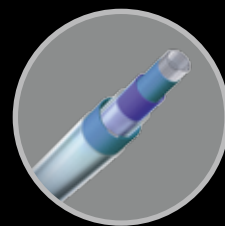


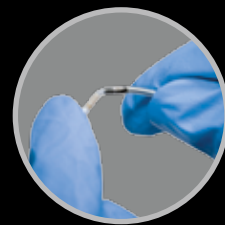
ACCOLADE™ MRI PACEMAKERS & INGEVITY™ MRI PACING LEADS

The INGEVITY™ MRI pacing lead is rated positively by 99.5% of implanters for handling and maneuverability⁶ and is the only pacing lead designed from the ground up for the MR environment.⁷



4 Layers of Insulation

The only lead with 4 layers of insulation between conductors for assurance.



Improved Implant Experience

Flexible tip reduces tip pressure and increases tissue adherence.

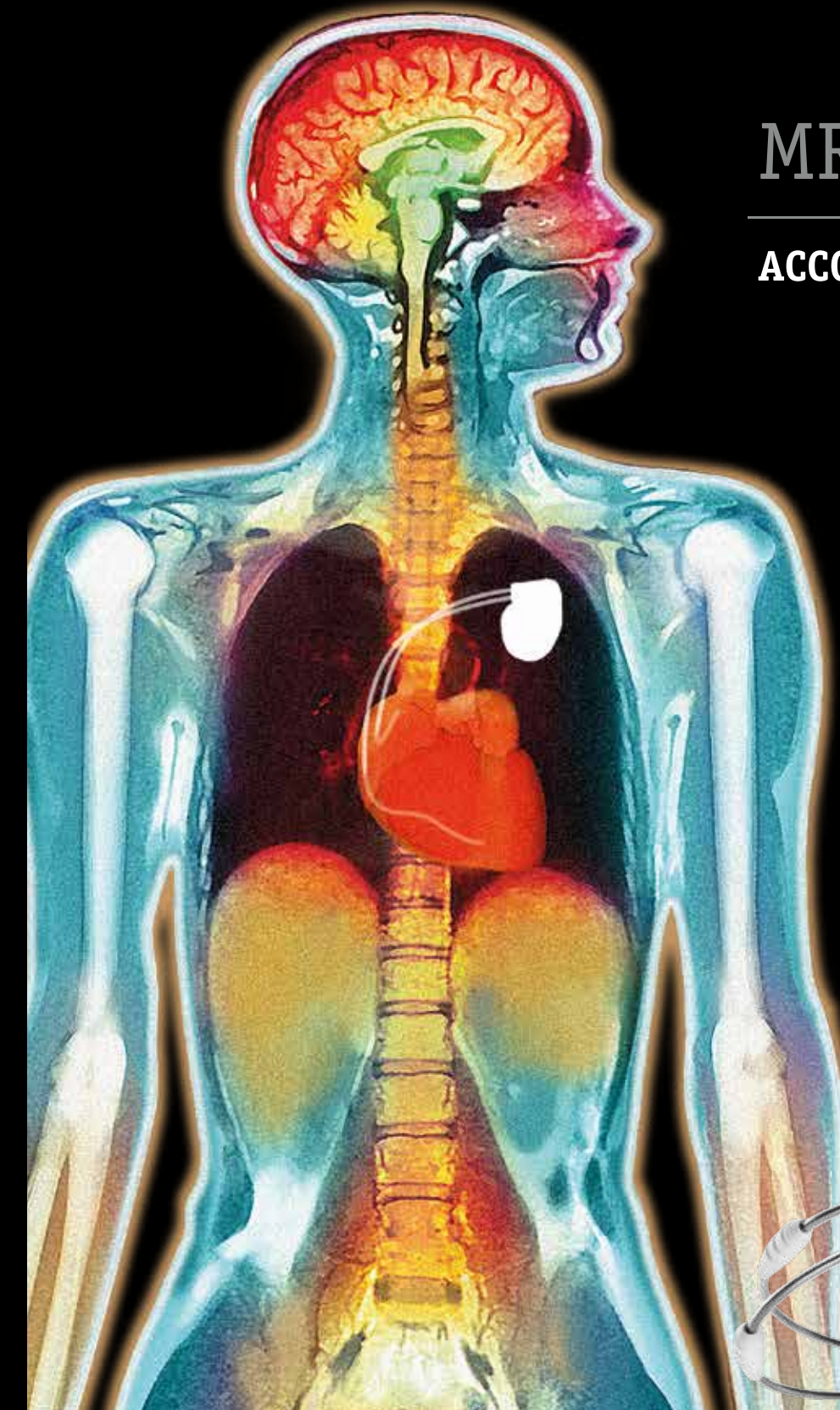
What would
be the ideal
MRI
compatible
pacing
system
for you?

3T

MRI Unlimited*

ACCOLADE™ Pacing Systems

3T



* Under the Conditions of Use described in IMAGEREADY™ MR Conditional Pacing System Technical Guide. Only specific combinations of pulse generators and leads constitute an ImageReady™ Pacing System. Consult the Technical Guide to distinguish between combinations that are valid for use with ONLY 1.5T scanners and combinations that are valid for use with both 1.5T and 3T scanners. IMAGEREADY™ MR Conditional Pacing System Technical Guide, 359259-018 EN Europe 2014-02.

1. IMAGEREADY™ MR Conditional Pacing System Technical Guide, 359259-018 EN Europe 2014-02.

2. Boston Scientific: Physician Technical Manual 359250-001 EN Europe 2014-05.

3. MDT ADVISA DR MRI™ SURESCAN™ A3DR01 Clinician Manual M939188A001 C 2010-01-28).

4. St. Jude Medical Accent Model PM1210 Spec Sheet (G0205), Accent Brochure (G0221).

5. Biotronik: Epyra 8 HFT, eGA-HW_403588-D Epyra (ProMRI) p. 35.

6. Sorin Kora 100 Implant Manual, 2013-09 U199A.

7. INGEVITY Clinical Performance Summary, 2014 Boston Scientific.

8. To Date August 2014 ** Source: Boston Scientific Engineering Document INGEVITY FAQ 042010-959.

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Information not intended for distribution in France.

CAUTION: Law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device. Information for the use only in countries with applicable health authority product registrations.

CRM-281804-AA NOV2014. Printed in the UK by De Budelse/Gosling.

MRI UNLIMITED

ACCOLADE™ MRI has been demonstrated safe over the widest range of MRI scanning conditions, enabling patients to get the best diagnoses for their conditions.¹⁻⁵

ACCOLADE™ is a full range of MR conditional pacemakers with:

- ✓ NO SCAN EXCLUSION ZONES
- ✓ NO PATIENT RESTRICTIONS
- ✓ NO SCAN TIME LIMITS
- ✓ RADIOLOGIST-FRIENDLY FEATURES

3T AND 1.5T CONDITIONAL



ACCOLADE™ MRI pacing system with INGEVITY™ MRI pacing leads is the world's only pacemaker system compatible with 3T and 1.5T scans.^{1-5*}

*To Date September 2014

AUTOMATIC RETURN TO PACING

Improve Workflow

A unique, programmable MRI Timer will return patients to original pacemaker settings after the scan.

RADIOLOGIST FRIENDLY



No Scan Exclusion Zones

Designed for full body scan, with no thoracic exclusion zone, to offer patients no restrictions in future MRI scans.

No Scan Time Limits

ACCOLADE™ MRI is labelled for no scan time limits, allowing the radiologist to focus on the patient and not on the clock.

Higher SAR Limits

ACCOLADE™ MRI is labelled for higher SAR limits at 4 W/kg for no change to the radiologist's desired workflow and clinical practice.

"If MRI is an important future consideration for your patient, why would you restrict their options – only Boston Scientific has a pacemaker system demonstrated to be safe with both 1.5T & 3T."

BEST LONGEVITY

ACCOLADE MRI Extended Longevity (EL) brings the industry's longest-lasting battery technology¹⁻⁵ with a 1.6 Ah battery capacity, resulting in exceptional longevity.

Lead Impedance	Longevity
500 ohms	12.1 years
750 ohms*	13.2 years

*Average impedance for INGEVITY lead: 750 ohms⁶



CONVENIENCE

Atrial Arrhythmia Report

Allows automatic screening of AF, enabling physicians to initiate treatment earlier and potentially prevent strokes.

Post Operative System Test (POST)

Is designed to provide an **automatic system evaluation** (lead impedances, intrinsic amplitudes, capture thresholds) after implant, minimizing the need for a manual check and improving workflow.

