

INGEVITY™ MRI Pacing Lead

Active Fixation Models: 7740, 7741 and 7742

Passive Fixation Models: 7731, 7732, 7735 and 7736



The INGEVITY MRI pacing leads are 6F (2.0 mm) steroid-eluting, endocardial pace/sense leads designed for permanent implantation for either atrial or ventricular applications.

INGEVITY MRI is the only pacing lead designed to be delivered through a 6F introducer and is specifically designed with four layers of insulation between conductors.

Lead Specifications and Reimbursement Information

Product	Active	INGEVITY MRI Pacing Lead Passive Straight	Passive J
Model/Length	7740 / 45cm 7741 / 52cm 7742 / 59cm	7731 / 52cm 7732 / 59cm	7735 / 45cm 7736 / 52cm
Type	Bipolar Atrial / Ventricular Straight	Bipolar Ventricular Straight	Bipolar Atrial Pre-formed J
Connector	IS-1 BI		
Compatibility	Pulse generators with an IS-1 port, which accepts an IS-1 terminal		
MRI Conditions of Use*	ImageReady™ MR-Conditional Pacing System when used with an MR-Conditional pulse generator - No MR exclusion zone, no height restriction - Full body scan 1.5T and 3T (SAR 4W/Kg) - Active and passive fixation leads		
Introducer without guide wire	6F (2.0mm)		
Introducer with guide wire	9F (3.0mm)		
Fixation	Extendable/retractable helix	Tined	Tined
Expected number of rotations to fully extend/retract the helix**	7 turns with straight stylet 8 turns with J stylet	-	-
Recommended maximum number of turns to extend / retract the helix**	30	-	-
Nominal fixation helix penetration depth	1.8mm	-	-

* Refer to the MRI Technical Guide for a complete list of cardiology and radiology conditions of use.

**Use fluoroscopy markers for verification of full extension/ retraction of the helix. The number of turns to extend or retract the helix may vary based on patient anatomy and implant conditions.

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Lead Specifications and Reimbursement Information (continued)

Product	Active	INGEVITY MRI Pacing Lead Passive Straight	Passive J
Nominal Electrode:			
Fixation helix surface area	4.5mm ²	-	-
Tip surface area	-	5mm ²	5mm ²
Distance between electrodes		10.7mm	
Anode electrode		20mm ²	
Nominal Diameter:			
Insertion		2.0mm (6F)	
Anode electrode		2.0mm	
Lead body		1.9mm	
Fixation helix	1.2mm	-	-
Material:			
External insulation		Polyurethane (55D)	
Internal insulation		Silicone rubber	
Terminal ring contact		316L stainless steel	
IS-1 terminal pin contact		316L stainless steel	
Tip electrode		IROX™ (iridium oxide) coated Pt-Ir	
Anode electrode		IROX (iridium oxide) coated Pt-Ir	
Conductor Type	Single wound helical coils of MP35N DFT LT™		
Steroid	0.91 mg dexamethasone acetate	0.61 mg dexamethasone acetate	0.61 mg dexamethasone acetate
Radiopaque Markers	Pt-Ir	-	-
Suture Sleeve	Radiopaque white silicone rubber		
C-code	1898		

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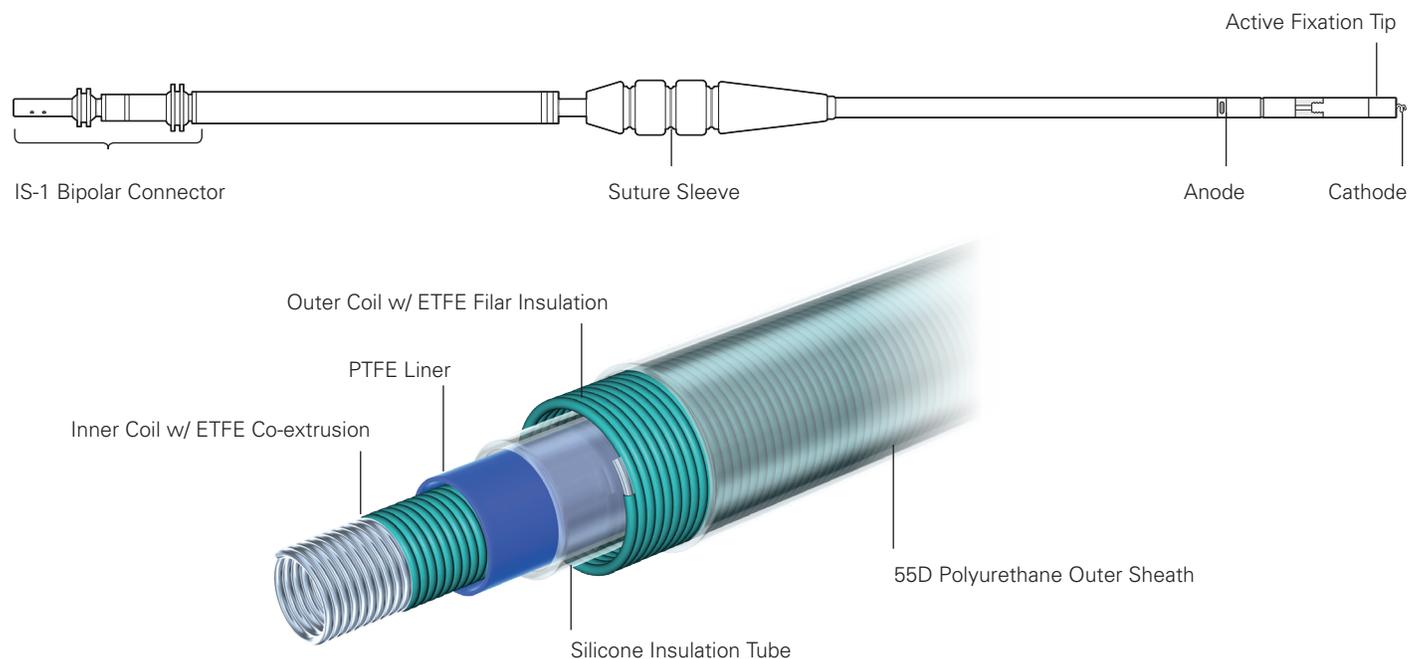
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Features

Lifetime Warranty: The INGEVITY MRI pacing lead family is backed with a lifetime warranty.*

Lead Body Design: The isodiametric lead body consists of a coaxial design, that includes single-filar inner and outer coils, to maximize fatigue life. The conductors are separated by both a silicone rubber and Polytetrafluoroethylene (PTFE) lining. Both the inner and outer coil are covered in Ethylene tetrafluoroethylene (ETFE) for extra insulation protection. The entire lead body is encompassed in a polyurethane outer insulation.



IROX™-coated Electrodes: The electrodes are coated with IROX to increase the microscopic surface area.

Steroid-eluting: Upon exposure to body fluids, the steroid elutes from the lead to help reduce tissue inflammation response at the distal electrode. The steroid suppresses the inflammatory response believed to cause threshold rises typically associated with implanted pacing electrodes.

Radiopaque Suture Sleeve: The radiopaque suture sleeve is visible under fluoroscopy and is used to secure, immobilize, and protect the lead at the venous entry site after lead placement. The window feature is designed to aid compression of the sleeve onto the lead during suturing.

*Limited lifetime warranty. For a full and complete description of the INGEVITY™ MRI family warranty, please review the warranty card included with the product labeling.

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Passive Fixation Features

Tip Electrode: Serves as the cathode for intracardiac right atrial and/or right ventricular pacing/sensing, using a platinum-iridium design. The high impedance performance and low pacing thresholds may combine to increase the pacing longevity of the pulse generator.

Tined: Silicone rubber tines located proximal to the distal pacing electrode provide fixation in the atrial appendage (preformed atrial J) or in the apex of the right ventricle (straight).

Fluoroscopic Visibility: The coated platinum-iridium electrode design increases the visibility of the passive lead tip under fluoroscopy.

Preformed Atrial J-shaped Fixation: The distal portion of the preformed atrial J lead is anchored in position by removing the stylet and allowing the distal tip to assume a J shape that lodges in the atrial appendage.

Active Fixation Features

Extendable / Retractable Fixation: The extendable/retractable helix design anchors the distal tip electrode to the endocardial surface without support of trabecular structures, offering various lead placement possibilities for the tip electrode in the right atrium and/or right ventricle. The helix serves as the cathode for endocardial pacing and sensing. The helix is extended and retracted using the fixation tool.

Mapping: The lead helix is electrically conductive to allow mapping (measuring pacing and sensing thresholds) of potential electrode positions without extending the helix into the tissue. Mapping prior to lead fixation is recommended as it can reduce the potential need for multiple lead positionings.

Fluoroscopic Markers: radiopaque markers near the distal tip can be seen under fluoroscopy. These markers show when the helix is fully retracted or fully extended.

Fully Retracted



Fully Extended



Pacing Leads – INGEVITY™ MRI Extendable/Retractable Fixation and Tined Fixation

INDICATIONS: INGEVITY™ MRI Leads are intended for chronic pacing and sensing in the right atrium (only preformed atrial J with the Tined Fixation) and/or right ventricle (only straight with the tined fixation) when used with a compatible pulse generator.

CONTRAINDICATIONS: Use of these leads are contraindicated in: patients with a hypersensitivity to a nominal single dose dexamethasone acetate: 0.61 mg for Tined Fixation, 0.91 mg for Extendable Retractable Fixation; and patients with mechanical tricuspid heart valves.

WARNINGS: Refer to the product labeling before implanting the lead to avoid damage to the pulse generator and/or lead. For single patient use only. Do not reuse, reprocess, or resterilize. Always have external defibrillation equipment available during implant and electrophysiologic testing. Ensure that an external defibrillator and medical personnel skilled in CPR are present during post-implant device testing should the patient require external rescue. Lead fracture, dislodgment, abrasion, or an incomplete connection can cause a periodic or continual loss of pacing or sensing or both. Although pliable, the lead is not designed to tolerate excessive flexing, bending, or tension. Do not kink, twist, or braid the lead with other leads. Implant of the system cannot be performed in an MRI site Zone III (and higher). Take care to obtain appropriate electrode position. Failure to do so may result in suboptimal lead measurements. Unless all of the MRI Conditions of Use (as described in the MRI Technical Guide) are met, MRI scanning of the patient does not meet MR Conditional requirements of the implanted system. Refer to the MRI Technical Guide for potential adverse events applicable when Conditions of Use are met or not met, as well as a complete list of MRI-related Warnings and Precautions. Do not subject a patient with an implanted pulse generator and/or lead to diathermy.

For Extendable/Retractable Fixation: The safety and efficacy of the tip electrode placement in the right ventricle above midseptum has not been clinically established.

PRECAUTIONS: Refer to the implant product labeling for cautions specific to clinical considerations, sterilization and storage, handling, implantation, hospital and medical environments, and follow up testing of the lead. Failure to observe these cautions could result in incorrect lead implantation, lead damage/dislodgment, or harm to the patient. Prior to implantation of this lead, confirm lead/pulse generator compatibility. Lead fracture, dislodgment, abrasion, or an incomplete connection can cause a periodic or continual loss of pacing or sensing or both. Defibrillation equipment should be kept nearby during the implant procedure. Optimum threshold performance might not be achieved if the lead is chronically repositioned because the steroid can be depleted.

For Extendable/Retractable Fixation: Avoid creating sharp bends while extending or retracting the helix. Sharp bends can increase the risk of breaking the conductor coil or fixation mechanism during helix extension or retraction. Do not rotate the terminal pin clockwise or counterclockwise more than the recommended maximum number of turns indicated in the specifications. Continuing to rotate the terminal pin once the helix is fully extended or retracted (as indicated by fluoroscopy) can damage the lead, cause a conductor coil break during fixation, cause lead dislodgment, tissue trauma, and/or cause acute pacing threshold to rise.

POTENTIAL ADVERSE EVENTS: Potential adverse events include, but are not limited to the following: allergic/physical/physiologic reaction, death, erosion/migration, fibrillation or other arrhythmias, lead or accessory breakage (fracture/insulation/lead tip), hematoma/seroma, inappropriate or inability to provide therapy (pacing/sensing), infection, procedure-related, and component failure. In rare cases severe complications or device failures can occur.

For a list of potential adverse events associated with MRI scanning, refer to the MRI Technical Guide.

Refer to the product labeling for specific indications, contraindications, warnings/precautions and adverse events. Rx only. (Rev. A) 046774 AF

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