

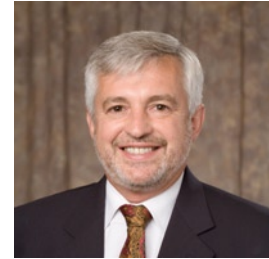


Dr. Raul Weiss



Associate Professor of Medicine, The Ohio State University
Electrophysiologist, Ross Heart Hospital, Columbus, Ohio

"When you start to work with Stereotaxis technology, all of a sudden you are removed from the procedure room," said Dr. Weiss. "You are not moving the catheter with your hands. You are not distracted by the many things going on in that room that do not add to the efficacy of the procedure. You are sitting in the control room in front of all of the clinical information that you need to make the procedure successful. You can focus on the electrogram and the anatomy with no distractions, and you begin to understand why this technology is so important."



Dr. Raul Weiss

Raul Weiss, MD, FACC, FAHA, FHRS, CCDS, is an associate professor of medicine at The Ohio State University and an electrophysiologist at the Ross Heart Hospital in Columbus, Ohio. He has performed cardiac ablation procedures with the Stereotaxis Remote Magnetic Navigation System since 2007.

Improving the Workflow in the EP Lab

In Ohio State's Stereotaxis lab, Dr. Weiss performs remote magnetic navigation procedures with a Stereotaxis Odyssey Workstation, which provides an information backbone for the lab by consolidating the multiple imaging and diagnostic systems used in electrophysiology labs on a unique customizable display. A single mouse and keyboard operates the entire lab as though it is one system.

"I use the Odyssey system for every case in the Stereotaxis remote magnetic suite," Dr. Weiss said. "I can configure Odyssey for the different steps of a particular case and never take my eyes off its single screen. For a transseptal approach, I display the fluoro and intra-cardiac ultrasound images on the screen. Then I display the advanced mapping system with the intra-cardiac electrogram. Once I get a few points on the map, I eliminate fluoro and bring up advanced mapping with electrograms and a small ultrasound window to monitor for effusion. There is no plugging and unplugging of cables or needless moving around the control room. There are no cables on the floor or disconnected cables to contend with. Everything is very well organized. This is extremely valuable."

And like most electrophysiologists who use Stereotaxis remote magnetic navigation technology, Dr. Weiss values how it reduces his exposure to radiation and the need to wear protective lead for long periods of time.

continued

Treating Patients with VT

"In our practice we treat patients with ventricular tachycardia that do not respond to medical therapy with ablation," said Dr. Weiss. "I have no problems using magnetic navigation with patients that have implantable cardioverter defibrillators. We've seen no need for special treatment before the ablation procedure, and no special measures are required following the procedure. We simply perform a routine device interrogation to confirm normal operation at the end of the procedure.¹

"Using Stereotaxis is like having a second electrophysiologist in the procedure room. If you try to reach some areas of the heart manually, you may need to change the catheters. With Stereotaxis, you can move the vector in so many ways with a single catheter; it is like having a catheter with a wide range of curves in the heart. Once you identify an area of interest, it is easy to reach it with the magnetic catheter. Stereotaxis' control of the catheter is very precise."

The Atraumatic Magnetic Irrigated Catheter

Stereotaxis allows for the use of an atraumatic magnetic irrigated catheter, and Dr. Weiss explained several of its benefits.

"During RVOT-VT or PVC ablation, the magnetic catheter is less likely to create premature ventricular contractions, and allows more precise electro-anatomical mapping. Also, if you map during VT you are less likely to terminate the tachycardia with PVCs.

"The irrigated tip is a great asset to create deep lesions in patients with VTs in the setting of structural heart disease. With the previous catheter, the 8 mm catheter, I couldn't reliably create good lesions in the ventricle. The magnetic irrigated catheter creates deeper lesions, because the catheter remains in contact with the beating heart, and the irrigation allows me to deliver more energy, creating a larger lesion. You don't have to push on the catheter like you do with a manual catheter, so the likelihood of perforation, I think, is significantly reduced."

"The Stereotaxis lab is my primary lab for left sided ablations and my preference for all complex cases."



The Ross Heart Hospital in Columbus, Ohio

¹ WARNING: The Niobe® system produces a strong magnetic field, which is always on. Patients and operators with pacemakers, internal cardiac defibrillators (ICD), neurostimulators, magnetic-sensitive or ferromagnetic implants should contact the manufacturers of their respective implant prior to entering the procedure room. Serious injury may result.

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