UNDERSTANDING TREATMENT OPTIONS FOR HEART DISEASE

Visit www.AbsorbStent.com
UNDERSTANDING YOUR BLOCKED ARTERIES

CORONARY ARTERY DISEASE MAY BE AFFECTING YOU OR SOMEONE YOU LOVE.

Your heart needs a constant flow of blood to stay healthy. When your arteries are clear, they deliver the blood and oxygen your heart needs. When they are blocked, your heart does not get enough blood and oxygen. This is called coronary artery disease.

FATTY DEPOSITS BLOCK BLOOD FLOW

Fat, cholesterol, and other things in your blood can build up inside your arteries. This buildup (or plaque) blocks blood flow to your heart, which can cause the following symptoms:

- Chest pain called angina
- Shortness of breath
- Heaviness in your chest
- Heartburn
- Nausea and/or vomiting
- Heavy sweating
- Pain in your jaw or down your arms

TESTS CAN FIND A BLOCKAGE IN YOUR ARTERY

- Electrocardiogram (ECG/EKG)
- Stress test
- Echocardiogram
- Coronary angiogram

NOTES:

- Bypass Graft
- Left Main
- Left Anterior Descending (LAD)
- Circumflex (CX)
- Obtuse Marginal (OM)
- Diagonal
- Right Coronary Artery (RCA)
- Acute Marginal
- Posterior Descending

SIGN UP FOR EMAILS
to help you manage your heart health at www.AbsorbStent.com
TREATMENT OPTIONS FOR BLOCKED ARTERIES

MEDICATIONS
Coronary artery disease may be treated by medications that help:

- Relieve symptoms
- Improve blood flow to the heart
- Treat other conditions such as diabetes, hypertension, or high cholesterol levels

LIFESTYLE CHANGES
- Increase physical activity
- Stop smoking
- Diet modification
- Weight loss programs
- Relieve symptoms
- Improve blood flow to the heart
- Treat other conditions such as diabetes, hypertension, or high cholesterol levels

CORONARY BYPASS SURGERY
Coronary artery bypass surgery (CABG) is an open heart operation. It uses blood vessels taken from another part of your body to go around or “bypass” blocked or narrowed coronary (heart) arteries. The patient stays under observation in the hospital for several days until he or she is sent home.

ANGIOPLASTY/PERCUTANEOUS CORONARY INTERVENTION (PCI)
PCI is a non-surgical procedure in which a tiny mesh tube called a stent is inserted to open blocked arteries of the heart to increase the blood flow.

STEPS OF AN ANGIOPLASTY PROCEDURE
This is a relatively common procedure that lasts approximately 1 hour.

FINDING THE BLOCKAGE
The doctor takes a special X-ray that helps to find a blocked artery.

OPENING THE BLOCKED ARTERY
A balloon near the tip of the catheter is inflated to press the fatty deposit, or plaque, against the wall of your artery. This helps blood to flow through your artery again.

INSERTING THE STENT
The doctor inserts a stent. Using the balloon, he or she expands the stent to the width of your artery. Your artery is now propped open so blood can flow through it.

FOR MORE INFORMATION on treatment options, visit [www.AbsorbStent.com](http://www.AbsorbStent.com)
STENT OPTIONS AVAILABLE FOR TREATMENT

Learn more about Absorb GT1™ (Absorb™), the only fully dissolving stent designed to work with your body to restore blood flow, promote healing and then dissolve completely, leaving nothing behind* but a natural vessel.

HAVING NOTHING LEFT BEHIND IN YOUR ARTERY

STENTS

Stents can be made of metal or a naturally dissolving material. Some have a coating of medicine to help prevent scar tissue from growing around the stent and re-narrowing the artery.

BARE METAL STENTS (BMS)

• A bare metal stent is a heart stent without a coating or covering of drug or polymer

DRUG-ELUTING STENTS (DES)

• A DES is a metallic heart stent that has been coated with a drug
• After the stent is placed in the artery, the drug is released in that area to help reduce excessive tissue growth which can cause the artery to narrow once again

BIORESORBABLE VASCULAR SCAFFOLD (BVS)/FULLY DISSOLVING STENT

• BVS is a fully dissolving, non-metallic stent made of a self-dissolving material that is used in other medical products
• Unlike BMS and DES which remain in the body forever, BVS dissolves in approximately 3 years, leaving nothing behind in your artery*
• As the BVS dissolves, new cells replace it and your artery can remain open on its own

INDICATIONS

The Absorb GT1 Bioresorbable Vascular Scaffold (BVS) is a temporary scaffold that will fully resorb over time and is indicated for improving coronary luminal diameter in patients with ischemic heart disease due to de novo native coronary artery lesions (length ≤ 24 mm) with a reference vessel diameter of ≥ 2.5 mm and ≤ 3.75 mm.

See Important Patient Safety Information at the back of this booklet.

*Absorb, the fully dissolving stent, dissolves completely—except for 2 small platinum markers that show up on a scan so the doctor knows where the stent was placed.
Several stent options are available. Make sure you consider the important questions below. Ask your doctor which stent is suitable for you.

### STENT OPTIONS

<table>
<thead>
<tr>
<th>PERMANENT METAL STENTS</th>
<th>ABSORB, THE ONLY FULLY DISSOLVING STENT</th>
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<tr>
<td>Bare Metal Stent</td>
<td>Biodegradable material</td>
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<tr>
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| What is it made of?     | Metal                                   | Biodegradable material |
| Is it coated with       | Metal                                   | No                     |
| medicine?               |                                        | Yes                    |
| How long will it        | Permanently                              | Permanently            |
| stay in my artery?      |                                        | For approximately      |
|                         |                                        | 3 years                |
| Will it help restore    | No                                      | No                     |
| my artery?              |                                        | Yes                    |
|                         | As it dissolves, new cells replace it.  |                        |
|                         | The artery can once again move and flex |                        |

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“Patients who need a stent aren’t aware of the choices. They need to know there’s a dissolving stent.”

“It appealed to me to not have hardware left behind.”

— **John L.**
New Zealand
1st patient in the world to receive Absorb

Celebrating 10 years after receiving his Absorb stent in 2006

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**ASK YOUR DOCTOR**

If Absorb, the fully dissolving stent, would be right for you. Learn more at [www.AbsorbStent.com](http://www.AbsorbStent.com)

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See Important Patient Safety Information at the back of this booklet.
L. Serruys PW et al. ABSORB Cohort B Presentation. TCT 2015.
Absorb is placed in the artery to remove the blockage and restore blood flow. It relieves your symptoms right away.

For the first few months, the treated segment of the artery needs Absorb to stay open.

Absorb dissolves in approximately 3 years. By this time, the treated segment of the artery can stay open on its own.

As Absorb completely dissolves, new cells take its place. The treated artery can once again move and flex naturally.

To understand how Absorb works with your artery, consider how a cast treats a broken bone. The cast provides structure and support until the bone is healthy again. Then it is removed.

In the same way, Absorb supports the artery to restore blood flow and then it dissolves. The treated part of the artery no longer needs support to stay open.

ASK YOUR DOCTOR
if Absorb would be right for you.
Learn more at www.AbsorbStent.com

LEARN MORE ABOUT
ABSORB, THE FULLY DISSOLVING STENT

Absorb is a new innovation in stent treatment. It is designed to work with your body to promote healing, then dissolve—leaving nothing permanent behind.*

See Important Patient Safety Information at the back of this booklet.

*Absorb, the fully dissolving stent, dissolves completely—except for 2 small platinum markers that show up on a scan so the doctor knows where the stent was placed.
ABSORB IS DIFFERENT

...I am the first person in the United States to have received the Absorb bioresorbable stent. It’s been almost 4 years now and I am feeling great.”

– Phyllis Camp
1st patient in the U.S. to receive Absorb

Unlike metal stents that remain in the artery permanently, Absorb, the only fully dissolving stent, dissolves completely in approximately 3 years, allowing the artery to once again function in a natural way.

ABSORB, THE ONLY FULLY DISSOLVING STENT, IS DIFFERENT FROM METAL STENTS

It gradually dissolves after it repairs and restores† the artery.

- Helps the artery move¹ and flex, allowing blood flow when needed
- Renews possibilities for the future
- Avoids future complications** associated with permanent metallic stents

Since the treated area of the artery can stay open a few months after angioplasty, it does not need a stent to keep it open permanently. Metal stents help open the artery, but are permanent; they remain in the body long after they are needed.

See Important Patient Safety Information at the back of this booklet.

*Absorb, the fully dissolving stent, dissolves completely—except for 2 small platinum markers that show up on a scan so the doctor knows where the stent was placed.
¹Absorb, the fully dissolving stent, improves coronary luminal diameter, restores blood flow, and enables movement of the treated vessel. Source: Absorb GT1 IFU
**Complications such as long-term stent fracture and strut malapposition.

HEAR FOR YOURSELF
Watch videos of people who have Absorb, the fully dissolving stent, at www.AbsorbStent.com
Absorb GT1™
Bioresorbable Vascular Scaffold System

WHAT ARE THE POTENTIAL RISKS AND COMPLICATIONS?

Angioplasty and stent placement for CAD have become increasingly common but, as with any invasive procedure, there are potential risks and known complications. Serious complications do not occur often, and research is ongoing to make these procedures even safer and more effective.

The risk of complications from percutaneous treatment methods may be higher for individuals:
• 75 years of age and older
• Who are women
• Who have kidney disease or diabetes
• Who have serious heart disease
• Who have had prior cardiac procedures

POTENTIAL RISKS

Listed below are known potential risks that may occur to you during or after placement of the Absorb GT1 BVS. These risks are not specific to the Absorb GT1 BVS device and may occur with any coronary artery stent:
• Allergic reaction or hypersensitivity to rubber, contrast agent, anesthesia, device materials (platinum, polymer), and everolimus, anticoagulation, or antiplatelet drugs
• Vascular complications in arteries used to access the coronary artery which may require blood transfusion or surgical artery repair, including:
  • Complications at the groin or arm access site
  • Bleeding
  • Formation of an abnormal connection between an artery and the vein next to it
  • Leaking of blood from an artery to the surrounding tissue (usually as a result of a puncture to the artery)
  • Weakness in wall of artery (causing possible serious bleeding complications)
  • Partial or complete tear of the wall of the artery
  • Vessel puncture or rupture
  • Movement of air, tissue, plaque, blood clot or device material downstream in the arteries resulting in blockage in blood flow
  • Nerve damage caused by compression of the nerves, injury to the nerve or interruption of blood supply to the nerves
  • Decreased blood supply to the arms and / or legs which may cause cramping or pain
  • Complications at the heart arteries which may require additional treatment or surgery, including:
    • Complete blockage of the coronary artery, which may require a repeat procedure or emergency surgery to reopen the coronary artery
    • Formation of an abnormal connection between a heart artery and the vein next to it
    • Leaking of blood from a heart artery to the surrounding tissue (usually as a result of a puncture to the artery)
    • Weakness in wall of the heart artery (causing possible serious bleeding complications)
    • Partial or complete tear of the wall of the artery
    • Vessel puncture or rupture
    • Puncture or rupture of the wall of the artery supplying the heart muscle
    • Movement of air, tissue, plaque, thrombotic or device material that partially or completely blocks the heart artery and/or implanted scaffold. Development of blood clots partially or completely blocking blood flow within the artery and/or the implanted scaffold
    • Narrowing or re-narrowing of the treated heart artery
  • Complications in the sac around the heart which may require additional treatment, including:
    • Rapid accumulation of blood in the sac around the heart resulting in compression of the heart so it cannot pump out blood to the rest of the body, which may require additional treatment or emergency surgery
    • An abnormal accumulation of blood around the heart
    • Inflammation of the tissue around the heart (causing possible chest pain)
  • Irregular heartbeats (caused by abnormal electrical activity in the heart, from the upper or lower heart chambers)
  • Decreased blood and/or oxygen supply to a part of the heart muscle which may cause:
    • Heart attack (permanent damage of an area of the heart tissue, due to interruption in the blood flow to the heart muscle)
    • Chest pain (which may radiate to jaw or arm) or discomfort (caused by inadequate supply of blood to the heart)
    • Temporary spasm of the heart arteries
  • Stroke or temporary stroke symptoms as a result of decreased oxygen to the brain causing blurred vision, dizziness, faintness, and numbness
  • Altered organ function in acutely ill patients, including:
    • Stoppage of the heart
    • Heart function failure potentially leading to the development of fluid in the lungs and severe breathing difficulty
    • Lung function failure potentially leading to the development of severe breathing difficulty
    • Kidneys failure
    • Shock (a life-threatening condition in which blood pressure too low to maintain adequate blood flow to organs)
  • Blood count abnormalities
  • Low or high blood pressure
  • Nausea and vomiting
  • Feeling of the heart beating rapidly (palpitations), dizziness, or fainting
  • Infection
  • Chest pain
  • Fever
  • Pain
  • Death

For full Patient Guide information, please visit www.AbbottVascular.com/AbsorbPG
MAKE SURE YOU UNDERSTAND YOUR TREATMENT OPTIONS

Ask for support during this time. Reach out to your healthcare team, family, and friends who can talk with you and help you make important decisions.

START BY ASKING YOUR DOCTOR THESE IMPORTANT QUESTIONS

- What types of treatment options are available to me?
- What are the benefits of each treatment option? What are the risks?
- If I need a stent, which type of stent do you recommend? Why?
- Would Absorb, the only fully dissolving stent, be right for me?
- If I undergo a stent procedure, how long will I need to stay in the hospital?
- Should I continue taking my current medication all the way up to the procedure?

DOWNLOAD DISCUSSION TIPS
Get the complete guide for talking to your doctor at www.AbsorbStent.com

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

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