A treatment option for heart failure

IS IT TIME TO CONSIDER A HEARTMATE™ LVAD?

Joe, living well with the HeartMate 3™ LVAD
Heart failure affects
MORE THAN YOUR HEART

Heart failure, sometimes called a “weak heart,” develops over time and is defined simply as: A heart that is unable to pump enough blood to meet the body’s demands. It is a progressive disease that worsens over time and is rarely cured.¹

Depending on the stage or class of heart failure, even the simplest of activities, like walking, eating, climbing stairs and basic self-care, can be challenging. People with heart failure tend to tire easily and need to stop and catch their breath frequently. Symptoms like these prevent people from living their lives to the fullest and doing the things they enjoy.

See Ron’s story, and many others, at HeartMate.com/patient

“I DIDN’T HAVE MUCH TIME LEFT, MY HEART WAS JUST TOO WEAK.”

Ron, living well with the HeartMate 3™ LVAD
The Progression of Heart Failure

The NYHA (New York Heart Association) Heart Failure Class System is widely used to define the extent of heart failure.²

As the disease and symptoms progress, the heart failure class level advances from early stage heart failure – Class I, to end stage heart failure – Class IV.

The graphic below shows limitations on activity level and thus, quality of life, at each stage.

**CLASS I**
No symptoms or limitations to physical activity.

**CLASS II**
Slight limitations of physical activity. Comfortable at rest; ordinary physical activity results in feeling tired and shortness of breath.

**CLASS III**
Significant limitations of physical activity. Less than ordinary activity results in feeling tired and shortness of breath.

**CLASS IV**
Unable to carry on any physical activity without discomfort. Tired and shortness of breath even at rest.
At its onset, heart failure is typically treated with changes in lifestyle and a combination of medications, which tend to be more effective in the early stages of the disease. Advanced heart failure occurs when traditional heart therapies, such as medication, are no longer working.³

Heart transplant is recognized as a viable treatment option for patients with advanced heart failure. However, there are a limited number of donor hearts available. An implanted heart pump called a left ventricular assist device (LVAD) can help the heart pump oxygen-rich blood throughout the body and meaningfully improve the symptoms of advanced heart failure.⁴
HeartMate™ LVADs can Help Patients with Advanced Heart Failure Live Active, Full Lives⁵⁻⁸

If your doctor has recommended an LVAD for you, you may find it reassuring to know that therapies like LVADs can dramatically extend and improve quality of life for people with advanced heart failure.¹ There are thousands of people around the world with LVADs living active, productive lives. They are spending time with friends and family and doing the things they love.⁹ Depending on their condition, LVAD recipients may be able to resume many of their daily life activities with the advice of their doctor.¹⁰

Most patients describe a marked improvement in their quality of life following an LVAD implantation,¹¹ yet it is a big change for both recipients and their caregivers. There is much to learn and it will take some time for you both to adjust.

RETURN TO THE ACTIVITIES YOU LOVE
(with few exceptions *)

- WALKING
- TIME WITH FAMILY AND FRIENDS
- TRAVELING
- GOLFING
- GARDENING
- DANCING
- WORK/VOLUNTEERING

77% OF HEARTMATE 3™ LVAD RECIPIENTS Reversed the Symptoms of Their Heart Failure⁵

*Your advanced heart failure center will guide you on which activities you may need to avoid as an LVAD recipient. This includes contact sports, swimming and water sports since some components of the system are outside of the body and cannot be submerged in water.
HeartMate™ LVADs

SETTING THE STANDARD IN LVAD THERAPY

THE HEARTMATE 3™ AND HEARTMATE II™ LVADS:
Innovation, Experience and Improved Outcomes

HeartMate LVADs have been helping patients for decades: Beginning with the very first FDA approved HeartMate LVAD in 1994, to the proven success of the HeartMate II LVAD in 2008, and now today, the next milestone — the HeartMate 3 LVAD.

Mayra, living well with the HeartMate II™ LVAD
The HeartMate 3™ LVAD received FDA approval in 2017 for short-term support (while waiting for a donor heart). The latest innovation in LVAD technology – the HeartMate 3 LVAD offers significant improvement in survival and quality of life with advanced innovations and design. This is due, in part, to its Full MagLev™ Flow Technology, which helps protect the blood as it flows through the pump.

To date, over 26,600 heart failure patients have received the HeartMate II LVAD. Many have passed the 5-year milestone on therapy, with some still on therapy after 10-plus years. Destination Therapy may be an option for people who are ineligible for a heart transplant. The HeartMate II LVAD is the most widely used and extensively studied LVAD in the world.
**1. HEARTMATE LVAD PUMP**
Connected to the left side of the heart and moves blood from the heart to the rest of the body.

**2. BATTERIES**
Rechargeable, lightweight and long-lasting; weighing less than one pound each.

**3. DRIVELINE**
Transfers power and information between the controller and the heart pump. This component is partially outside of the body.

**4. CONTROLLER**
Powers and checks the pump and driveline. This easy-to-wear controller weighs less than one pound and discreetly slips into a front pocket. The controller uses alerts to communicate how the system is working and includes emergency backup power.

**MOBILE POWER UNIT MPU (not pictured)**
Plugs into an electrical socket to provide power while indoors, at rest or asleep. Small, lightweight and mobile, the unit is designed to be extremely durable.

*HeartMate 3™ LVAD shown*
LVAD Therapy — COMMON QUESTIONS

Where can I learn more about LVAD therapy?

Your health care provider is always a good place to begin with any questions related to your health. She or he may refer you to an Advanced Heart Failure Center, which is staffed by board certified heart failure health care providers who offer advanced heart failure treatments like LVADs. To search for more information on your own, HeartMate.com/patient is a good online resource to begin informing yourself. Here you’ll find patient videos, an LVAD animation, a heart failure quiz, downloadable resources and much more.

How will an LVAD affect my daily routine?

Most patients describe a marked improvement in their quality of life following LVAD implantation, yet it is a big change for both recipients and caregivers. There is much to learn and it will take some time for you both to adjust. Today’s LVADs are lightweight and smaller than earlier models, so you’ll most likely be able to move around fairly easily, get certain kinds of moderate exercise and enjoy intimacy with your spouse or partner.

What are the risks associated with HeartMate™ LVADs?

As with all procedures, adverse events may be associated with LVADs. Please consult the Important Safety Information referenced within, or the HeartMate.com website for a complete list of risks.
You may have the opportunity to meet with a current HeartMate™ LVAD recipient, **CALLED AN AMBASSADOR,** who can share their personal story of life with an LVAD.

WATCH AN ANIMATION OF THE HEARTMATE 3™ LVAD AT WWW.HEARTMATE.COM
Adverse events that may be associated with the use of the HeartMate 3 and HeartMate II Left Ventricular Assist Systems are:

- Hemolysis (not associated with suspected device thrombosis) and possible pump thrombosis.
- Pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, episodes of venous thromboembolism, hypertension, arterial non-central nervous system (CNS) thromboembolism, dyspnea, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction, psychiatric localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction, psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS), thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, hemolysis (not associated with suspected device thrombosis) and possible pump thrombosis.

HeartMate 3 and HeartMate II LVAS Contraindications:
The HeartMate 3 and HeartMate II Left Ventricular Assist Systems are contraindicated for patients who cannot tolerate, or who are allergic to, anticoagulation therapy.

HeartMate 3 and HeartMate II LVAS Indications:
The HeartMate 3 Left Ventricular Assist System is indicated for providing short-term hemodynamic support (e.g., bridge to transplant or bridge to myocardial recovery) in patients with advanced refractory left ventricular heart failure.

HeartMate II™ LVAS Indications: The HeartMate II Left Ventricular Assist System is indicated for use as a “bridge to transplantation” for cardiac transplant candidates who are at risk of imminent death from non-reversible left ventricular failure. It is also indicated for use in patients with New York Heart Association (NYHA) Class IIIb or IV end-stage left ventricular failure, who have received optimal medical therapy for at least 45 of the last 60 days, and who are not candidates for cardiac transplantation. The HeartMate II Left Ventricular Assist System is intended for use both inside and outside of the hospital, or for transportation of Left Ventricular Assist Device patients via ground ambulance, airplane, or helicopter.

HeartMate 3 and HeartMate II LVAS Contraindications: The HeartMate 3 and HeartMate II Left Ventricular Assist Systems are contraindicated for patients who cannot tolerate, or who are allergic to, anticoagulation therapy.

HeartMate 3 and HeartMate II LVAS Adverse Events: Adverse events that may be associated with the use of the HeartMate 3 or HeartMate II Left Ventricular Assist System are listed here: death, bleeding, cardiac arrhythmia, localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction, psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS), thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, hemolysis (not associated with suspected device thrombosis) and possible pump thrombosis.