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Neutrino[™] NxT HF
Smartphone Connectivity

40J
MAX SHOCK

ADVANCED CRT OPTIMIZATION

The Neutrino[™] NxT HF CRT-D harnesses smartphone connectivity with long-lasting therapy and features you can intuitively program to make a powerful difference in your heart failure patients' lives.



SyncAV[™] PLUS CRT TECHNOLOGY

offers dynamic AV timing to ensure electrical synchronization.



MULTIPOINT[™] PACING

delivers multiple LV pacing pulses per cardiac cycle in both LV-only and biventricular pacing modes.

FASTER, MORE INTUITIVE PROGRAMMING

Experience faster, enhanced ease of programming with our latest generation of CRT technology.

SIMPLE

one-off setup test and programming.

>2x

faster vector testing with more vector options.

PROVEN RESULTS

100%

of patients had a narrower QRS when traditional SyncAV[™] CRT technology was optimized.¹

CRT induced QRS narrowing has been shown to improve clinical outcomes for heart failure patients.^{2,3}

22%

fewer heart failure hospitalizations for patients with SyncAV CRT technology enabled vs. patients with the technology disabled.⁴



1.5T AND 3T MRI
READY SOLUTIONS*

EMPOWERING YOU. EMPOWERING YOUR PATIENTS. POWERED BY ABBOTT.

NEUTRINO™ NxT HF CRT-D



The myMerlinPulse™ app pairs with the Neutrino™ NxT HF CRT-D to streamline remote monitoring and support patient compliance.

97%

of patients using Abbott's app-based remote monitoring were compliant.⁵

*For additional information about specific MR Conditional CRT-Ds and leads, including scan parameters, warnings, precautions, adverse conditions to MRI scanning, and potential adverse events, please refer to the Abbott MRI Ready Systems Manual at medical.abbott/manuals.

References

1. Varma N, O'Donnell D, Bassiouny M, et al. Programming cardiac resynchronization therapy for electrical synchrony: reaching beyond left bundle branch block and left ventricular activation delay. *J Am Heart Assoc.* 2018;7:e007489. <https://www.ahajournals.org/doi/10.1161/JAHA.117.007489>. Accessed January 14, 2020.
2. Canadian Cardiovascular Society. Clinical Significance of Electromechanical Dyssynchrony and QRS Narrowing in Patients With Heart Failure Receiving Cardiac Resynchronization Therapy. <http://doi.org/10.1016/j.cjca.2018.10.019>. Accessed February 25, 2019.
3. Okafor O, Leyva F, Zegard A, et al. Changes in QRS Area and QRS Duration After Cardiac Resynchronization Therapy Predict Cardiac Mortality, Heart Failure Hospitalizations, and Ventricular Arrhythmias. *J Am Heart Assoc.* 2019;8:e013539. DOI:10.1161/JAHA.119.013539.
4. Varma, N., Gain in CRT Efficacy with Dynamic Electrical Optimization: Real World Effect of SyncAV™ CRT on Heart Failure Hospitalizations. Poster presented at EHRA. May 2020. <https://www.escardio.org/Sub-specialty-communities/European-Heart-Rhythm-Association-%28EHRA%29/Research-and-Publications/EHRA-Essentials-4-You#t>. Accessed May 15, 2020.
5. Piorkowski C, et al. Early real-world adoption of mobile remote monitoring using the Confirm Rx Insertable Cardiac Monitor. Poster presented at: APHRS; 2018.

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Rx Only

Brief Summary: This product is intended for use by or under the direction of a Physician. Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

Intended Use: The Cardiac Resynchronization Therapy Defibrillator (CRT-D) devices are intended to provide ventricular antitachycardia pacing and ventricular cardioversion/defibrillation. The CRT-D devices are also intended to resynchronize the right and left ventricles.

The myMerlinPulse™ mobile application is intended for use by people who have an Abbott Medical implanted heart device and access to a mobile device. The app provides remote monitoring capability of the implanted heart device by transmitting information from the patient's implanted heart device to the patient's healthcare provider.

Indications: The CRT-D devices are indicated for automated treatment of life-threatening ventricular arrhythmias. CRT-D devices are also indicated to treat symptoms in patients who have congestive heart failure with ventricular dyssynchrony.

In addition, CRT-D devices with the AT/AF detection algorithm are indicated in patients with atrial tachyarrhythmias or those patients who are at significant risk of developing atrial tachyarrhythmias.

MR Conditional CRT-Ds are conditionally safe for use in the MRI environment when used in a complete MR Conditional system and according to instructions in the MRI-Ready Systems manual. Scanning under different conditions may result in severe patient injury, death or device malfunction.

The myMerlinPulse™ mobile application is indicated for use by patients with supported Abbott Medical implanted heart devices.

Contraindications: Contraindications for use of the pulse generator system include ventricular tachyarrhythmias resulting from transient or correctable factors such as drug toxicity, electrolyte imbalance, or acute myocardial infarction.

The myMerlinPulse™ mobile application is contraindicated for use with any implanted medical device other than supported Abbott Medical implanted heart devices.

Adverse Events: Possible adverse events associated with the implantation of the pulse generator system include the following: Arrhythmia (for example, accelerated or induced), Bradycardia, Cardiac or venous perforation, Cardiac tamponade, Cardiogenic shock, Death, Discomfort, Embolism, Endocarditis, Erosion, Exacerbation of heart failure, Excessive fibrotic tissue growth, Extracardiac stimulation (phrenic nerve, diaphragm, pectoral muscle), Extrusion, Fluid accumulation within the device pocket, Formation of hematomas, cysts, or seromas, Heart block, Hemorrhage, Hemothorax, Hypersensitivity, including local tissue reaction or allergic reaction, Infection, Keloid formation, Myocardial damage, Nerve damage, Occlusion/Thrombus, Pericardial effusion, Pericarditis, Pneumothorax, Pulmonary edema, Syncope, Thrombosis, Valve damage. Complications reported with direct subclavian venipuncture include pneumothorax, hemothorax, laceration of the subclavian artery, arteriovenous fistula, neural damage, thoracic duct injury, cannulation of other vessels, massive hemorrhage and rarely, death. Among the psychological effects of device implantation are imagined pulsing, depression, dependency, fear of premature battery depletion, device malfunction, inappropriate pulsing, shocking while conscious, or losing pulse capability. Possible adverse device effects include complications due to the following: Abnormal battery depletion, Conductor fracture, Device-programmer communication failure, Elevated or rise in defibrillation/cardioversion threshold, Inability to defibrillate or pace, Inability to interrogate or program due to programmer or device malfunction, Incomplete lead connection with pulse generator, Inhibited therapy including defibrillation and pacing, Inappropriate therapy (for example, shocks and antitachycardia pacing [ATP] where applicable, pacing), Interruption of function due to electrical or magnetic interference, Intolerance to high rate pacing (for example dyspnea or discomfort), Lead abrasion, Lead fracture, Lead insulation damage, Lead migration or lead dislodgement, Loss of device functionality due to component failure, Pulse generator migration, Rise in DFT threshold, Rise in pacing threshold and exit block, Shunting of energy from defibrillation paddles, System failure due to ionizing radiation. Additionally, potential adverse events associated with the implantation of a coronary venous lead system include the following: Allergic reaction to contrast media, Breakage or failure of implant instruments, Prolonged exposure to fluoroscopic radiation, Renal failure from contrast media used to visualize coronary veins. Refer to the User's Manual for detailed intended use, indications, contraindications, warnings, precautions and potential adverse events.

No potential adverse events have been identified with use of the myMerlinPulse™ mobile application.

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