

LivaNova Satellite Symposium at EACTS



WHEN COMPLEX CAN BE SIMPLER THE PERCEVAL PLATFORM

Thursday 8th October 2020

From 09:00 – 10:15 CEST

Room 211

This is your invitation to attend the LivaNova Satellite Symposium at EACTS.

Our preeminent faculty, moderated by Professor Bart Meuris, will provide you with deeper insights into the use of Perceval Platform*, focusing on its design features which helps reduce complexity even in challenging and time-consuming procedures while maintaining good hemodynamic outcomes ^{1,2}

They will also provide the framework for choosing a sutureless aortic valve with unique atraumatic collapsing ³ that facilitates minimally invasive surgery procedures ^{4,5}.

They will finally discuss the latest clinical evidences on this versatile solution and why it is an effective choice for complex or concomitant procedures ^{1,2}.

To confirm your virtual attendance please register using the EACTS website.

Attendance to the Satellite Symposium is subject to EACTS annual meeting registration.



<https://www.eacts.org/annual-meeting/>



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MODERATOR



Prof. Bart Meuris
UZ Leuven, Belgium

SPEAKERS



**Minimized incision, maximized vision:
an ideal approach for Perceval**

Dr. Alaaddin Yilmaz
Jessa Hospital, Hasselt, Belgium



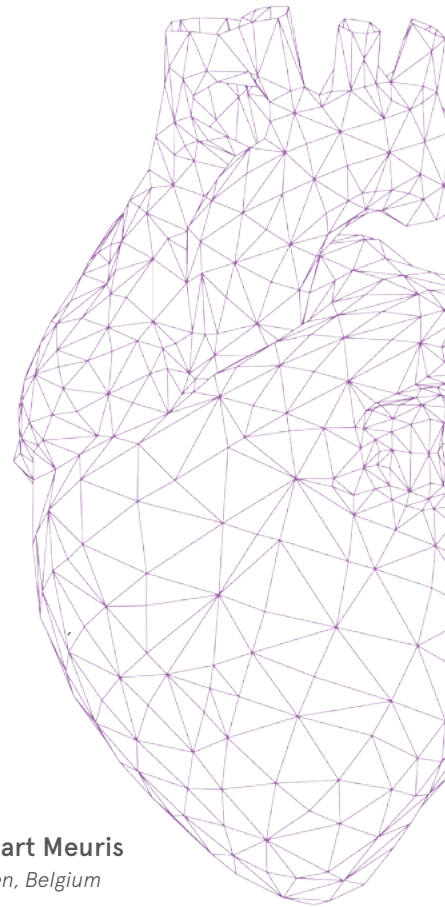
**Multimodal Valve Therapy: The 360°
Approach with Perceval, optimizing MICS**

Dr. Manuel Wilbring
University Heart Centre, Dresden, Germany



**Perceval (Plus) in multivalve procedures,
when time really matters**

Prof. Alexander Weymann
University Hospital Essen, Essen, Germany



1) Phan K. Et al., "Sutureless aortic valve replacement: a systematic review and meta-analysis", Ann Cardiothorac Surg 2015;4 (2):100-111.

2) Powell R et al., "The Perceval Sutureless Aortic Valve: Review of Outcomes, Complications, and Future Direction", Innovations 2017 May/June;12(3):155-173.

3) Della Barbera et al., "Pre-implantation collapse in the Sorin Perceval S Sutureless prosthesis does not affect pericardial graft structure", Abstracts / Cardiovascular Pathology 22 (2013) e29-e52

4) Santarpino et al., "Sutureless aortic valve replacement: first-year single-center experience", Ann Thorac Surg. 2012 Aug;94(2):504-8

5) Glauber M. et al., "International Expert Consensus on Sutureless and Rapid Deployment Valves in Aortic Valve Replacement Using Minimally Invasive Approaches.", Innovations (Phila). 2016 May-June;11(3):165-73

* Refer to the IFU for detailed instructions.

The decision of using PERCEVAL in the patients should be based on a careful individual assessment and limited to cases in which the benefits of using PERCEVAL justify the risks. The available clinical data indicate that using PERCEVAL PLUS in patients with other prostheses may result in intraoperative valve misplacement or insufficient leaflet coaptation leading to valve replacement, due to possible interference with the other prostheses.

INDICATIONS: The PERCEVAL prosthesis is indicated for the replacement of diseased native or a malfunctioning prosthetic aortic valve via open heart surgery. The prosthesis is indicated for use in adult patients who are diagnosed to have aortic valve stenosis or steno-insufficiency.

TOP POTENTIAL SIDE EFFECTS: The risks or potential adverse events associated with cardiac valve replacement with a bioprosthesis include, but may not be limited to: cardiac arrhythmias, death, endocarditis, heart failure, hemorrhage, intravalvular and/or paravalvular leak, stroke or any related neurologic disorders, structural valve deterioration, reoperation and explant. Beyond the previously mentioned adverse events, specific events related to the implant of the PERCEVAL prosthesis may include, but not be limited to dislodgment and/or migration of the prosthesis.

MRI conditional.