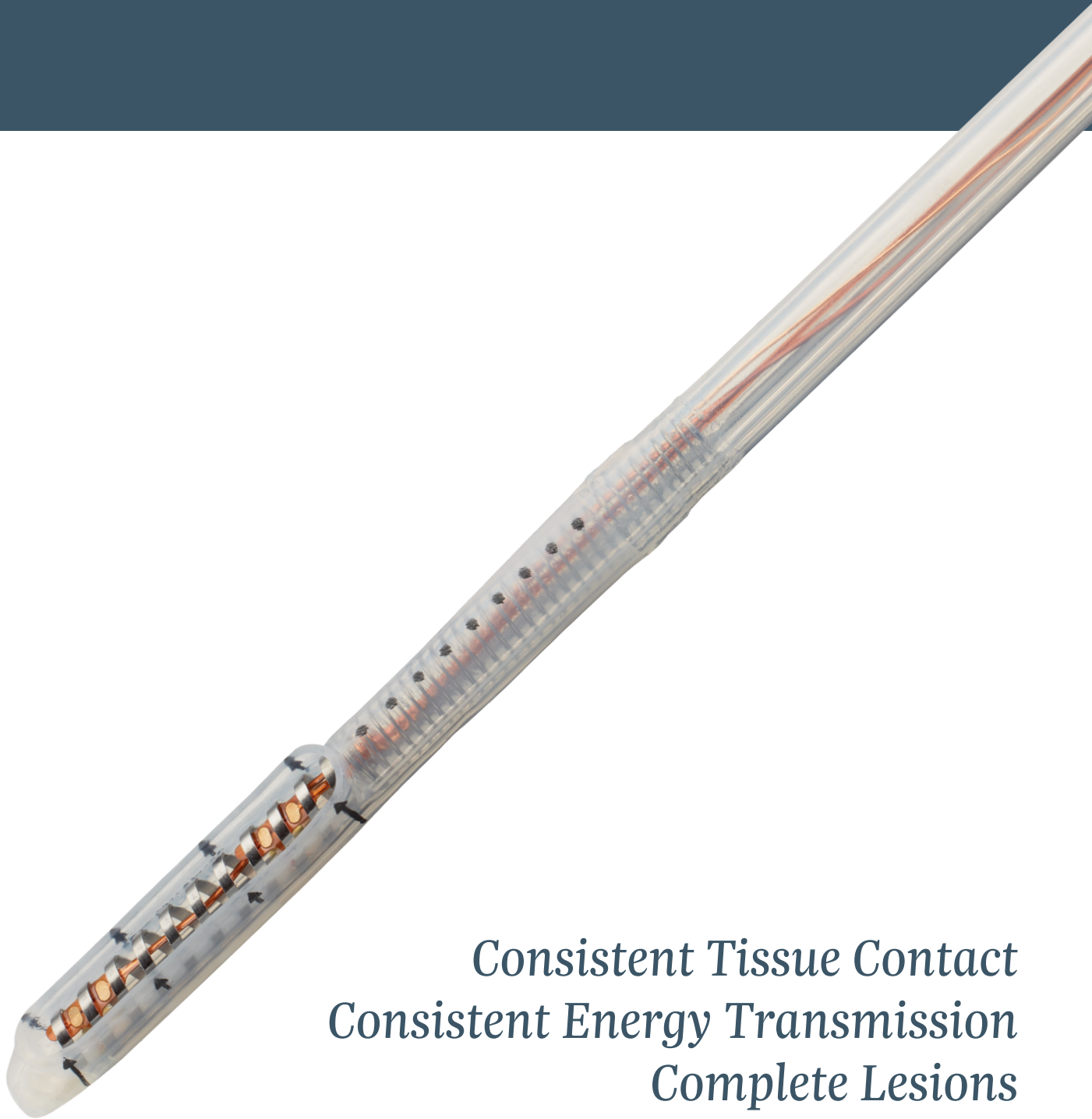


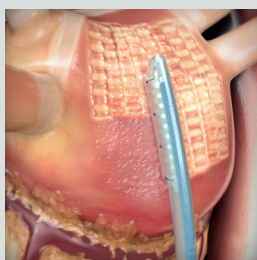
Hybrid AF™ Therapy EPi-Sense® Ablation Device



*Consistent Tissue Contact
Consistent Energy Transmission
Complete Lesions*

AtriCure

Epi-Sense® Ablation Device

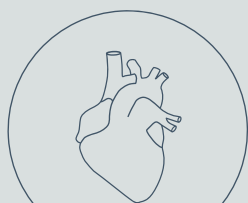


Hybrid AF™ Therapy, using the Epi-Sense System, combines the advantages of:

- Minimally invasive epicardial ablation
- Endocardial catheter ablation

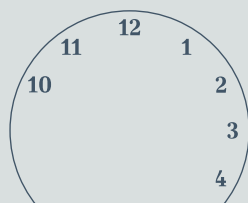
Hybrid AF™ Therapy

Results from CONVERGE IDE study* suggest



67%

FREEDOM from ATRIAL ARRHYTHMIA at 12mo
(vs 50% endocardial RF ablation alone)



80%

at least 90% AF BURDEN REDUCTION at 12mo
(vs 56.8% endocardial RF ablation alone)



2.9%

7-day safety events
No Deaths | No Cardiac Perforations | No AE Fistula

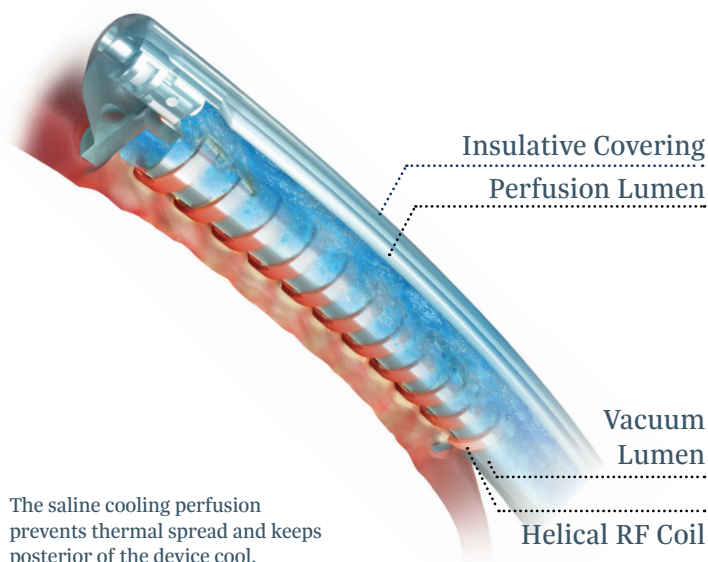


4.4

years in AF
On average since AF diagnosis

How Epi-Sense works

Consistent tissue contact = Consistent energy transmission = Complete lesions



The saline cooling perfusion prevents thermal spread and keeps posterior of the device cool.

Sensing electrode pairs enable the physician to view epicardial electrograms before, during, and after ablation.

Vacuum pulls tissue into RF coil engagement. Perfusion over tissue conducts energy downward into tissue while circulating blood absorbs excess heat.

Epi-Sense® Ablation Device

Device	Product Code
3 cm Epi-Sense Guided Device	CDK-1413-EU
3 cm Epi-Sense Guided Procedural Bundle	CDP-331-1-EU

Includes:

- 1x 3 cm Epi-Sense Guided Device
- 1x RF Cable Kit
- 1x Cannula w/guide, 30cm
- 1x Bovie® Ground Pad

Indications for Use:

The Epi-Sense® Guided Coagulation System with VisiTrax® is intended for the coagulation of cardiac tissue using radiofrequency (RF) energy during cardiac surgery for the treatment of arrhythmias including Atrial Fibrillation (AFIB) or Atrial Flutter (AFL). Contraindications include patients with Barrett's Esophagitis, left atrial thrombus, a systemic infection, active endocarditis, or a localized infection at the surgical site at the time of surgery. Reported adverse events associated with epicardial ablation procedure may include, but are not limited to, the following: pericardial effusion, excessive bleeding, Pericarditis, phrenic nerve injury, stroke/TIA/neurologic complication. Please review the Instructions for Use for a complete listing of contraindications, warnings, precautions and potential adverse events located at the following AtriCure web address: <https://www.atricure.com/instructions-for-use/international>. Individual results may vary. Please consult with your physician regarding your condition and appropriate medical treatment. The devices are used to form scars in the heart tissue. Possible problems during the procedure may result in the formation of unwanted scar tissue, damage to nerve and blood vessels, heart rhythm disorder, blood clots, pooling of fluid in the sac around the heart and tissue tearing or puncture.

About the CONVERGE IDE Trial: The CONVERGE IDE trial is a prospective, superiority, randomized, controlled pivotal trial to support an FDA PMA application to evaluate the success of Hybrid AF Convergent ablation compared to endocardial RF catheter ablation for patients with persistent or long-standing persistent AF. The procedure combines a minimally invasive, closed chest epicardial ablation performed by a surgeon with endocardial RF catheter ablation performed by an electrophysiologist. Please download the study for more information.

*Delurgio, D.B. et al. (2020). Hybrid Convergent Procedure for the Treatment of Persistent and Long Standing Persistent Atrial Fibrillation: Results of CONVERGE Clinical Trial. Circulation: Arrhythmia and Electrophysiology, 13(12):e009288.

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