WITH TMR.
Transmyocardial revascularization (TMR) is a clinically proven laser therapy procedure for chronic angina patients refractory to medical treatment.

THE MOST ADVANCED TMR LASER THERAPY SYSTEM.
Differentiate your practice by giving your last line patients another option with TMR, a procedure that uses a leading technology Ho:YAG laser system to deliver clinically significant results. Easy to implement and user-friendly, TMR helps you give your last line patients:

- Relief from refractory angina
- Longer-term, event-free survival
- Decreased major adverse cardiac events (MACE) and cardiac rehospitalization

Drew the line on chronic angina. See how TMR works and find out more at www.cardiogenesis.com

SolarGen 2100S
- Nathional patent for less than 30-second procedures
- Can be used on pump or off pump
- Smooth, linear motion not impacted by robotic forces
- No ALS and TEE requirements for TMR
- Small, non-skin-contacting applicator

Pearl 5.0
- Catheter IVP for PTRA
- Pro durable, reusable, minimally invasive TMR procedure
- No ALS and TEE requirements for TMR
- Exclusively apacing, gripping points withstand maximum robotic forces

SoloGrip® III
- Catheter IVP for PTRA
- Streamlined design allows for access to all ischemic areas of the left ventricle
- Manual fiber advancement allows the surgeon full control of energy delivery
- Delivered via sternotomy, small thoracotomy or subxiphoid approach

SolarGen 2100S
Rapid start-up time (less than 60 seconds)
Can be used on pump or off pump
Steerable design allows for access to all ischemic areas of the left ventricle
Manual fiber advancement allows the surgeon full control of energy delivery
Delivered via sternotomy, small thoracotomy or subxiphoid approach

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Professional Society Guidelines

Recommended TMR for Adjunctive Use

ACC/AHA Guideline Update for Coronary Artery Disease
Class Ib, Level B

STS Expert Consensus for Transmyocardial Laser Revascularization
Class Ic, Level B

ISCMIS Consensus Statement for Transmyocardial Laser Revascularization
Class Ia, Level B

Recommended TMR for Stand-Alone Use

ACC/AHA Guideline for Management of Patients with Chronic Stable Angina
Class Ia, Level A

STS Expert Consensus for Transmyocardial Laser Revascularization
Class I, Level B

ISCMIS Consensus Statement for Transmyocardial Laser Revascularization
Class I, Level B

References

REFRACTORY.

There is a complex and underserved patient population suffering from chronic angina refractory to medical treatment. You know them—last line patients whose pain keeps them coming back for help. Those patients who haven’t been completely revascularized through conventional means experience:

• Higher mortality rates 1
• Higher incidence of major adverse cardiac events (MACE)2
• Decreased quality of life

Give your last line patients an option, with TMR.

TMR is a minimally invasive procedure that uses a leading technology Ho:YAG laser system. With TMR, you can treat patients who are otherwise considered inoperable, including those who have:

• One or more non-bypassable vessels or branches
• Areas of anticipated but not grafted vessels
• Small vessels (<1.5mm diameter)
• Poor distal targets/diffuse disease
• Small vessels (<1.5mm diameter)
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• Ho:YAG laser system. With TMR, you can treat patients who are otherwise considered inoperable, including those who have:

Consider patients for TMR if they meet the following criteria:

• Exhibit an ejection fraction (EF) ≥ 30
• A region of the myocardium with reversible ischemia not amenable to PCI or CABG
• Non-responsive to EECP®
• Refractory to medical therapy including Ranexa®
• Symptomatic diabetes
• Poor distal targets/diffuse disease
• Small vessels (<1.5mm diameter)
• Areas of anticipated but not grafted vessels
• One or more non-bypassable vessels or branches
• Ho:YAG laser system. TMR procedures can be performed:

TMR give hope to those patients who face the grim reality that PCI or CABG provides these patients with a better quality of life and a greater chance of survival.

RELIEF.

The results are clinically significant, with patients moving from class IV to a two-class or greater reduction in angina. From pain to relief. A growing number of cardiologists and cardiac surgeons are seeing these life-changing effects. Proven in six prospective, randomized control trials, involving more than 1,000 patients, TMR’s stand-alone results include:

• 67-75% reduction in chronic pain associated with angina
• Longer-term, event-free survival
• Decreased major adverse cardiac events (MACE) and mortality
• Improved quality of life
• Reduced readmission
• Improved quality of life

There is a complex and underserved patient population suffering from chronic angina refractory to medical treatment.

Perform TMR with a CABG procedure to aid in revascularization. Up to 25% of all angina patients are not completely revascularized by CABG alone.13 Performing TMR with a CABG procedure for patients with an ischemic area that cannot be completely revascularized adds only three minutes to a case once set up—and can help with the pursuit of revascularization to maximize patient outcomes. TMR is a safe, clinically proven procedure approved by the FDA.

The ability to perform TMR should be a part of every cardiac surgeon’s skill set. All of our face situations or which traditional coronary artery bypass will not achieve complete revascularization, or cannot be performed at all. TMR offers these patients improved survival and a better quality of life with minimal risk.11

Multiple approaches. Real results.

TMR is a minimally invasive procedure that uses a leading technology Ho:YAG laser system. TMR procedures can be performed:

1. From a baseline of class IV angina, TMR patients after five years were at a mean angina class of 1.2
2. Ho:YAG laser TMR is the only TMR therapy that has demonstrated a survival benefit for this patient group6,10,11
3. With the da Vinci® robotic system  through four ports
4. Up to 25% of all angina patients are not completely revascularized by CABG alone.13 Performing TMR with a CABG procedure to aid in revascularization. Up to 25% of all angina patients are not completely revascularized by CABG alone—Performing TMR with a CABG procedure for patients with an ischemic area that cannot be completely revascularized adds only three minutes to a case once set up—and can help with the pursuit of revascularization to maximize patient outcomes. TMR is a safe, clinically proven procedure approved by the FDA.

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