

## ALTRUA 2™ Pacing System

Models S701, S702

- Automaticity with PaceSafe™ RV and RA, providing dynamic adjustment of pacing outputs to ensure capture and Automatic Gain Control to dynamically adjust the sensitivity in both the atrium and the ventricle, to maximize efficiency and ease of use
- RightRate™ MV sensor is the only sensor clinically proven to restore chronotropic competence<sup>1</sup>
- AV Search +, designed to minimize unnecessary RV pacing without clinically significant pauses, therefore reducing the risk of HF development
- EASYVIEW™ header with port identifiers designed to make the implant experience more efficient



### Mechanical Specifications

Model	Type	Size (cm) (W x H x D)	Mass (g)	Volume (cc)	Connector Type (RA RV LV)
S701	SR	4.45 x 4.81 x 0.75	23.6	11.7	RA/RV: IS1
S702	DR	4.45 x 5.02 x 0.75	24.8	12.2	RA: IS1 – RV: IS1

### Longevity

Projected Longevity	Pacing Amplitude	Pacing	MV Sensor	500Ω	750Ω	1000Ω
<b>SR</b>						
Typical programmed setting	2.5	100%	On	9.2	9.7	10.0
Maximum labeled longevity*	2.0	50%	Off	11.1	11.3	11.5
<b>DR</b>						
Typical programmed setting	2.5	100%	On	7.6	8.2	8.7
Maximum labeled longevity*	2.0	50%	Off	10.0	10.3	10.5

### Additional Longevity Information

- Settings: LRL 60bpm, ventricular and atrial settings of 0.4 ms pacing pulse width; sensors On; EGM Onset On. These calculations also assume that the pulse generator spends 6 months in Storage mode during shipping and storage, the ZIP™ telemetry use for 1 hour at implant time and for 40 minutes annually for in-clinic follow-up checks.
- Power Supply SR and DR models: lithium-carbon monofluoride cell; Boston Scientific; 402290.

\* No MV Sensor.

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## Pacing Therapy

<b>Brady Modes</b>	Normal:DDD(R)-DDI(R)-VDD(R)-VVI(R)-AAI(R)-DOO-VOO- AOO-Off Temporary: DDD-DDI-VDD-VVI-AAI-DOO-VOO-AOO-Off
<b>AT/AF Management</b>	ATR Mode Switch, Rate Smoothing
<b>Automaticity</b>	Automatic Gain Control (AGC) for sensitivity Right Atrial Automatic Threshold (RAAT) Right Ventricular Automatic Capture (RVAC)
<b>Rate Adaptive Pacing</b>	Accelerometer, RightRate™ (Minute Ventilation) or blended sensors with sensor trending function
<b>RV Pacing Reduction</b>	AV Search +, AV Delay to 400 ms, Rate Hysteresis
<b>Rate Management</b>	Sudden Brady Response (SBR), PMT Termination, PVARP after PVC, Dynamic PVARP
<b>Pace/Sense Configuration</b>	Unipolar, Bipolar, Bipolar/Unipolar, Unipolar/Bipolar, Unipolar/Off, Bipolar/Off, Lead Safety Switch, Automatic Lead Recognition

## Patient Diagnostics

<b>Arrhythmia Logbook</b>	Event Summary, Stored Electrograms with Annotation Markers (Intervals and approximately 14 minutes all multi channel EGM, always with 10 seconds Onset and event storage prioritization). Implant activation of all available EGMs. On screen measurements of all stored signal, amplitudes and timing. Snapshot Function (up to 12 seconds trace of ECG/EGM display stored)
<b>Histograms &amp; Counters</b>	Ventricular Tachy Counter, Brady Counter, Histograms, Intrinsic Promotion (Rate Hysteresis % successful and AVSH+ % successful)
<b>Diagnostics</b>	AT/AF Burden, A & V Arrhythmias
<b>DAILY TREND for last 365 Days</b>	Events, AT/AF Burden, Heart Rate, Lead Impedance and Amplitude, RAAT Trend, RVAC Trend

## Safety Functions\*

<b>Safety Core</b>	Is intended to provide life-sustaining therapy if certain non-recoverable or repeat fault conditions occur. Safety Core operates independently and acts as a backup to these components
<b>Electrocautery Protection Mode</b>	Provides asynchronous pacing at the programmed outputs and LRL when commanded by the programmer

\*The Safety Functions do not have programmable parameters.

1. Chronotropic competence is defined by the Model of the Cardiac Chronotropic Response to Exercise. Wilkoff B, Corey J, Blackburn G. A mathematical model of the cardiac chronotropic response to exercise. Journal of Electrophysiology. 1989;3:176-180.

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