

What to Expect After a Mini Maze Procedure

You have a good chance of having short-term AF, which is caused by inflammation of tissue that is common anytime the heart is worked on. This usually stops within a few months at the longest. During this time, you will be asked to continue taking your blood thinner and other AF medications. Your surgeon, cardiologist or family doctor will decide when you should decrease or stop taking these medications. Most likely, you will wear a heart monitor for a day or two to ensure your heart rate is normal.



Making the Decision

Your doctor will help you decide if having a Mini Maze procedure is the right choice for you. Your doctor will discuss the risks of having the procedure as well as answer any questions you might have. You will also have close follow up after the procedure and access to a nurse for any of your questions or concerns.

For additional information and resources regarding Atrial Fibrillation, visit afibfacts.com

REFERENCES

1. Benjamin E. et al. *Circulation* 1998 Sep 8; 98(10):946-52.
2. Stroke. 1991; 22:983-988.
3. AtriCure, Inc. Data on file.
4. Sievert H et al. *Circulation* 2002;105:1887-1889.
5. AtriCure, Inc. Data on file.

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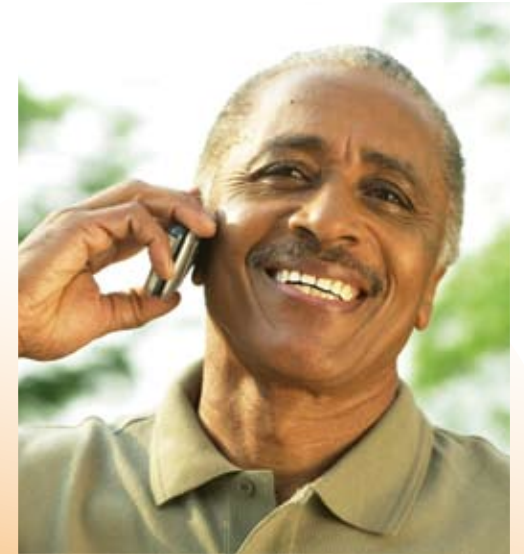
Surgical Treatment for Atrial Fibrillation



What is Atrial Fibrillation?

Atrial fibrillation, (AF) is a common heart condition in which the upper chambers of the heart (the atria) beat irregularly and much too fast because they receive extra, "abnormal" electrical signals. This causes the atria to quiver (fibrillate), affecting the heart's ability to sufficiently pump blood to the body. That means you may not be getting enough blood to your brain and other organs.

AF may produce an uncomfortable sensation in the chest. The decreased pumping power of the heart can also cause dizziness, lightheadedness, shortness of breath and fatigue. Some patients, however, have no sensation at all that their heart is fibrillating.

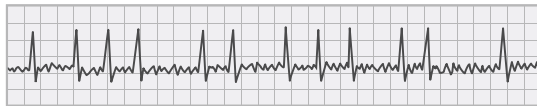


Why Treat AF?

AF is a dangerous medical condition that becomes more difficult to treat over time and can lead to irreversible heart damage. AF can also lead to the formation of blood clots inside the heart, which may lead to a stroke. In fact, AF patients are twice as likely to die and five times more likely to have a stroke.^{1,2} Medications can alleviate the symptoms of AF, but they do not cure the underlying problem.



EKG (ECG) tracing of a normal heart rhythm.



In atrial fibrillation, the tracing shows tiny, irregular fibrillation waves between heartbeats. The rhythm is irregular and erratic.

Non-Surgical Treatments for AF

Historically, treatment of atrial fibrillation has included:

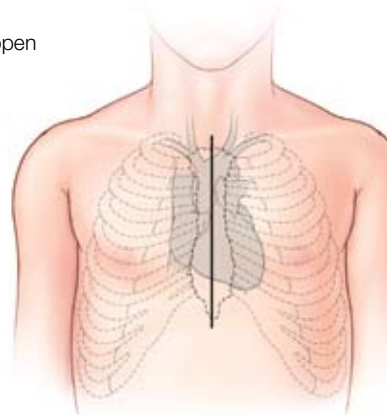
- Medications to restore a normal rhythm
- Blood thinners to prevent a stroke
- Cardioversion to shock the heart back into a normal rhythm
- Implantable defibrillators to put the heart back into a proper rate and rhythm
- Catheter-based ablations to scar the areas of the heart that are causing fibrillation

Surgical Treatment for AF

Maze Ablation Procedure

In recent years, surgical methods of treating AF have continued to develop. Since 2001, more than 40,000 patients have had the Maze procedure.³ It has been proven effective for a wide range of AF patients, even some with chronic AF.

The Maze is an open chest procedure



The surgeon will use instruments to identify the faulty electrical sites in your heart that are causing it to beat irregularly and too fast. Then an instrument with a heat source will be used to create precise scars, or ablations, on those spots. These scars will block the abnormal electrical impulses which cause AF. This can return your heart to a normal rhythm.

But the Maze procedure is also an invasive procedure requiring open heart (concomitant) surgery and often a heart-lung bypass. You and your doctor may want to consider this option, however, if you have AF and need open heart surgery for another reason such as bypass surgery or a valve repair or replacement procedure. During this surgery, the surgeon will also create the necessary ablations that can block the abnormal electrical impulses causing your AF.

Additionally, many surgeons will also remove or close off a small cul-de-sac-shaped pouch on the heart (the left atrial appendage), believed to be the primary site where stroke-causing blood clots form during AF.⁴

Mini Maze Ablation Procedure

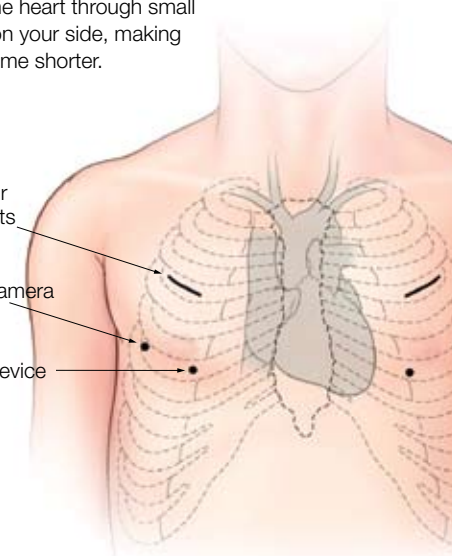
For people who suffer from AF, but are otherwise fairly healthy, a minimally invasive Maze procedure (or Mini Maze) has continued to develop over the last several years. You may wish to discuss this procedure with your doctor if:

- You have AF symptoms that are severely interfering with your quality of life
- Your medications are not working or you can not tolerate their side effects
- You are at risk for forming clots and having a stroke



The Mini Maze procedure reaches the heart through small incisions on your side, making recovery time shorter.

Incision for instruments
Port for surgical camera
Port for ablation device



For the Mini Maze, the surgeon will access your heart by making 3 small incisions between your ribs, through which a tiny camera and video-guided instruments are inserted. As with the open heart Maze procedure, the surgeon will identify the faulty areas where abnormal electrical signals are getting through, create precise scars (ablations) to block those signals, and remove or close off the left atrial appendage, where stroke-causing blood clots often form. Not having to open up the whole chest makes recovery much easier and reduces the average hospital stay to around 4 days.⁵ The Mini Maze procedure has proven to be an effective treatment offering many more patients the option of ablation therapy without having to undergo major concomitant surgery.