Ellipse[™] VR

Single-Chamber Implantable Cardioverter Defibrillator (ICD)

Product Highlights

- MRI-ready device will allow patients to safely undergo an MRI scan when used in combination with an MR Conditional lead^{1,2}
- Improved shape with reduced volume and thickness
- Parylene coating for improved abrasion resistance
- DynamicTx[™] Over-Current Detection Algorithm automatically changes shock configurations to ensure delivery of high voltage therapy when high current is detected
- Cold Can programmability provides an additional RV-SVC Shock Configuration to decouple the can from the shocking vector parameters in cases of lead problems
- ShockGuard[™] technology with DecisionTx[™] programming designed to reduce inappropriate therapy and minimise the need for programming adjustments at implant
- Low Frequency Attenuation filter designed to enhance sensing performance and may reduce the possibility of oversensing T-waves
- SenseAbility[™] feature provides flexibility to fine-tune programming around T-wave oversensing without decreasing sensitivity
- DF4 connector designed to streamline defibrillation connections into a single terminal pin and reduce the number of set screws
- CorVue[™] congestion monitoring feature monitors the intrathoracic impedance in multiple vectors for improved accuracy, and it provides the option for both patient and physician alerts
- SecureSense[™] RV lead noise discrimination detects sustained and short bursts of lead noise that would otherwise go unnoticed or potentially lead to one or more inappropriate shocks
- Far Field MD[™] morphology discrimination improves SVT and VT discrimination for reduced inappropriate therapies
- Antitachycardia pacing (ATP) while charging and prior to charging in the VF zone further extends the programming options for terminating tachyarrhythmias without a high-voltage shock
- ST monitoring capability provides unprecedented, continuous insight into significant ST shift events and associated ventricular arrhythmias through enhanced monitoring of iEGM and ST-segment as a diagnostic tool to help guide appropriate clinical action
- 36 J delivered energy safety shock option can provide a greater DFT safety margin
- DeFT Response[™] technology offers the most noninvasive options for managing high DFTs
- QHR^{™†} chemistry battery provides greater capacity for enhanced longevity and improved charge time performance compared to previous SVO batteries

Ordering Information

Contents: Cardiac pulse generator

| Model Number | Dimensions (H x W x T, mm) | Weight (g) | Volume (cc) | Connector Defibrillation | Connector Sense/Pace |
|-----------------|-------------------------------|------------|-------------|-----------------------------|-------------------------|
| CD1377-36C | 68 x 51 x 12 | 66 | 31 | DF1 | IS-1 |
| CD1377-36QC* | 66 x 51 x 12 | 67 | 30 | DF4 | DF4 |

*Indicates models that are MRI Conditional^{1,2}

Indications: The devices are intended to provide ventricular antitachycardia pacing and ventricular defibrillation for automated treatment of life-threatening ventricular arrhythmias. Contraindications: Contraindications for use of the pulse generator system include ventricular tachyarhythmias resulting from transient or correctable factors such as drug toxicity, electrolyte imbalance, or acute myocardial infarction.

Adverse Events: Implantation of the pulse generator system, like that of any other device, involves risks, some possibly life-threatening. These include but are not limited to the following: acute hemorrhage/bleeding, air emboli, arrhythmia acceleration, cardiac or venous perforation, cardiagenic shock, cyst formation, erosion, exacerbation of heart failure, extrusion, fibrotic tissue growth, fluid accumulation, hematoma formation, histotoxic reactions, infection, keloid formation, mocardial irritability, nerve damage, pneumothorax, thromboemboli, venous occlusion. Other possible adverse effects include mortality due to: component failure, device-programmer communication failure, lead abrasion, lead dislodgment or poor lead placement, lead fracture, inability to defibrillate, inhibited therapy for a ventricular tachycardia, interruption of function due to

electrical or magnetic interference, shunting of energy from defibrillation paddles, system failure due to ionising radiation. Other possible adverse effects include mortality due to inappropriate delivery of therapy caused by: multiple counting of cardiac events including T waves, P waves, or supplemental pacemaker stimuli. Among the psychological effects of device implantation are imagined pulsing, dependency, fear of inappropriate pulsing, and fear of losing pulse capability.

Refer to the User's Manual for detailed indications, contraindications, warnings, precautions and potential adverse events.

†QHR is a trademark of Greatbatch Medical





Compatible

Ellipse[™] VR

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Product Specifications

| Models | CD1377-36C | CD1377-36QC | DC Fibber™ Pulse Duration (sec) | 0,5-5,0 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Telemetry | RF | RF | Burst Fibber Cycle Length (ms) | 20-100 |
| Delivered/Stored Energy (J) | 36/39 | 36/39 | Noninvasive Programmed | |
| Volume (cc) | 31 | 30 | Stimulation (NIPS) | 2-25 stimuli with up to 3 extrastimuli |
| Weight (g) | 66 | 67 | | |
| Size (mm) | 68 x 51 x 12 | 66 x 51 x 12 | Patient Notifiers | |
| Defibrillation Lead Connections | DF1 | DF4 | Programmable Notifiers (On; Off) | Device at ERI; Charge Time Limit Reached; Possible HV Circuit Damage |
| Sense/Pace Lead Connections | IS-1 | DF4 | | Ventricular Lead Impedance Out of Range; High-Voltage Lead Impedance |
| High-Voltage Can | Electrically active titanium can | Electrically active titanium can | | Out of Range; %V pacing; CorVue [™] Congestion Trigger; SecureSense lea |
| Coating | Parylene | Parylene | | noise detected, non-sustained lead noise detected, ST Episodes |
| MRI Conditional | No | Yes-MRI-ready | | (Type I only) |
| PARAMETER | | | Device Parameter Reset | On |
| PARAMETER | SETTINGS | | Entry into Backup VVI Mode | On |
| Sensing/Detection | | | Vibration Duration (sec) | 2; 4; 6; 8; 10; 12; 14; 16 |
| Sense <i>Ability</i> ™ Technology | Automatic Sensitivity Control adjustment for ventricular events | | Number of Vibrations per Notification | |
| Low Frequency Attenuation | On; Off (Post-Sensed; Ventricular) 50; 62, 5: 75: 100%; (Post-Paced; Ventricular) Auto; 0, 2-3,0 mV (Post-Sense/Post-Pace; Ventricular) 0-220 | | Number of Notifications | 1-16 |
| Threshold Start | | | Time Between Notifications (hours) | 10; 22 |
| | | | Electrograms and Diagnostics | |
| Decay Delay | | | | Here we are adapted as to the second se |
| Ventricular Sense Refractory (ms) | (Post-Sense/Post-Pace; Ventricular) 0-220 125: 157 | | Stored Electrograms | Up to 45 minutes including up to one minute programmable pre-trigger |
| Detection Zones | 3 zone programming - 1 zone, 2 zones or 3 zones (VT-1, VT-2, VF) Sudden Onset, Interval Stability; Sinus Interval History; Morphology Discrimination (Far Field MD or Original MD) with Manual (Original MD) | | | data per VT/VF diagnosis/detection electrograms; triggers include: |
| SVT Discriminators | | | | diagnosis; detection; therapy; PC shock delivery; noise reversion; |
| er electrimatore | | | | magnet reversion; and morphology template verification; lead noise |
| | or Automatic Template Update | | TI O | detected, non-sustained lead noise detected, NSVT/NSVF |
| Discrimination modes | On, Passive, Off | | Therapy Summary | Diagram of therapies delivered |
| SVT Threshold | 150-240 min ⁻¹ | | Episodes Summary | Directory listing of up to 60 episodes with access to more details |
| SVT Timeout | 0.25-5 min | | | including stored electrograms |
| Monitor Mode | | | Lifetime Diagnostics | History of bradycardia events and device-initiated charging |
| | | | | Multi-Vector Trend Data |
| Reconfirmation | Continuous sensing during charging | | Histograms | Event Histogram; Ventricular Heart Rate Histogram; Exercise and |
| | ad Noise Discrimination SecureSense [®] RV lead noise discrimination (On: On with Timeout; Passive; Off) | | | Activity Trending; DirectTrend™ reports up to 1 year |
| | | | Real-Time Measurements (RTM) | Pacing lead impedances; high-voltage lead impedances; |
| | | | OT Manitania a | and signal amplitudes |
| Antitachycardia Pacing Therapy | | | ST Monitoring | ST Histogram Data; Long-term ST Deviation Trend; ST Episode Log; |
| ATP Configurations | Ramp; Burst; Scan; 1 or 2 schemes per VT zone | | | ST Episode Details; 24-Hour ST & HR Trend; ST EGM Baseline & Snapsho prior to ST Episode, VT/VF, Interrogation (Snapshots and 24-hour trend |
| ATP in VF Zone | ATP While Charging; ATP Prior to Charging; Off | | | at time of interrogation) |
| ATP Upper Rate Cutoff | 150 - 300 min ⁻¹ | | CorVue [™] Congestion Monitoring | On; Off |
| Burst Cycle Length | Adaptive; Readaptive or Fixed | | | |
| Min. Burst Cycle Length (ms) | 150-400 in increments of 5 | | CorVue Congestion Trigger | 8-18 days |
| Number of Bursts | 1-15 | | | |
| Number of Stimuli | 2-20 | | | |
| Add Stimuli per Burst | On; Off | | | |
| ATP Pulse Amplitude (V) | 7,5 Independent from Bradycardia and Post-Therapy Pacing | | | |
| ATP Pulse Width (ms) | 1,0 or 1,5 Independently programma | able from Bradycardia | | |
| | and Post-Therapy Pacing | | | |
| High-Voltage Therapy | | | | |
| DynamicTx™ Algorithm | On; Off | 0 | | |
| DeFT Response™ Technology | Programmable pulse width for P1/P2 | 2 and tilt | | |
| High-Voltage Output Mode | Fixed Pulse Width; Fixed Tilt | | | |
| Waveform | Biphasic; Monophasic | | | |
| RV Polarity | Cathode (-); Anode (+) | | | |
| Electrode Configuration | RV to Can; RV to SVC/Can; RV to SV | C | | |
| Bradycardia Pacing | | | | |
| Permanent Modes | Off; VVI(R) | | | |
| Temporary Modes | Off; VVI; VOO | | | |
| Rate-Adaptive Sensor | On, Off, Passive | | | |
| Programmable Rate Parameters | Off; Base Rate (min-1); Rest Rate (min- | n-1); Maximum Sensor Rate (min-1); | | |
| | | th (RV) (ms); Hysteresis Rate (min-1); | | |
| | Rate Hysteresis with Search | | | |
| Ventricular AutoCapture™ | | | | |
| Pacing System | On; Off | | | |
| Post-Therapy Pacing (Independen | tly programmable from Bradycardia | and ATP) | | |
| Post-Shock Pacing Mode | Off: VVI | , | | |
| Post-Shock Pacing mode Post-Shock Base Rate (min ⁻¹) | 30-100 in increments of 5 | | | |
| | | | | |
| Post-Shock Pacing Duration (min) | Off; 0,5; 1; 2,5; 5; 7,5; or 10 | | | |

1. MRI Conditional Parameters: 1,5 Tesla, 2 W/Kg SAR

2. See MRI Procedure Information for approved MR Conditional Systems Device/Lead combinations and scan parameters

Customer Support: 46-8-474-4756

Brief Summary: 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. Devices depicted may not be available in all countries. Check with your St. Jude Medical representative for product availability in your country.

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