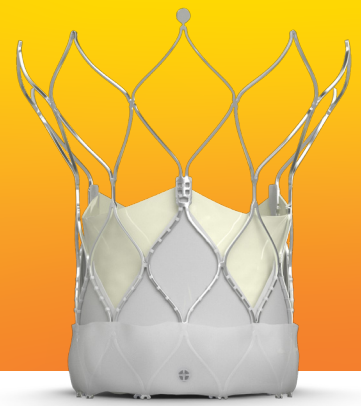


# THE FUTURE-READY SELF-EXPANDING VALVE



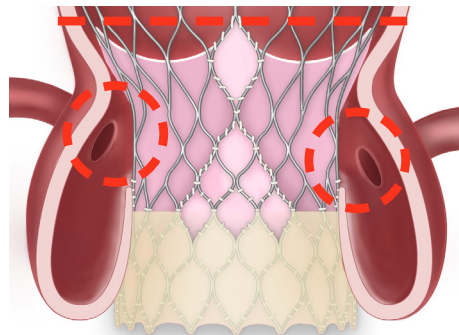
Navitor™ is the **only** self-expanding valve with intra-annular leaflets and **360° large cells**—giving your patients more options for their future.

**The valve you choose today defines your patients' future treatment.**

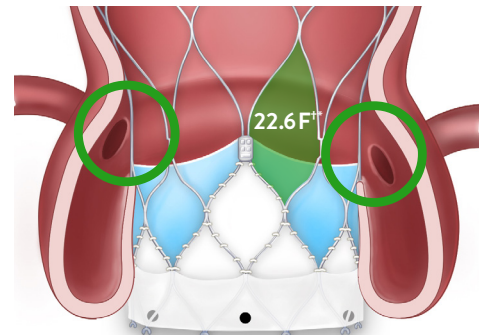
Reliable coronary access is essential for potential future interventions. The Navitor™ Vision\*\* Valve design lowers the risk of coronary obstruction and supports safer TAV-in-TAV procedures by enabling optimized coronary access from the start.

*For illustrative purposes only.*

Unlike valves with supra-annular leaflets, the Navitor Vision Valve optimizes coronary access now and in the future, with intra-annular leaflets and 360° large, open cells.



Supra-Annular Competitor Valve  
**IMPAIRED CORONARY ACCESS**



Navitor Vision Valve  
**OPTIMIZED CORONARY ACCESS**

**An intra-annular vs. supra-annular index, self-expanding valve has a more favorable profile for redo-TAVI.<sup>2</sup>**

**Intra-Annular leaflets are designed to optimize coronary access.**

The Navitor Vision Valve is the only self-expanding valve with intra-annular leaflets, making it the future-ready choice for patients who may require future interventions. Among commercially available self-expanding valves, the Navitor Valve has the lowest coronary risk for redo-TAVI.<sup>2</sup> [Continued on reverse >](#)

IN A CT STUDY OF 221 PATIENTS:

**The risk of impaired coronary access in redo-TAVI more than doubled with supra-annular leaflets.<sup>3</sup>**

\*\*Labeled as Navitor and Navitor Titan with Vision Technology.

\*For 35 mm Navitor Vision Valve

†Based on Abbott coronary access testing

For U.S. audience, see Important Safety Information referenced within.

For audiences outside of the U.S., always check the regulatory status of the device in your region.

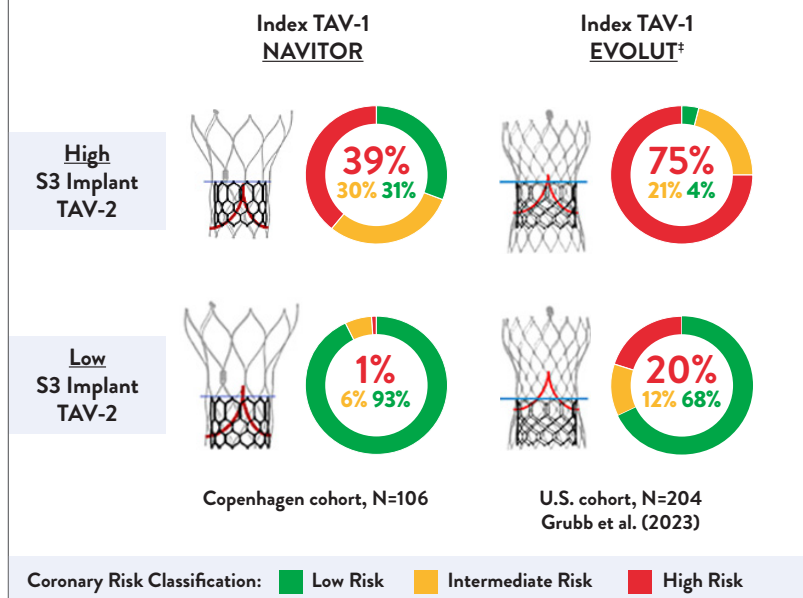
## Coronary risk increased with tall-frame supra-annular, self-expanding valves due to the higher leaflet position.<sup>2</sup>

Supra-annular leaflets inherently increase the risk of coronary obstruction, regardless of redo-TAVI implant height (Figure 1).

### NAVITOR™ TAVI IS THE INDEX VALVE DESIGNED FOR THE FUTURE:

- Intra-annular leaflets
- 360° large, open cells
- Optimized coronary access

Fig. 1. Coronary risk classification for redo-TAVR in different index self-expanding TAVs<sup>2</sup>



Important Safety Information, for U.S. audiences only:  
Rx Only

## NAVITOR™ TRANSCATHETER AORTIC VALVE IMPLANTATION SYSTEM

### INDICATIONS

The Navitor™ Transcatheter Aortic Valve Implantation System is indicated for relief of aortic stenosis in patients with symptomatic heart disease due to severe native calcific aortic stenosis who are judged by a heart team, including a cardiac surgeon, to be high or greater risk for open surgical therapy (i.e., predicted risk of surgical mortality  $\geq 8\%$  at 30 days, based on the Society of Thoracic Surgeons (STS) risk score and other clinical comorbidities unmeasured by the STS risk calculator).

### CONTRAINDICATIONS

The valve is contraindicated for patients with inability to tolerate antiplatelet/anticoagulant therapy or nitinol alloy (nickel and titanium), or who have active infections, including endocarditis.

### POTENTIAL ADVERSE EVENTS

Adverse events potentially associated with the use of transcatheter bioprosthetic heart valves include but are not limited to: access site complications (e.g., pain, bleeding, infection, hematoma, pseudoaneurysm, etc.); acute coronary obstruction; acute myocardial infarction; allergic reaction to antiplatelet agents, contrast medium, or valve components; aortic rupture; ascending aorta trauma; atrio-ventricular node block; cardiac arrhythmias; conduction system injury; conversion to open surgical procedure; death; dissection; embolism; emergent balloon valvuloplasty; emergent percutaneous coronary intervention (PCI); emergent surgery (i.e., coronary artery bypass, heart valve replacement); endocarditis; explantation; heart failure; hemodynamic compromise; hemolysis; hemolytic anemia; hemorrhage; hypotension or hypertension; infection; myocardial ischemia; mitral valve insufficiency; multi-organ failure; non-structural dysfunction (i.e., entrapment by pannus, paravalvular leak, inappropriate sizing or positioning); pannus; pericardial effusion; perforation of the myocardium, ventricle, or a blood vessel; permanent disability; permanent pacemaker; regurgitation; renal insufficiency or renal failure; reoperation; respiratory failure; sepsis; stroke; structural deterioration (i.e., calcification, leaflet tear); thrombosis; tamponade; transfusion; valve embolization or migration; vessel dissection or spasm.

### References

1. Tests performed by and data on file at Abbott, RPT 90664679.
2. Kobari Y, Khokhar AA, Lulic D, et al. Computed tomography-based evaluation of redo-transcatheter aortic valve replacement feasibility for self-expanding valves. *Structural Heart*. 2025;9(10):100486. doi:10.1016/j.shj.2025.100486.
3. Buzzatti N, Montorfano M, Romano V, et al. A computed tomography study of coronary access and coronary obstruction after redo transcatheter aortic valve implantation. *EuroIntervention*. 2020;16(12):e1005-e1013. doi:10.4244/EIJ-D-20-00475.

**CAUTION:** Product(s) 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 [www.eifu.abbott](http://www.eifu.abbott) for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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