

LATITUDE Active Monitoring™ alerts clinic to new onset and subsequent recurrences of atrial flutter

Patient background:

- 64-year-old male
- Ischemic cardiomyopathy
- Ejection fraction 25%
- CONTAK RENEWAL® 3 RF CRT-D

Implanting Physician: Raul Weiss, M.D., F.A.C.C., electrophysiologist

Allied Health Professional: Marc Dutro, R.N., B.S., device clinic supervisor

History: The patient experienced non-sustained ventricular tachycardia on a routine Holter monitor and subsequently had a CRT-D device implanted. The patient was enrolled in the LATITUDE Patient Management system post-implant.

Incorporating LATITUDE Patient Management into this patient's care: LATITUDE Active Monitoring reduces the need for long-distance travel to the office for routine evaluations. Dutro, a clinic AHP, said, "Remote monitoring benefits our clinic by allowing us to closely follow this device patient while reducing the burden on clinic load."

Situation: A few months after implant it was noted via a weekly alert notification that the patient had a new onset of atrial flutter.

Action: The patient was brought into the office for evaluation and admitted to the hospital for drug therapy with warfarin and dofetilide and for cardioversion. After two days, a transesophageal echocardiogram was performed to rule out intracardiac embolus. The echocardiogram was followed by a successful transthoracic cardioversion. The patient was then discharged home with the resumption of home monitoring using the LATITUDE Patient Management system.

Response: Two weeks later the patient called with symptoms of fatigue and palpitations. He was instructed to do a patient-initiated interrogation with his Communicator, which revealed recurrent atrial flutter. The patient was re-admitted for an atrial flutter ablation. Since the ablation there have been no new episodes of atrial arrhythmias. Dr. Weiss said, "With LATITUDE, patient care can progress more rapidly. We no longer have to wait for the three-month check to evaluate the effectiveness of treatment."

LATITUDE Heart Failure Management provides timely insight into your heart failure patients' status.

Promotes compliance to enable earlier interventions and is aligned with the 2005 ACC/AHA Heart Failure Guidelines.

Patients with LV dysfunction or heart failure typically present in 1 of 3 ways¹:

- 1. Decreased exercise tolerance:** GUIDANT INSIGHT™ report provides an Activity Log, which correlates clinical history with physical activity.
- 2. Fluid retention:** GUIDANT INSIGHT report provides daily weight (actionable alert notification), because increases in body weight commonly precede major clinical episodes².
- 3. Symptoms of cardiac or non-cardiac disorder:** GUIDANT INSIGHT report provides a Patient Symptom Report which helps assess a patient's activities of daily living³.

Guidant has the complete solution for your patients on OPT who have:

- EF ≤ 35%
- NYHA Class III/ambulatory NYHA Class IV
- QRS ≥ 120⁴

¹ACC/AHA Guidelines 2005, page 10, section 3.1.1

²ACC/AHA Guidelines 2005, page 22, section 4.3.1.1

³ACC/AHA Guidelines 2005, pages 13-14, section 3.2.1

⁴Class I Indications for Stage C heart failure patients, *ibid.*

Individual symptoms, situations, and circumstances may vary. Patients should consult a physician or qualified health provider regarding their medical condition and appropriate medical treatment. The information provided is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice. This information is to be used in conjunction with other resource material, which may include the applicable patient handbook, Boston Scientific device physician's manual and any implant accessories instructions for use.

Guidant CRT-D Systems

Indications and Usage

Guidant Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) are indicated for patients with moderate to severe heart failure (NYHA III/IV) who remain symptomatic despite stable, optimal heart failure drug therapy, and have left ventricular dysfunction (EF ≤ 35%) and QRS duration ≥ 120 ms.

Contraindications

There are no contraindications for this device.

Warnings

Read the product labeling thoroughly before implanting the pulse generator to avoid damage to the system. Such damage can result in injury to, or death of, the patient. Program the pulse generator Tachy Mode to Off during implant, explant or postmortem procedures to avoid inadvertent high voltage shocks. Always have sterile external and internal defibrillator paddles or an equivalent (eg, R2 pads) immediately available during conversion testing. If not terminated in a timely fashion, an induced tachyarrhythmia can result in the patient's death. Ensure that an external defibrillator and medical personnel skilled in CPR are present during post-implant device testing should the patient require external rescue. Do not expose a patient to MRI device scanning. Strong magnetic fields may damage the device and cause injury to the patient. Do not subject a patient with an activated implanted pulse generator to diathermy since diathermy may damage the pulse generator. Do not use atrial-tracking modes in patients with chronic refractory atrial tachyarrhythmias. Tracking of atrial arrhythmias could result in VT or VF. Do not use atrial only modes in patients with heart failure because such modes do not provide CRT. LV lead dislodgment to a position near the atria can result in atrial oversensing and LV pacing inhibition. Physicians should use medical discretion when implanting this device in patients who present with slow VT. Programming therapy for slow monomorphic VT may preclude CRT delivery at faster rates if these rates are in the tachyarrhythmia zones. Do not kink leads. Kinking leads may cause additional stress on the leads, possibly resulting in lead fracture. Do not use defibrillation patch leads with the CRT-D system, or injury to the patient may occur. Do not use the CRT-D with a separate pacemaker system. This combination could result in CRT-D/pacemaker interaction. The emulator is not intended for use as a permanent lead electrode and must be removed from the patient. It is for one-time use only. Do not resterilize.

Precautions

For information on precautions, read the following sections of the product labeling: sterilization, storage and handling; implantation and device programming; follow-up testing; pulse generator explant and disposal; environmental and medical therapy hazards; home and occupational environments. Advise patients to avoid lingering near anti-theft devices (electronic article surveillance [EAS]). Advise patients to hold cellular phones to the ear opposite the side of the implanted device. Patients should not carry a cellular phone in a breast pocket or on a belt over or within 6 inches (15 cm) of the implanted devices since some cellular phones may cause the pulse generator to deliver inappropriate therapy or inhibit appropriate therapy.

Potential Adverse Events

Potential adverse events from implantation of the Guidant CRT-D system include, but are not limited to, the following: allergic/physical reaction, death, erosion/migration, fibrillation or other arrhythmias, fracture/insulation break (lead or accessory), hematoma/seroma, inappropriate therapy, infection, lead tip deformation and/or breakage, procedure related, psychologic intolerance to an ICD system—patients susceptible to frequent shocks despite antiarrhythmic medical management, random component failure. In rare cases severe complications or device failures can occur.

Refer to the product labeling for specific indications, contraindications, warnings/precautions and adverse events.

LATITUDE® Patient Management System

Intended Use

The LATITUDE Patient Management system is intended for use to remotely communicate with a compatible Guidant pulse generator device and transfer data to a central database.

Contraindications

The LATITUDE Patient Management system is contraindicated for use with any pulse generator other than a compatible Guidant device. For contraindications for use related to the Guidant pulse generator, refer to the System Guide for the Guidant pulse generator being interrogated.

Precautions

The LATITUDE system is designed to notify clinicians within 24 hours if pulse generator alert conditions are detected. However, alert notification cannot occur if:

- The Communicator is unplugged or is not able to connect to the LATITUDE system through an active phone line.
 - The pulse generator and the Communicator cannot establish and complete a telemetry session.
- Up to two weeks may elapse before clinic notification to address events mentioned above.

Adverse Effects

None known.

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Cardiac Rhythm Management

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