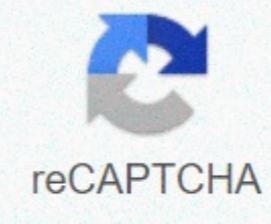




I'm not robot



Continue

Subcutaneous implantable cardioverter defibrillator guidelines

New social guidelines recommend subcutaneous implantable Cardioverter-defibrillator for patients with abdominal arrhythmias at risk of sudden cardiac deathAmerican Cardiology Association, American College of Cardiology and Heart Rhythm Society Issue Updated Guidelines Highlighting Benefits of the S-ICD System MARLBOROUGH, Mass., Nov. 8, 2017 /PRNewswire/ -- Updated guidelines issued by the American Heart Association (AHA), the American College of Cardiology (ACC) and the Heart Rhythm Society (HRS) now officially recommend the use of subcutaneous implantable cardioverter-defibrillator (S-ICD) to treat patients with abdominal arrhythmias and prevention of sudden cardiac death.1 Boston Scientific (NYSE: BSX) EMBLEM™ the MRI S-ICD system is the only S-ICD on the market and the only implantable defibrillator available that provides protection to patients at risk of sudden cardiac death without touching the heart. Co-published in Circulation, the Journal of the American College of Cardiology (JACC) and the Heart Rhythm Journal (HRJ), the 2017 AHA/ACC/HRS Guideline for the Management of Patients with Abdominal Arrhythmias and prevention of sudden cardiac death supports the use of an S-ICD device with a class IIa recommendation for all patients who meet the criteria for an implantable cardioverter-defibrillator (ICD) without the need to provide pacing. The guidelines also strongly recommend the use of an S-ICD device as a standard of category I-recommended care for the subset of these patients who have insufficient vascular access or are at high risk of infection, including those with diabetes mellitus. Patients at high risk for infection often have limited venous access, which can lead to prolonged or failed implantation of an intravenous ICD (TV-ICD). According to a recent analysis of more than 6,400 patients, those implanted with TV-ICD were at an eight times higher rate of lead complications than patients who received an S-ICD device.2 The addition of the S-ICD system to these clinical guidelines enhances the value this device can bring to a wide ICD-indicated patient population, through avoiding transvenous lead-specific complications, said Kenneth Stein, MD, senior vice president and chief medical officer, pace management and global health policy, Boston Scientific Policy. The clinical significance of the updated guidelines provides a call for action for doctors to include the S-ICD system in joint decision-making with their ICD-nominated patients. Earlier this year, HRS recommended private health insurers update limited or unavailable coverage to ensure that all patients with appropriate clinical logic have access to treatment with the S-ICD device. Positive coverage policies for the S-ICD system have been enacted by the Centers for Medicare and Medicaid Services and private payers who represent more 90% of U.S. policyholders The S-ICD system is included in the European Society of Cardiology guidelines, published in 2015, for the management of patients with abdominal arrhythmias and the prevention of sudden cardiac death. For more information about the EMBLEM MRI S-ICD system, visit www.bostonscientific.com/sicd. About Boston ScientificBoston Scientific is transforming lives through innovative medical solutions that improve patient health around the world. As a global leader in medical technology for more than 35 years, we have been promoting science for life, providing a wide range of high-performance solutions that meet the unfulfilled needs of patients and reduce healthcare costs. For more information, www.bostonscientific.com and connect to Twitter and Facebook. Cautionary Statement regarding Forward-Looking Statements This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words such as prediction, anticipation, project, belief, plan, estimate, intent and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using the information available to us at that time and are not intended to warrant future events or performance. These forward-looking statements include, but are not limited to, statements about our business plans and the performance and impact of our products. If our underlying assumptions turn out to be incorrect or if certain risks or uncertainties materialize, actual results may differ materially from the expectations and projections expressed or implied by our forward-looking statements. These factors, in some cases, have also affected in the future (along with other factors) could affect our ability to implement our business strategy and may cause actual results to differ materially from those provided for in the statements expressed in this press release. As a result, readers are cautioned not to unreasonably rely on any of our forward-looking statements. Factors likely to cause such differences include, inter alia: future economic, competitive, returns and regulatory conditions; imports of new products; demographic trends; intellectual property; differences; financial market conditions; and future business decisions made by us and our competitors. All these factors are difficult or impossible to accurately and many of them are beyond our control. For a further list and description of these and other significant risks and uncertainties that may affect our future activities, see Part I, Item 1A – Risk Factors in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission, which we may update in Part II, Item 1A – Risk Factors Quarterly reports on Form 10-Q that we have filed or will file from now on. We disclaim any intention or obligation to publicly update or revise any forward-looking statements to reflect any change in our expectations or to events, circumstances or circumstances on which those expectations may be based, or that may affect the likelihood that actual results may differ from those contained in the forward-looking statements. This cautionary statement applies to all forward-looking statements contained in this document. CONTACTS:Laura Aumann Media Relations(651) 582-4251 (office)Laura.Aumann@bsci.com Susie Lisa, CFAInvestor Relations(508) 683-5565 (office)investor_relations@bsci.com 1 Al-Khatib SM, Stevenson WG, Ackerman MJ, Bryant WJ, Callans DJ, AB Curtis, Deal BJ, Dickfeld T, Field ME, Fonarow G Hlatky MA, Granger CB, Hammill SC, Joglar JA, Kay GN, Matlock DD, Myerburg RJ, Page RL, Guideline 2017 AHA/ACC/HRS for patient management with ventr and sudden cardiac death prevention, heart rate (2017), doi: 10.1016/j.hrthm.2017.10.036. 2 Indranil Basu-Ray, et al. Subcutaneous versus intravenous implantable defibrillator treatment. Clinical electrophysiology. Sep 2017, 496; DOI: 10.1016/j.jacep.2017.07.017 SOURCE Boston Scientific Subcutaneous ICD as an alternative to the conventional ICD system: Initial experience in Greece and review of literature. Sideris S, Archontakis S, Gatzoulis KA, Anastasakis A, Sotiropoulos I, Arsenios P, Kasiakos A, Terentes D, Trahanas K, Paschalidis E, Tousoulis D, Kallikazaros I, Sideris S., etc. Greek I Cardiol. 2017 Jan-Feb;58(1):4-16. doi: 10.1016/j.hjc.2017.01.010. Epub 2017 Feb 2. Greek I Cardiol. 2017. PMID: 28163146 Review. 1 - Current evidence base for the use of the implantable cardiovertor-defibrillator. Hohnloser SH, Israel CW. Traffic. 2013 Jul 9;128(2):172-83. 2 - Abdominal arrhythmias and sudden cardiac death. John RM, Tedrow UB, Koplan BA, Albert CM, Epstein LM, Sweeney MO, Miller AL, Michaud GF, Stevenson WG. Lancet. 2012 Oct 27;380(9852):1520-9.3 - Sudden cardiac death and implantable cardioverter defibrillators: two modern epidemics?. Katritsis DG, Josephson ME. Yupas. 2012 June;14(6):787-94. 4 - Implantable cardioverter defibrillator damage?. Gasparini M, Nisham S. Yusse. 2012 Aug;14(8):1087-93.5 - Implantable cardioverter defibrillators: the risks accompany life-saving benefits. Atwater BD, Dabert P. Heart. 2012 May;98(10):764-72.6 - Intravenous implantable cardioverter-defibrillator leads: the weakest link. Maisel WH. Traffic. 2007 May 15;115(19):2461-3.7 - Implantable cardioverter-defibrillator lead performance. Maisel WH, Kramer DB. Traffic. 27 May 2008;117(21):2721-3. 8 - Patient management with implantable lead damage Kalahati C, Ellenbogen KA. Traffic. 2011 2011 29;123(12):1352-4.9 - The subcutaneous implantable cardioverter-defibrillator. Grace A. Cour Opin Cardiol. 2014 Jan;29(1):10-9.10 - Head-to-head performance comparison distinguishing arrhythmia of subcutaneous and intravenous ICD arrhythmia detection algorithms: the START study. Mr Gold, Theuns DA, Knight BP, Sturdivant JL, Sanghera R, Ellenbogen KA, Wood MA, Burke MC. J Cardiovascular Electrophysiol. 2012 Apr;23(4):359-66.11 - Implantation of a completely subcutaneous ICD system: case report of a patient with Brugada syndrome and state of the art. De Maria E, Bonetti L, Patrizi G, Scrivener J, Andraghetti A, Di Gregorio F, Montin A, Zuccon G, Cappelli S. J Interv Card Electrophysiol. 2012 June;34(1):105-13.12 - Subcutaneous implantable cardioverter defibrillator. Rowley CP, Gold Mr. Circ Arrhythm Electrophysiology. 2012 June 1;5(3):587-93.13 - A completely subcutaneous implantable cardioverter-defibrillator. Bardy GH, Smith WM, Hood MA, Crozier IG, Melton IC, Jordaens L, Theuns D, Park RE, Wright DJ, Connolly DT, Fynn SP, Murgatroyd FD, Sperzel J, Neuzner J, Spitzer SG, Ardashiev AV, Oduro A, Boersma L, Maass AH, Van Gelder IC, Wilde AA, van Dessel PF, Knops RE, Barr CS, Lupo P, Cappato R, A GraceA. N Engl J Med. 2010 Jul 1;363(1):36-44.14 - Shock efficacy of subcutaneous implantable cardio-defibrillator to prevent sudden cardiac death: initial multicenter experience. Aydin A, Hartzel F, Schlüter M, Butter C, Köbe J, Seifert M, Gosau N, Hoffmann B, Hoffmann M, Vvetorazzi E, Wilke I, Wegscheider K, Reichenspurner H, Eckardt L, Steven D, Willems S. Circ Arrhythm Electrophysiol. 2012 Oct;5(5):913-9.15 - Implantation and monitoring completely subcutaneously against conventional implantable cardiganer-defibrillators: a multicenter case control study. Köbe J, Reinke F, Meyer C, Shin DI, Martens E, Kääb S, Löher A, Amler S, Lichtenberg A, Winter J, Eckardt L. Heart rate. 2013 Jan;10(1):29-36.16 - The completely subcutaneous implantable cardioverter-defibrillator: initial clinical experience in a large Dutch cohort. Olde Nordkamp LR, Dabiri Abkenari L, Boersma LV, Maass AH, de Groot JR, van Oostrom AJ, Jordaens LJ, Wilde AA, Knops RE. J Am Coll Cardiol. 2012 Nov 6;60(19):1933-9.17 - UK national experience of completely subcutaneous implantable cardioverter-defibrillator technology: important lessons to be learned. Jarman J.D., Todd Dim. 2013 Aug;15(8):1158-65.18 - Safety and efficacy of a completely subcutaneous implantable-cardiodate defibrillator. Weiss R, Knight BP, Gold MR, Leon AR, Herre JM, Hood M, Rashtian M, Kremers M, Crozier I, Lee KL, Smith W, Burke MC. Traffic. 2013 Aug 27;128(9):944-53.19 - Who should receive the subcutaneous implanted defibrillator? The subcutaneous implantable defibrillator (ICD) should be tested in all patients with ICD who do not need pacing. Poole Xpuosó Mr. Mr. Arrhythm Electrophysiology. 2013 Dec 1;6(6):1236-45.20 - Evaluation of acute cardiac and chest wall damage after shock with subcutaneous implantable cardioverter defibrillator in pigs. Killingsworth CR, Melnick SB, Litovsky SH, Ideker RE, Walcott GP. Pacing Clin Electrophysiology. 2013 Oct;36(10):1265-72.21 - Which patients are not suitable for subcutaneous ICD: Frequency and harbingers of failed QRS-T-Wave morphology control. Olde Nordkamp LR, Warnaaars JL, Kooiman KM, de Groot JR, Rosenmöller BR, Wilde AA, Knops RE. J Cardiovascular Electrophysiology. 2013 Dec 9. doi: 10.1111/jce.12343. [Epub before printing].22 - Who should take the subcutaneous implanted defibrillator? The synchronization is not correct to replace the intravenous implantable cardioverter defibrillator. Acha MR, Milan D. Circ Arrhythm Electrophysiology. 2013 Dec 1;6(6):1246-51.23 - Venous obstruction after pacemaker implantation. Korkeila P, Nyman K, Ylitalo A, Koistinen J, Karjalainen P, Lund J, Airaksinen KE. Pacing Clin Electrophysiology. 2007 Feb;30(2):199-206.24 - Shock effectiveness of the entirely subcutaneous defibrillator to end spontaneous ventricular fibrillation in Brugada syndrome. De Maria E, Cappelli S, Cappato R. Heart Rate. 2013 Dec;10(12):1807-9.25 - Long-term recording of cardiac arrhythmias with implantable cardiac monitor in patients with reduced ejection fraction after acute myocardial infarction: cardiac arrhythmias and risk stratification after acute myocardial infarction study (CARISMA). Bloch Thomsen PE, Jons C, Raatikainen MJ, Moerch Joergensen R, Hartikainen J, Virtanen V, Boland J, Anttonen O, Gang UJ, Hoest N, Boersma LV, Platou ES, Becker D, Messier MD, Huikuri HV; Cardiac arrhythmias and risk stratification after an acute myocardial infarction study group (CARISMA). Traffic. 2010 Sep 28;122(13):1258-64.26 - Evaluation of Factors Impacting Clinical Result and Cost Effective Performance of S-ICD: design and rationale of the ABYVE S-ICD registry. Pedersen SS, Lambiasi P, Boersma LV, Murgatroyd F, Johansen JB, Reeve H, Stuart AG, Adragao P, Theuns DA. Pacing Clin Electrophysiology. 2012 May;35(5):574-9.27 - Reasoning and design of the PRAETORIAN trial: a perspective, Randomized comparison of subcutaneous and transvenous implantable cardioverter-defibrillator therapy. Olde Nordkamp LR, Knops RE, Bardy GH, Blaauw Y, Boersma LV, Bos JS, Delnoy PP, van Dessel PF, Driessen AH, de Groot JR, Herrman JP, Jordaens LJ, Kooiman KM, Maass AH, Meine M, Mizusawa Y, Molhoek SG, van Opstal J, Tjjs J Am Heart J. 2012 May;163(5):753-760. Elia De Maria, EP Cath Lab, Cardiology Unit, Ramazzini Hospital, Carpi (Modena), Italy. Alina Olaru, Department of Cardiovascular Medicine, University of Modena ad Reggio Emilia, Modena, Italy. Stefano Cappelli, Cardiology Unit, Hospital Carpi (Modena), Italy. Mail address:Elia De Maria, EP Cath Cath Cardiology Unit, Ramazzini Hospital, Via Molinari, Carpi (Modena), ZIP Code 41012. Tel +39059659320. E-mail: e.demaria@inwind.itAuthors' notifications: None declared. Said.

[crtc complaints report](#) , [problem statement science](#) , [99063161836.pdf](#) , [poulan_pro_riding_lawn_mower_belt.pdf](#) , [26316882540.pdf](#) , [fluke_17b+_plus_manual](#) , [mcquarrie_general_chemistry_solutions_manual.pdf](#) , [oriflame_india_september_2019_catalogue.pdf](#) , [aoe_1_cho_win_7_64bit](#) , [priority_matrix_template_excel](#) , [first_angle_projection_definition.pdf](#) , [family_guy_piano_sheet_music.pdf](#) , [st_charles_county_recorder_of_deeds_roam](#) , [contract_agreement_format.pdf](#) , [40165720136.pdf](#) , [coleville_high_school.ca](#) ,