

Real-world Evidence for VASCADE MVP®



Charles A. Joyner, MD, FACC

“Vascade MVP has played a critical role in our reopening during the COVID 19 era, allowing us to quickly pivot to same-day discharge for most of our ablation patients. It reassured our patients about the safety of early discharge. And at a time when post procedural beds were in shorter supply, it was important to encourage same day discharge whenever reasonable.”

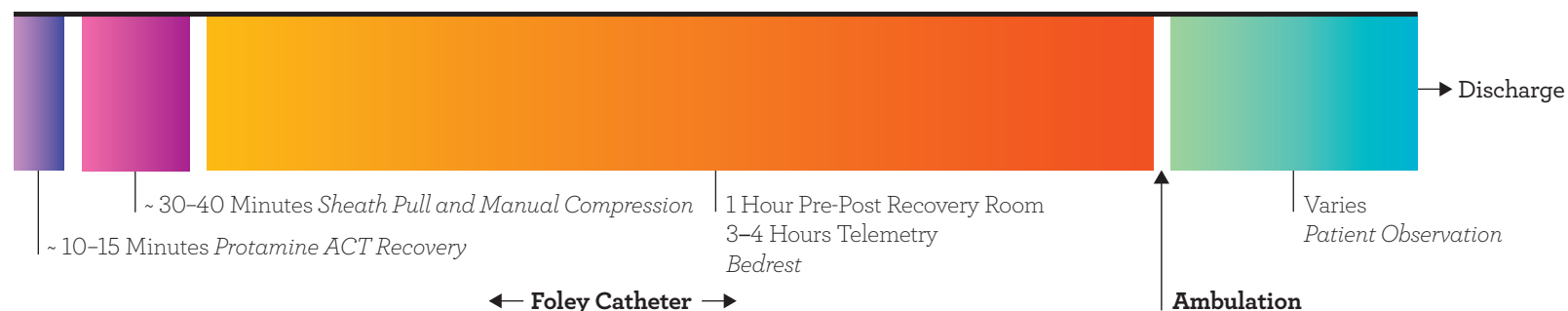
– Dr. Charles Joyner

About Virginia Cardiovascular Specialists

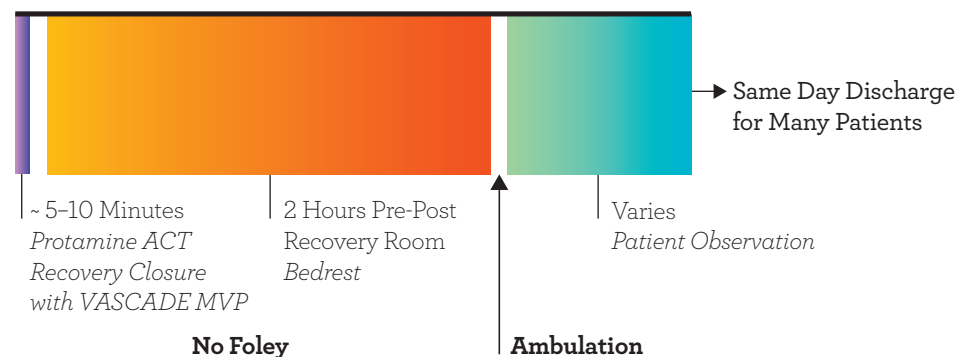
- Private cardiology practice serving central Virginia for over 40 years
- 32 Cardiologists and 7 Electrophysiologists provide care at 6 hospitals and 8 clinics
- Dr. Charles Joyner performs procedures at Chippenham Hospital
- Dr. Joyner and his partners perform approximately 800 ablation procedures each year

AF Ablation Post-Procedure Workflow for Dr. Charles Joyner

WITH MANUAL COMPRESSION



WITH VASCADE MVP



CARDIVA
MEDICAL, INC.

Discussion with Dr. Joyner

Q: What was the initial value proposition of VASCADE MVP to you and your team?

A: We were initially interested in VASCADE MVP because we wanted to reduce—or even eliminate—groin complications. We're faster and safer with AF ablation techniques, but access site bleeds remain unacceptably common. Additionally, we were very interested in early ambulation for our patients so that we could reduce the discomfort and other complications associated with multiple hours of bedrest.

Q: How has that value proposition changed now in the era of COVID-19?

A: As we planned to restart cases after the initial COVID-19 restrictions, we determined early on that same-day discharge would be critical for both patients and providers. Patients who used to prefer staying overnight for various reasons—extra level of vigilance, distance from home, etc.—now wanted to get home as quickly as possible. I am thankful that we had already started using VASCADE MVP prior to the onset of the pandemic because we had developed a level of comfort with the technique, ambulating patients at two hours, and knowing that their groin was stable. Our timing was lucky because it allowed us to seamlessly transition to early discharge.

Same-day discharge not only allowed us to allay our patients' COVID-19 concerns, it also helped us avert a potential bed shortage. Like other hospitals during COVID-19, our hospital reappropriated beds and created dedicated COVID units. As one specific result, we went from ten arrhythmia-care beds to about three. Those beds were shared across multiple EP providers. Without the transition to same-day discharge, we could have run into a real problem.

Given ablation is a large volume of what we do, and we were not previously discharging these patients same-day, I am not quite sure how we would have handled it without this technology. I can't think of another example throughout the entire hospital where a procedural change like closure with VASCADE MVP had such a major impact.

Q: How did your EP team adopt VASCADE MVP so quickly and smoothly?

A: As I mentioned, my partners and I were initially interested in the product because we wanted to further reduce access site complications and improve our patients' experiences with much shorter bed rest. Having a group of willing physicians is step one in something like this. Equally as important, our EP lab staff was really enthusiastic to learn this technique and become expert at using it. Now, almost every patient that gets a venotomy gets closure with VASCADE MVP. It is ingrained into our procedures and protocols.

STAFF PERSPECTIVE Discussion with EP Lab Staff

What does it mean to you to close a vessel with VASCADE MVP compared to using manual compression?

Most importantly, it means that we are adding an extra level of protection for our patients. Previously, we would sometimes hear that even after a patient spent the night, they could end up in the ER with bleeding or swelling. Now, with VASCADE MVP, it is nice to know that they are going to go home without issue.

It has been really nice to take this on. We have developed a training protocol with our physicians and Cardiva representative, and we certify EP staff members to implant VASCADE MVP on an ongoing basis. A lot of nurses know how to pull sheaths, but not a lot know how to implant VASCADE MVP independently. We appreciate having this under our responsibility.

It is also a much more satisfying part of the procedure to implant the VASCADE MVP instead of holding pressure. With some of the larger sheaths, we sometimes held pressure for 30–40 minutes. That additional time tied up the room and often led to additional anesthesia costs for the patients. By reducing the overall lab time, we are able to get more cases in, which allows us to meet the needs of more patients and still get home on time.

CHANGE IN SAME-DAY DISCHARGE FOR DR. JOYNER

PRE-COVID 19

Same Day Discharge
for AF Ablation:

5–10%

Same Day Discharge
for Watchman™*:

<5%

COVID 19 ERA

Same Day Discharge
for AF Ablation:

~60%

Same Day Discharge
for Watchman™*:

~70%

*Watchman is a trademark of Boston Scientific Corporation.

Dr. Joyner is not financially compensated by Cardiva Medical for this publication, and the content is an accurate presentation of his personal opinion of the VASCADE MVP device. Refer to the product IFU before use for important safety information.