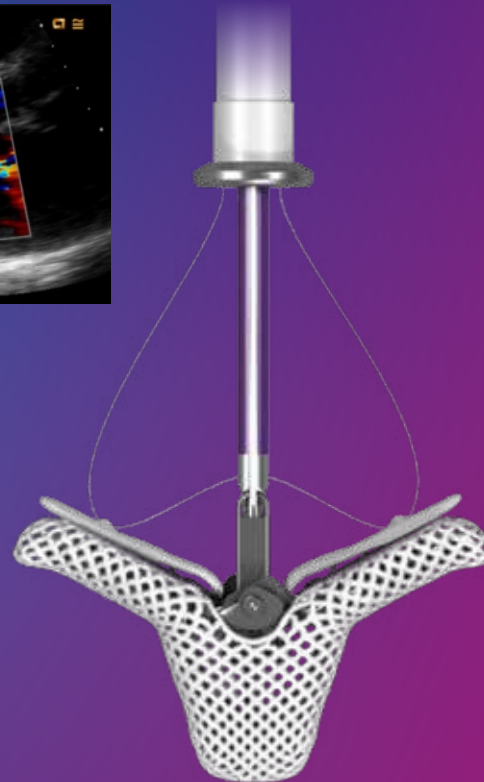
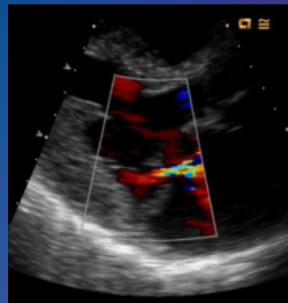


MitraClip™

Transcatheter Edge-to-Edge Repair

QUICK REFERENCE

TRANSTHORACIC ECHO SCREENING



CAUTION: These products are 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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The following transthoracic echo (TTE) views represent key considerations for MitraClip™ G4 Therapy. Adherence to this systematic protocol is recommended to ensure efficient analysis of the mitral valve and to assess anatomic eligibility for the MitraClip™ G4 Procedure.

GENERAL COMMENTS

- Digital archived images should include three (3) or more cardiac cycles—unless patient has atrial fibrillation, then five (5) cardiac cycles are recommended
- Ensure color Doppler Nyquist limits range from 0.5–0.7 m/sec—unless specified for PISA
- Adjust gain and depth to enhance and maximize the image for measurements
- Perform all spectral Doppler and M-mode recordings at a sweep speed of 100 mm/sec
- Use of color compare setting is strongly recommended
- Ensure that peak spectral velocities are fully visible on screen
- Confirm that EKG signal is clearly visible on all frames
- All calibration lines should be clearly visible
- Use of a customized echocardiography bed is strongly recommended
- Use 3D images to supplement and confirm initial diagnosis
- Ensure that all cardiac structures are analyzed per institution guidelines

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TTE ASSESSMENT CHECKLIST

1 COLOR FLOW JET

- None
- Mild
- Moderate
- Moderate-to-severe
- Severe

2 PULMONARY VEIN FLOW

- Normal pulmonary vein flow
- Codominant pulmonary vein flow
- Diastolic dominant pulmonary vein flow
- Systolic pulmonary vein flow reversal

3 VENA CONTRACTA WIDTH (cm)

4 REGURGITANT VOLUME (ml/beat)

5 REGURGITANT FRACTION (%)

6 REGURGITANT ORIFICE AREA (cm²)

7 MITRAL VALVE ORIFICE AREA (cm²)

8 LV EJECTION FRACTION (%)

9 LV END SYSTOLIC DIMENSION (LVSDS) (cm)

10 PRESENCE OF MITRAL ANNULAR CALCIFICATIONS

- None
- Mild/moderate
- Severe

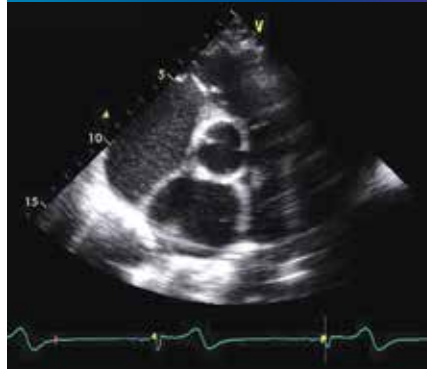
11 ORIGIN OF PRIMARY REGURGITANT JET

12 PRESENCE OF A SECOND CLINICALLY SIGNIFICANT JET

13 MR ETIOLOGY

- Secondary
- Primary
- Mixed

PARASTERNAL SHORT AXIS VIEW: AORTIC VALVE LEVEL



IN THIS VIEW, ASSESS:

- for ASDs, VSDs, and shunts by interrogating the intra-atrial septum

PARASTERNAL SHORT AXIS VIEW: MITRAL VALVE LEVEL



IN THIS VIEW, ASSESS:

- calcification in mitral valve area (if any/severity)
- jet origin with color Doppler applied
- size of mitral valve area by planimetry

APICAL 4-CHAMBER VIEW



IN THIS VIEW, ASSESS:

- LV size and function
- LA size
- MR etiology
- MR severity
- pulmonary vein flow
- calcification in mitral valve area (if any/severity)

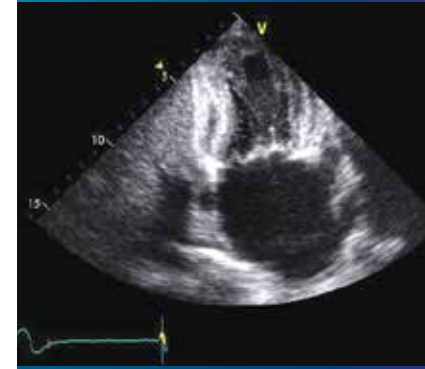
APICAL 5-CHAMBER VIEW



IN THIS VIEW, ASSESS:

- LA size
- MR etiology
- MR severity
- pulmonary vein flow
- interrogate aortic valve using standard technique

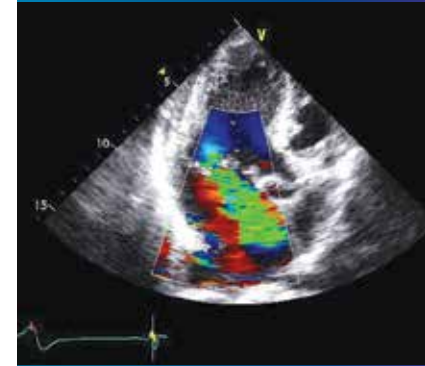
APICAL 2-CHAMBER VIEW



IN THIS VIEW, ASSESS:

- LV size and function
- LA size
- MR etiology
- MR severity
- pulmonary vein flow
- calcification in mitral valve area (if any/severity)
- jet origin with color Doppler applied

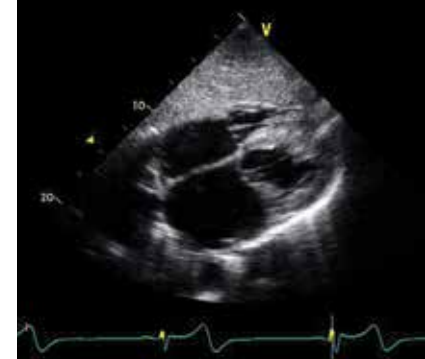
APICAL 3-CHAMBER VIEW



IN THIS VIEW, ASSESS:

- LV size and function
- LA size
- MR etiology
- calcification in mitral valve area (if any/severity)

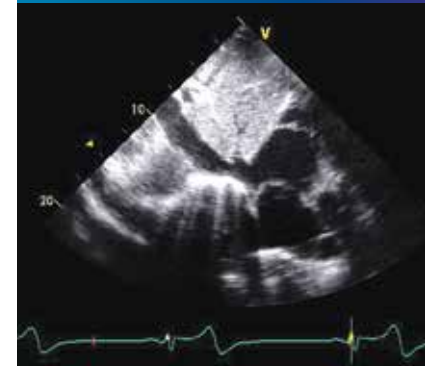
SUBCOSTAL LONG AXIS VIEW



IN THIS VIEW, ASSESS:

- color Doppler of atrial septum to interrogate presence of ASD

SUBCOSTAL SHORT AXIS VIEW



IN THIS VIEW, ASSESS:

- 2D of inferior vena cava collapsing (sniff test)

PARASTERNAL LONG AXIS VIEW



IN THIS VIEW, ASSESS:

- LV size and function
- LA size
- MR etiology
- calcification in mitral valve area (if any/severity)
- vena contracta width
- A2/P2 pathology