Real-world Evidence for VASCADE MVP

About the EP Program
- French Hospital Medical Center serves San Luis Obispo county—a broad, diverse and active community on California’s central coast
- Full-service community hospital with 250 beds
- French’s EP program has grown to include a wide range of procedures including atrial fibrillation (AF) ablation, complex ventricular tachycardia (VT) ablation and left atrial appendage (LAA) closure. They also perform supraventricular tachycardia (SVT) ablation for a wide array of arrhythmias in both pediatric and adult patients. Additionally, the French team handles complex device management cases including pacemaker/ICD lead extraction, and implantation of pacemakers, ICDs and CRT systems.

Transition to Same Day Discharge for Ablation Procedures

MANUAL COMPRESSION  
- AF ABLATION (RF and Cryo): 0%  
- SVT & Flutter ABLATION: 75%  
- VT ABLATION: 25%

VASCADE MVP  
- AF ABLATION (RF and Cryo): 100%  
- SVT & Flutter ABLATION: 100%  
- VT ABLATION: 75%

With VASCADE MVP, nearly all ablation patients at the French Hospital Medical Center are discharged the same day.

Discussion with Dr. Porterfield

Q: What motivated you to move to same-day discharge for your ablation patients?

A: As our program grew, our infrastructure was not able to support the demand—specifically, we did not have enough observation beds. More importantly, the SVT and flutter patients that were able to go home the same day were doing so well, we knew it would be good for the vast majority of patients.

Q: What were your clinical concerns about sending AF ablation patients home same day?

A: We were initially concerned with complications including bleeding, respiratory, pain, and heart failure exacerbation. We were concerned with perioperative complications including urinary retention, pericardial effusion, vascular access, and arrhythmias.
How did you mitigate those concerns?

**A:** VASCADE MVP has been very effective at addressing any bleeding concerns. It has also dramatically reduced post-procedure pain for patients.

When assessing patients for discharge, we plan for patients to be discharged the same day, unless we see any of the following conditions.

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<th>Clinical Concern</th>
<th>Discharge Consideration</th>
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| Hemostasis       | • Closure with VASCADE MVP  
|                  | • 2 hours bedrest, if rebleed, hold pressure 10 minutes and then 30 minutes bedrest  
|                  | • Orthostatic BP (if +, notify MD for intervention and repeat in 30 minutes)  |
| OSA              | • Suspected Severe OSA (STOP BANG 5 or greater)  
|                  | • Noncompliant Severe OSA  |
| Heart Failure    | • LVEF < 35% with symptoms  
|                  | • LAP > 30 mmHg  |
| Perioperative Complications | Check for:  
|                  | • Urinary Retention, Pericardial Effusion, Vascular Access, Arrhythmia, Heart Block  |

These considerations are reviewed via a checklist and with a time-out before each patient is discharged. I see every patient before they go home and I call each patient the night of the procedure.

What differences did you find in using VASCADE MVP compared to other closure options?

**A:** When we made the decision to convert to same day discharge, I knew that closure was an important component. I tried figure-of-eight stitch (Fo8) and Perclose. With these options, I found a high rate of rebleeds for many patients and pain which precluded same-day discharge. VASCADE MVP is very easy to use, is highly effective at closing the venotomy, and results in significantly less pain for patients. After switching to VASCADE MVP, we are able to send almost all AF ablation and SVT/Flutter ablation patients home the same day.

What are the keys to success in transitioning to same-day discharge?

**A:** First and foremost, education and communication. When we decided to make the transition, we brought the PACU and same day discharge nurses into the planning process. We conducted an initial in-service and have continued with quarterly rap sessions where we discuss what’s working and what improvements we may consider.

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**Early Ambulation. Simple. Proven.**

**Introducing VASCADE® MVP**

**VASCULAR CLOSURE FOR EP¹ PROCEDURES**

VASCADE MVP eliminates the need for manual compression and reduces time to ambulation by 64%.²

Get patients up and moving hours earlier, with significantly less discomfort.³

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1. Electrophysiology (EP)
2. Difference in median time to ambulation as reported in the IFU.
3. As demonstrated in the AMBULATE Pivotal study. Attribute was unspecified, but actual results imply superiority.

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