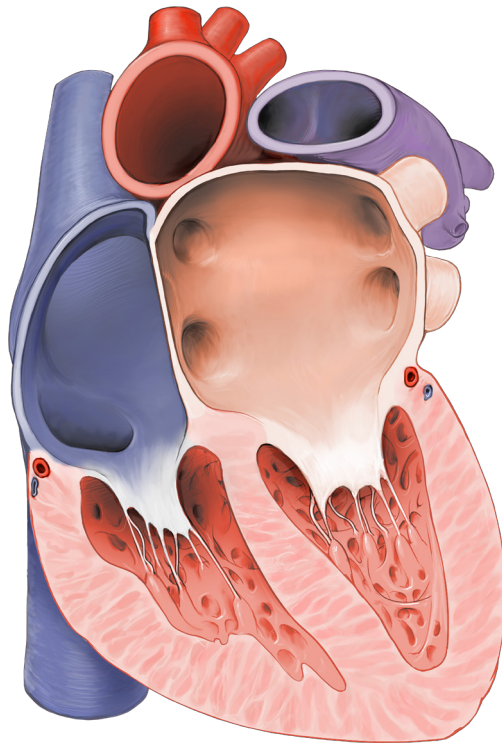
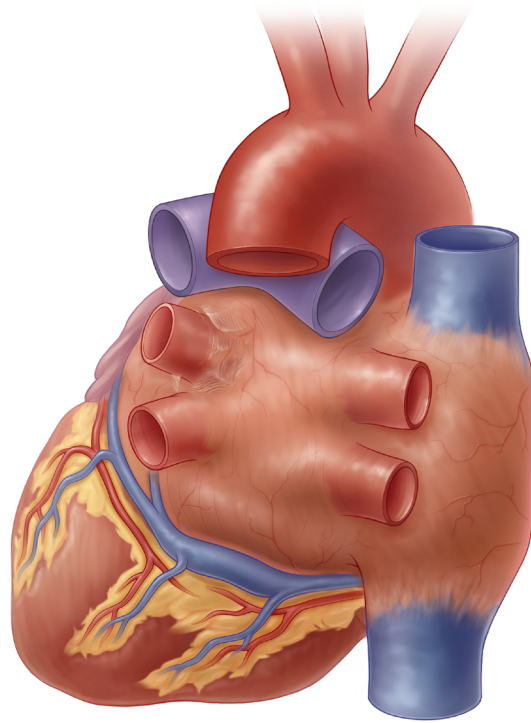


Hybrid AF™ Therapy

Understanding the Hybrid AF Procedure



Hybrid AF Therapy

Part One: Epicardial Ablation Procedure

- Small (2–3 cm) chest incision below the breastbone
- Overlapping lesions create a barrier to stop the erratic electrical signals

Part Two: Endocardial Ablation Procedure

- Femoral vein access to reach your heart through the vein
- Electrical mapping to locate any remaining abnormal electrical signals
- Create lesions at the pulmonary veins and any other areas that still have abnormal electrical activity

Post Procedure: Recovery

- Two to three days in the hospital
- Medication to prevent inflammation
- Resume heart medications as directed by doctor
- Discuss when you can return to your daily activities

Hybrid AF Therapy is for the treatment of long-standing persistent atrial fibrillation.

Risk Information: This procedure is not recommended for patients with Barrett's Esophagitis, presence of left atrial thrombus (clot), a systemic infection, or an active infection local to the surgical site at the time of surgery (i.e. active endocarditis).

Potential procedural complications include, but are not limited to: Pericardial effusion, pericarditis, infection, cardiac tamponade, pulmonary vein stenosis, vessel injury, tissue perforation, excessive bleeding, phrenic nerve injury, left atrial rupture, esophageal fistula, heart attack, new arrhythmias, thromboembolic complication, stroke/TIA/neurologic complication, complete heart block requiring permanent pacemaker implantation, serious skin burn, a buildup of fluid around your lungs, or death.

This information is not comprehensive. Talk to your health care provider to obtain the FDA-approved product labeling or visit www.AtriCure.com.

Rx Only.