[PHYSICIAN’S LETTERHEAD]

[MD NAME]

[CENTER] [ADDRESS] [CITY STATE ZIP]

[DATE]

Dear Dr. [NAME]:

I’d like to keep you updated on a patient that we share, [PATIENT NAME].

On [DATE], we successfully performed a Hybrid AF ablation with the EPi-Sense® Guided Coagulation System which is the first and only FDA approved approach indicated for patients with long-standing persistent atrial fibrillation (continuous AF >12 months). Our heart team utilizes this epicardial and endocardial ablation approach, to give patients the best chance at reducing AF burden and restoring sinus rhythm.

Hybrid AF Therapy 12-month data showed

* 79% of patients achieved greater than 90% AF burden reduction
* Patients experienced significant quality of life improvement and symptom relief:
	+ 76% of patients reported reduction in palpitations
	+ 57% of patients reported reduction in fatigue
	+ 67% of patients reported reduction in lightheadedness/ dizziness
	+ 48% of patients reported reduction in shortness of breath
* Patients are 2x more likely to no longer need antiarrhythmic medication

I am optimistic that our patient will benefit from this approach and will follow up with you as we monitor their improvements towards restoring sinus rhythm.

If you have any questions, want more information about the procedure, or would like to discuss a specific case, please contact me directly at <PHONE/EMAIL>.

Sincerely,

[PHYSICIAN NAME]

[TITLE]

[INSTITUTION]

\*Data based on the post-hoc analysis of long-standing persistent AF sub-groups (N=65)

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, doi: 10.1161/CIRCEP.120.00928

***EPi-Sense® Coagulation System/EPi-Sense ST™ Coagulation Device***

*The EPi-Sense Coagulation System/EPi-Sense ST™ Coagulation Device is intended for the treatment of symptomatic long-standing persistent atrial fibrillation (continuous atrial fibrillation greater than 12 months duration) when augmented in a hybrid procedure with an endocardial catheter listed in the instructions for use, in patients (1) who are refractory or intolerant to at least one Class I and/or III antiarrhythmic drug (AAD); and (2) in whom the expected benefit from rhythm control outweighs the potential known risks associated with a hybrid procedure such as delayed post-procedure inflammatory pericardial effusions.* ***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.* ***Adverse Events:*** *Reported adverse events associated with epicardial ablation procedure may include, but are not limited to, the following: pericardial effusion/cardiac tamponade, pericarditis, excessive bleeding, 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/EPi-Sense-Coagulation-Device.* ***Warnings:*** *Physicians should consider post-operative anti-inflammatory medication to decrease the potential for post-operative pericarditis. and/or delayed post-procedure inflammatory pericardial effusions. Physicians should consider post-procedural imaging (i.e. 1-3 weeks post-procedure) for detection of post-procedure inflammatory pericardial effusions.* ***Precautions:*** *Precautionary measures should be taken prior to considering treatment of patients: (1) Deemed to be high risk and who may not tolerate a potential delayed post-procedure inflammatory pericardial effusion. (2) Who may not be compliant with needed follow-ups to identify potential safety risks. To ensure patients undergoing treatment with the EPi-Sense device are well informed, the benefits, potential risks and procedural outcomes associated with the EPi-Sense Hybrid Convergent procedure should be discussed with the patient. Physicians should document accordingly in the medical record. Qualified operators are physicians authorized by their institution to perform surgical sub-xyphoid pericardial access. The coagulation devices should be used by physicians trained in the techniques of minimally invasive endoscopic surgical procedures and in the specific approach to be used. Operators should undergo training on the use of EPi-Sense device before performing the procedure. Safety and effectiveness of concomitant left atrial appendage closure was not evaluated in the CONVERGE study. Follow-up should be conducted at approximately 30 days postprocedure to monitor for signs of delayed onset pericarditis or pericardial effusion.*