

# CHOOSE BETWEEN 2 AMPLATZER DEVICES FOR MUSCULAR VSD CLOSURE

Abbott's 2 muscular VSD occluders allow for either a femoral or an arterial delivery.

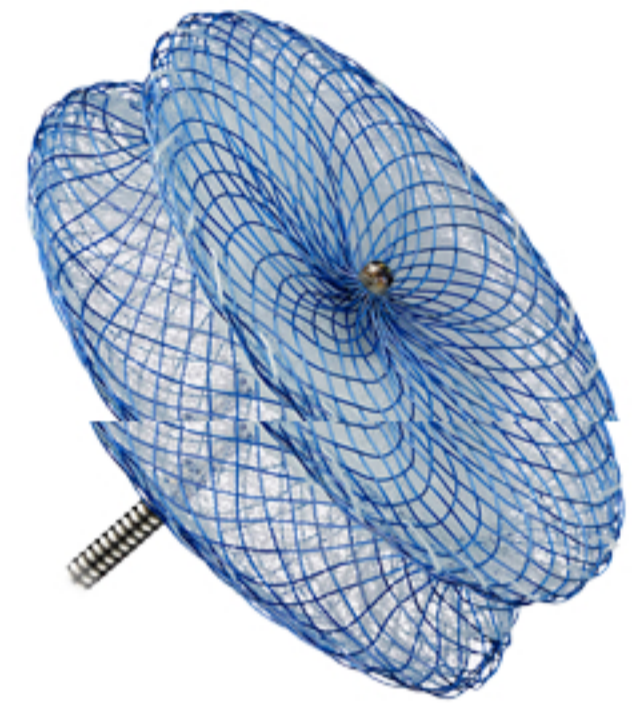
## AMPLATZER MUSCULAR VSD OCCLUDER

- Is designed for muscular VSD closure in patients considered to be high risk for standard surgical repair
- Has a 7-mm waist length, to accommodate the thickness of the muscular septal wall



## AMPLATZER P.I. MUSCULAR VSD OCCLUDER

- Is designed for the damaged muscular tissue in the septal wall of patients who have had a myocardial infarction
- Has a 10-mm waist length to accommodate the damaged tissue that can occur with septal wall rupture



# THE AMPLATZER OCCLUDER FOR MEMBRANOUS VSD CLOSURE

## AMPLATZER MEMBRANOUS VSD OCCLUDER

The Amplatzer Membranous VSD Occluder is intended for occlusion of hemodynamically significant perimembranous VSDs. These VSDs are adjacent to the tricuspid valve's septal leaflet, or adjacent to the aortic valve. This is the most common VSD subtype, occurring in 80% of cases.<sup>1</sup>

This occluder's non-concentric design allows for placement while avoiding interference with the aortic or atrioventricular valves.

With sizes that increase by 1-mm increments, the Amplatzer Membranous VSD Occluder is available from 4 to 18 mm.

For implantation of this device, hemodynamic significance is defined as:

- Evidence of LV and/or left atrial enlargement (for body surface area) or pulmonary-to-systemic flow ratio (Qp/Qs) greater than 1.5, per transthoracic echocardiography
- Cardiomegaly
- Increased pulmonary vasculature on chest x-ray
- Diastolic murmur at apex

