VASCADE MVP®

Vascular Closure for EP Procedures

Early Ambulation.
Simple.
Proven.

1st & Only
Multi-stick,
Multi-limb
Indication^{1,2}

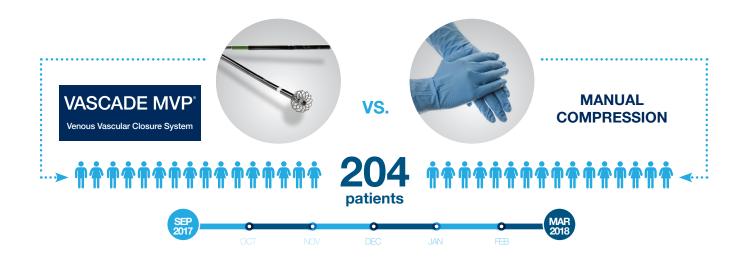


HAEMONETICS®

Early Ambulation

AMBULATE Clinical Trial³

Prospective, Multicenter Randomized 1:1 Clinical Trial





13 28 investigators

Study Endpoints

Primary Endpoints

Time to ambulation, major access site complications

Additional Data

Patient satisfaction, use of pain medications

3.9 hour reduction in median time to ambulation



Reduction in Median Time to Ambulation Patient Satisfaction



Improvement in Patient Satisfaction





Reduction in Opioid Use

Safety Endpoints	VASCADE MVP® n=199 limbs	Manual Compression n=209 limbs	P Value
Major Complications	0%	0%	-
Minor Complications	1.0%	2.4%	0.454

Simple

Designed for EP Procedures

Extravascular design

No permanent or intraluminal implants



- Single operator
- No sutures or material left in vessel

Bioabsorbable and thrombogenic collagen plug

Expands to fill tissue tract

Proven

Proven by EPs in AMBULATE Clinical Trial³ and AMBULATE Same Day Discharge Clinical Studies^{5,6}

Prospective and retrospective multicenter studies of same day discharge in AF ablation patients

1st & Only Same Day Discharge Indication¹

1st & Same Day Discharge **Indication Using** Only **VASCADE MVP® Access Sites** 648 **Patients Investigators US Centers**

90%

2 mechanisms

Mechanical Physiological

of action

Same day discharge success⁵ using VASCADE MVP®

99%

No intervention during follow-up5-7 for same day discharge patients using VASCADE MVP®

ZERO (0) major complications⁸ using VASCADE MVP®

Ordering Information

PRODUCT	CATALOG NUMBER	DESCRIPTION	QUANTITY
VASCADE MVP® Venous Vascular Closure System (VVCS)	800-612C-10U	6-12F Inner Diameter (15F maximum outer diameter)	1 box (10 devices per box)

The VASCADE MVP Venous Vascular Closure System (VVCS) Model 800-612C is indicated for the percutaneous closure of femoral venous access sites while reducing time to ambulation, total post-procedure time, time to hemostasis, and time to discharge eligibility in patients who have undergone catheter-based procedures utilizing 6 – 12F inner diameter (15F maximum outer diameter) procedural sheaths, with single or multiple access sites in one or both limbs.

The VASCADE MVP Venous Vascular Closure System (VVCS) Model 800-612C is also indicated for enabling same day discharge in patients who have undergone catheter-based cardiac arrhythmia ablation procedures utilizing 6-12F inner diameter (15F maximum outer diameter) procedural sheaths, with single or multiple access sites in one or both limbs.

Hover your camera over the QR code to learn more about VASCADE MVP.



Please consult product labels and instructions for use for indications, contraindications, warnings, precautions and adverse events. See VASCADE MVP IFU 3972 Instructions for Use.

For a list of worldwide office locations and contact information, visit: www.haemonetics.com/officelocations

Learn More:

800-537-2802

CustomerServiceNA@haemonetics.com hospital.haemonetics.com/vascular-closure/vascade-mvp

- 1. IFUs of commercially available venous vascular closure devices: VASCADE MVP®, MYNXGRIP®, Perclose ProGlide™ and Perclose ProStyle™. As of 4 Mar 2022.
- 2. Catheter-based cardiac ablations requiring two or more venous access sites within the same limb. See VASCADE MVP IFU 3972 Indications for Use.
- 3. Natale A, et al. Venous vascular closure system versus manual compression following multiple access electrophysiology procedures: The AMBULATE Trial. JACC Clin Electrophysiol October 2019. DOI: 10.1016/j.jacep.2019.08.013
- 4. P-values from 2-sided Wilcoxon rank-sum test for medians, unadjusted for stratification factor.
- 5. AMBULATE Same Day Discharge Registry Prospective Studies (Paroxysmal AF): NCT04203329
- 6. AMBULATE Same Day Discharge Registry Retrospective Study: NCT04538781
- 7. For venous access site closure-related complications through 15-day follow up or standard of care follow up, and for procedure related complications the next day.
- 8. Major venous access site closure-related complications through the follow-up period.

