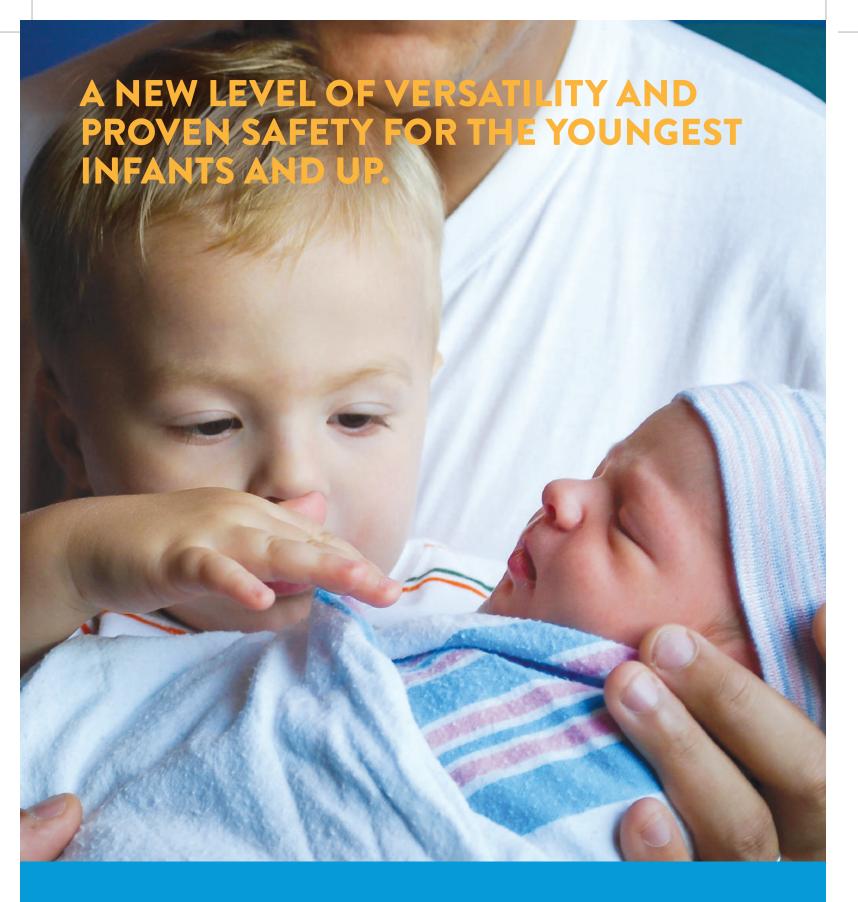
AMPLATZER PICCOLO™ OCCLUDER (PDA II ADDITIONAL SIZES)

CLOSES EARLY PDAs. FILLS LOVING HEARTS.





BUILT ON THE EXTENSIVE AMPLATZER™ LEGACY OF SAFETY AND EFFICACY

- PIONEERED TRANSCATHETER OCCLUSION WITH LARGE FAMILY OF DEVICES FOR PDA AND MORE.
- Over 1.25 million devices implanted worldwide
- More than 20 years of clinical experience

CLINICALLY PROVEN OUTCOMES.

A recent study using the Amplatzer Piccolo™ Occluder for PDA closure demonstrated safety and effectiveness with a low rate of major complications and a high rate of PDA closure.

STUDY HIGHLIGHTS



IMPLANT SUCCESS

100% for patients ≤ 2kg 87.5% for patients > 2kg



EFFECTIVE CLOSURE*

At 6 months



MAJOR COMPLICATIONS**

Through 180 days

| TOTAL NUMBER OF PATIENTS: 50 | ≤ 2 kg (N=18) | > 2 kg (N=32) | | | | |
|---|-----------------|-------------------|--|--|--|--|
| DEMOGRAPHICS | | | | | | |
| Age, Months | | | | | | |
| Mean ± SD | 1.23 ± 0.55 | 24.88 ± 38.17 | | | | |
| Range | (0.49 - 2.30) | (0.66 - 168.54) | | | | |
| Weight (kg) | | | | | | |
| Mean ± SD | 1.34 ± 0.38 | 10.29 ± 10.42 | | | | |
| Range | (0.76 - 1.90) | (2.03 - 47.80) | | | | |
| PDA CHARACTERISTICS (by echocardiography) | | | | | | |
| Minimal PDA Diameter (mm) | , , , , | | | | | |
| Mean ± SD | 2.72 ± 0.65 | 2.64 ± 0.58 | | | | |
| Range | (1.4 - 4.0) | (1.5 - 4.0) | | | | |
| PDA Length (mm) | | | | | | |
| Mean ± SD | 8.81 ± 2.55 | 7.98 ± 2.78 | | | | |
| Range | (4.6 - 14.0) | (3.1 - 16.0) | | | | |
| PROCEDURE | CHARACTERISTICS | | | | | |
| Implant Success (%) | 100.0% (18/18) | 87.5% (28/32) | | | | |
| Fluoroscopy Time (min) | | | | | | |
| Mean ± SD | 9.8 ± 4.9 | 10.9 ± 8.5 | | | | |
| Range | (4 - 22) | (5 - 43) | | | | |
| Anterograde Implant | 100.0% (18/18) | 64.3% (18/28) | | | | |
| Femoral Arterial Access | 0.0% (0/18) | 46.9% (15/32) | | | | |
| In NICU at time of baseline assessment | 100.0% (18/18) | 21.9% (7/32) | | | | |
| OUTCOMES | | | | | | |
| Major complications rate (%)** | 0% (0/18) | 0% (0/32) | | | | |
| Effective closure at 6 months (Echo Core Lab Assessed) (%)*** | 100% (17/17) | 100% (27/27) | | | | |
| Effective closure at 6 months (Site Assessed) (%) | 100% (18/18) | 100% (28/28) | | | | |

^{*}Assessed by echocardiography and defined as the presence of either a grade 0 (none) or grade 1 (trivial) shunt.

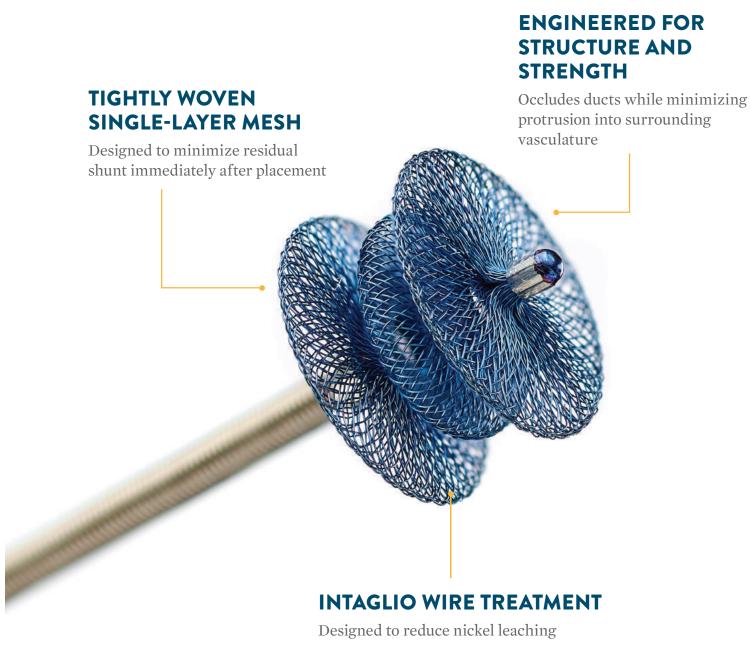
**Major complications were defined as "device or procedure-related adverse events resulting in death, life-threatening adverse event, persistent or significant disability and/or surgical intervention."

***The core lab was unable to determine shunt grade in two subjects due to incomplete imaging views.

ADVANCING A PROVEN PLATFORM FOR PREDICTABLE RESULTS.

As the only PDA closure solution indicated for premature infants (\geq 700g + \geq 3 days old) and proven to deliver safe and effective closure, Amplatzer PiccoloTM Occluder offers new opportunities to care for a wider range of patients than ever before.

RELIABILITY BY DESIGN.



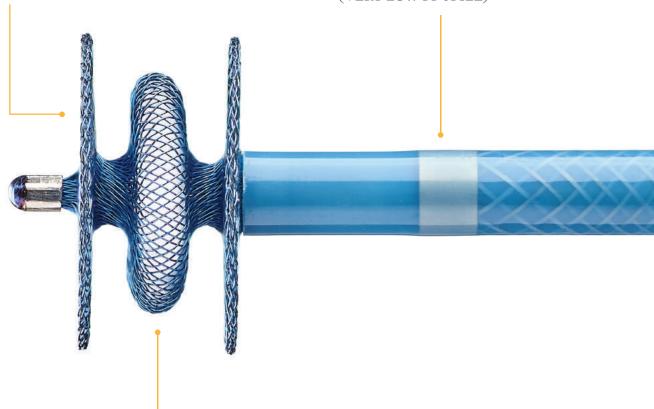
SMOOTH DELIVERY IN EVEN THE MOST CHALLENGING MORPHOLOGIES.

PREDICTABLE PLACEMENT

Disc size and shape designed for predictable positioning in the duct

DELIVERABLE IN 4 FRENCH SYSTEM

4 F catheter facilitates delivery in small vasculatures (VERY LOW PROFILE)



PROCEDURAL FLEXIBILITY

Symmetrical design offers procedural flexibility to choose an anterograde (venous) or retrograde (arterial) approach. For infants ≤ 2kg, a venous approach is recommended.

THE RIGHT CHOICE FOR A WIDE RANGE OF

The versatile design and predictable performance of the Amplatzer Piccolo™ Occluder make it ideal for a variety of morphologies. From "conical" ductus to "fetal type" ductus, the Piccolo device has you covered.

DEVICE PDA TYPE DESCRIPTION² PDA² **CLOSURE**² TYPE A: "Conical" ductus, with well defined aortic ampulla and constricted pulmonary artery end. **TYPE B:** "Window" ductus, with short length, slightly constricted aortic end and wide pulmonary artery end. **TYPE C:** "Tubular" ductus, without any constrictions at the aortic end or the pulmonary artery end. **TYPE D:** "Saccular" ductus, with constricted aortic end and pulmonary artery end with a wide center. TYPE E: "Elongated" ductus, which is narrow with a constricted pulmonary artery end. TYPE F: "Fetal Type" ductus, found exclusively in children born prematurely and is long, wide and tortuous.

FANATOMIES.

| | PRE-TERM ² | FULL TERM ² | | |
|---------------------|-----------------------|------------------------|--|--|
| | 6% | 40% | | |
| | _ | 2% | | |
| | _ | 10% | | |
| | 6% | 5% | | |
| - CAS 10.00 | 9% | 43% | | |
| CONTRACTOR SERVICES | 79% | _ | | |

EXPERT SUPPORT AT EVERY TURN.

CLINICAL CASE SUPPORT

- Experienced field personnel
- Over two decades of excellence

CLINICAL TRAINING PROGRAMS

- Training centers and online courses
- Fellows programs



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AMPLATZER PICCOLO™ OCCLUDER (PDA II ADDITIONAL SIZES)

Device Specifications

| SIZING AND DEVICE SELECTION | | | | | | |
|-----------------------------|----------------------------|-------------------------------|------------------------|----------------------------|--|--|
| Model/Reorder Number | Waist Diameter (mm) [A] | Length between discs (mm) [B] | Disc Diameter (mm) [C] | Recommended Sheath Size | | |
| 9-PDAP-03-02-L | 3 mm | 2 mm | 4.00 | 4 F; 90° Curve | | |
| 9-PDAP-03-04-L | 3 mm | 4 mm | 4.00 | 4 F; 90° Curve | | |
| 9-PDAP-03-06-L | 3 mm | 6 mm | 4.00 | 4 F; 90° Curve | | |
| 9-PDAP-04-02-L | 4 mm | 2 mm | 5.25 | 4 F; 90° Curve | | |
| 9-PDAP-04-04-L | 4 mm | 4 mm | 5.25 | 4 F; 90° Curve | | |
| 9-PDAP-04-06-L | 4 mm | 6 mm | 5.25 | 4 F; 90° Curve | | |
| 9-PDAP-05-02-L | 5 mm | 2 mm | 6.50 | 4 F; 90° Curve | | |
| 9-PDAP-05-04-L | 5 mm | 4 mm | 6.50 | 4 F; 90° Curve | | |
| 9-PDAP-05-06-L | 5 mm | 6 mm | 6.50 | 4 F; 90° Curve | | |

T1 Dimensions

Corp Medical Chile Ltda.

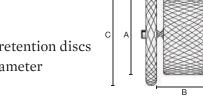
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[A] Waist diameter

[B] Length between retention discs

[C] Retention disc diameter



AMPLATZER ® Sizing Chart

| | | Measured Ductus Length | | | | |
|----------------|-------------|------------------------|---------------|----------------|-----------------|-----------------|
| tus | | < 5mm | 5.1- 8.0mm | 8.1- 10.0mm | 10.1- 11.0mm | 11.1- 12.0mm |
| Ductus eter | < 2.5mm | 03-04 | 03-06 | 04-06 | 05-06 | 06-06 |
| red | 2.5 -3.5mm | | | | | 06-06 |
| Measu | 3.6 - 4.5mm | 05-04 | 05-06 | 05-06 | 06-06 | 06-06 |
| M | 4.6 - 5.5mm | 06-04 | 06-06 | 06-06 | 06-06 | 06-06 |

Order Number: 9-PDA2-xx-yy xx: Waist yy: Length

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GRUPO CORPMEDICAL CHILE

References

1. Data on file at Abbott. **2.** Philip, R., Rush Waller, B., Agrawal, V., Wright, D., Arevalo, A., Zurakowski, D. and Sathanandam, S. (2016), Morphologic characterization of the patent ductus arteriosus in the premature infant and the choice of transcatheter occlusion device. *Cathet. Cardiovasc. Intervent.*, 87: 310–317.

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at eifu.abbottvascular.com or at medical.abbott/manuals for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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