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30% mortality reduction in cardiac surgery confirmed by new study, supported by recently published protocol

A study in more than 8600 cardiac surgery patients demonstrated that perioperative echo screening for aortic atherosclerosis with **A-View® modified TEE** significantly reduced 30-day mortality [1]. Aortic atherosclerosis is a major risk factor for mortality after cardiac surgery. Real-time knowledge on the location and extend of aortic atherosclerosis enables the surgeon to adjust surgical manipulation of the affected area, thus reducing cause for embolism a known cause for post-surgery stroke.

“The focus on patient safety at Isala Hart Center in the Netherlands has resulted in a significant lower than expected mortality according to the European risk model. An admirable accomplishment achieved by deploying a new device and acting on echo information by the surgical team, now captured in a protocol [2] for routine application during cardiac surgery” said Maarten Nibbelke, CEO of Stroke2prevent.

“A-View® modified TEE” allows visualization of the entire aortic aorta and has demonstrated to detect atherosclerosis [3]. This additional information supports the operating team to make important consideration for the safest surgical technique. The A-View® balloon catheter, by Dutch medical device maker stroke2prevent BV, is marketed in Europe and recently obtained FDA approval, to become available in the US soon pending suitable distribution arrangements.

1. Jansen Klomp WW, Moons CGM et al. *Impact of modified transesophageal echocardiography on mortality and stroke after cardiac surgery – a large cohort study*. Int J Vasc Med, 2017
2. Jansen Klomp WW, Brandon Bravo Bruinsma GJ et al. *A protocol for diagnosis and management of aortic atherosclerosis in cardiac surgery patients*. Int J Vasc Med, 2017
3. Jansen Klomp WW, Peelen LM et al. *Added value of modified transoesophageal echocardiography in the diagnosis of atherosclerosis of the distal ascending aorta in cardiac surgery patients*. Eur Heart J Cardiovasc Imaging 2014;15(6):623-630

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