



**Open Irrigated  
Electrode – Laser  
HD-Mapping and Ablation  
(ELMA) Catheter for  
Magnetic Navigation**

### RytmoLas<sup>®</sup>m

A versatile, soft, and flexible open-irrigated cardiovascular mapping and ablation catheter with magnetic sleeves

**INSTRUCTION FOR USE (IFU)  
GENERAL DESCRIPTION**

The **RytmoLas<sup>®</sup>m** is a tripolar open-irrigated 8F ELMA catheter with a 15.0 cm 7F flexible distal silicon tube with magnetic sleeves, designed for percutaneous transluminal:

- **magnetic navigation** in the Stereotaxis System
- **non-contact** percutaneous transluminal catheter-directed **cardiovascular laser application**.
- **High density (HD) - lasermapping** guided **selective ablation** of arrhythmogenic substrates, **selective modulation/denervation** of retrocardiac ganglion plexi and peri-vascular innervation
- **selective** HOCM and CHAGAS-VT ablation
- **infusion of liquids**.

**For all these applications**, the following devices are needed:

- magnetic navigation system **Stereotaxis Genesis**
- **CardioVascLas<sup>®</sup>** 1064nm diode laser, **LasCor<sup>®</sup>** GmbH,
- the irrigation pump **IriFlowLas<sup>®</sup>** **LasCor<sup>®</sup>** GmbH,
- the noninvasive **EnSite<sup>™</sup> X EP** **Abbott** System,
- a long steerable stereotaxis introducer sheath
- a high frequency stimulation (**HFS**) device

**The flexible distal segment of the catheter** allows precise orientation in the magnetic field. Magnetic navigation towards the myocardial area of interest is performed under X-ray control, monitoring of the HD-lasermapping and EnSite<sup>™</sup> X EP mapping.

**Continuous wave 1064nm ND:YAG laser light** at powers of 10-15W is discharged without catheter contact force upon the myocardial wall, under visual control of electrical potential amplitudes monitored in the HD-lasermapping electrogram.

Ablation is performed under normothermic conditions. Photons are tissue-specific, selectively absorbed by the arrhythmogenic myocardium whereas the catheter itself is not heated up and adjacent tissue, endo-/epicard, is spared.

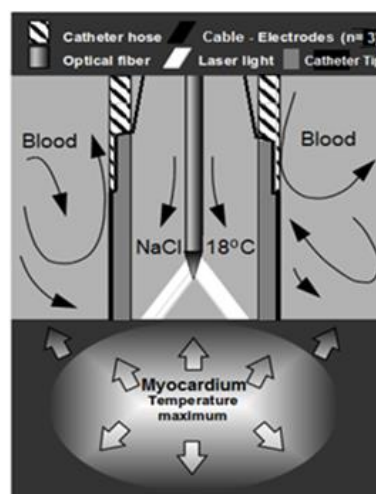
**Three 5 mm long cable electrodes** longitudinally mounted at ≤2mm interelectrode distances on the catheter head allow for **HD-lasermapping guided** ablation of arrhythmogenic substrates in the heart.

Because the laser light does not interfere with electro-physiological monitoring principles, laser-induced gradual weakening of potential amplitudes is visualized on the monitor without electrical hum in the HD-lasermapping electrogram **during** laser application, indicating lesion growth in the myocardial wall and so facilitating real-time verification of initial success of treatment.

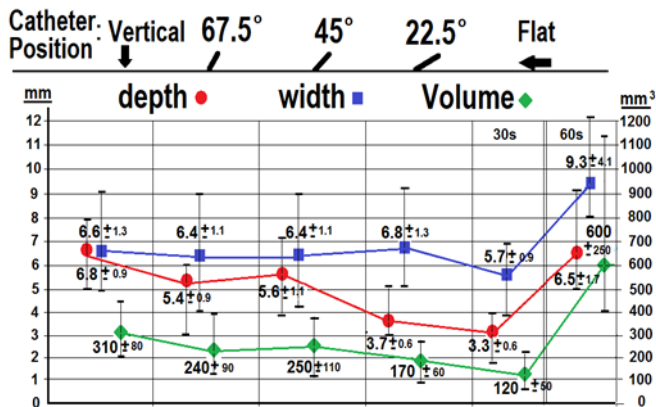
**Photons of the 1064nm laser are selectively absorbed** by myocardium, whereas transparent tissues such as the endo- and epicardium are not heated up. The laser method is a tissue selective, low-power (10-15W), short duration (10-15s) ablation technique. **Lesions are clear-cut**, without tissue vaporization with crater or thrombus formation. Of crucial importance is the laser method is **not thrombogenic**.

With the permanent abolishment of electrical potential amplitudes in the HD-lasermapping electrogram lesions are transmural (Correlation Coeff. 0.9). Stop of **laser** ≤3s after permanent abolishment of potential amplitudes, transmural lesions remain limited to the myocardial wall and the ganglion plexi without thermal damages to the lungs, esophagus, and phrenicus.

**Continuous catheter irrigation** with heparinized saline, 5000IU/mL is mandatory. It washes away the blood creating a free pathway for the laser light and avoids blood clotting when the catheter is free floating in the blood stream. Penetration of blood into the catheter would burn the fiber tip and endanger the patient. In addition, saline irrigation at room temperature (18°C) performed continuously at a rate of 15 mL/min, and of 35 mL/min during radiation cools the irradiated endocardial surface. In general, during the laser treatment there is no volume overload of the patient. In case of need diuretics can be used.

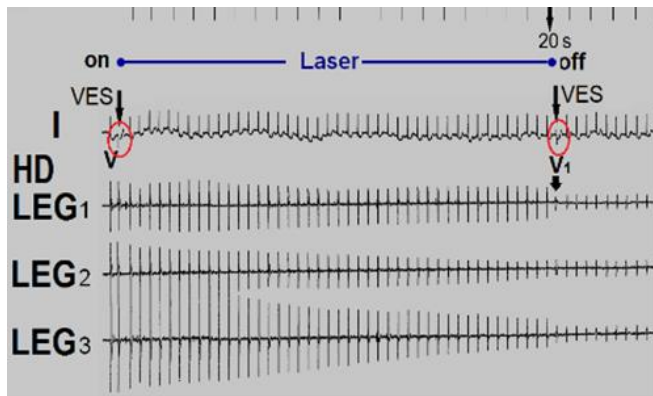


**Scheme of the catheter end  
and of heat distribution in the myocardial wall**



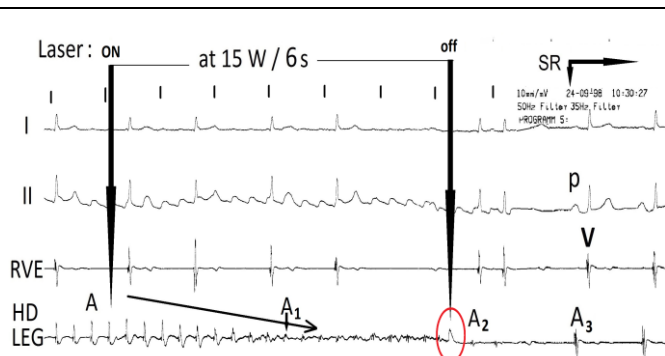
LV laser application at 15W/30s, irrigation flow 30mL/min n=10 each

**Catheter position is not a major determinant for lesion formation**



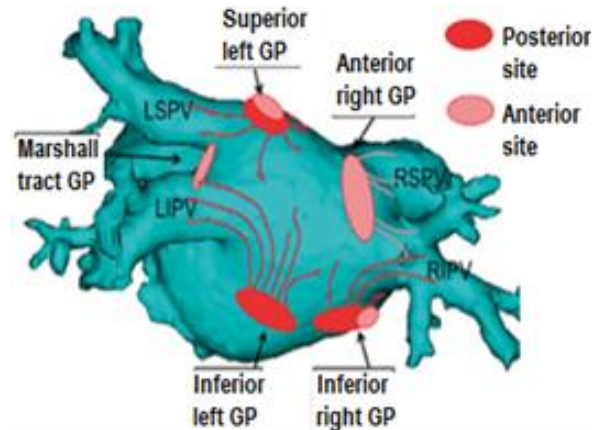
Gradual dwindling of electrical potential amplitudes in the **HD-lasermapping** LV electrograms (LEG) without electrical hum during laser application at 15W.

**Note:** VES in ECG trace I with laser on and off (red oval)



**HD-lasermapping (LEG) in a patient with very long lasting persistent AF showing gradual dwindling of electrical potential amplitudes in the HD-Lasermapping (HD LEG, oblique arrow) and permanent abolishment in the 4<sup>th</sup>s, (A-A1), online monitoring of successful treatment. Sinus rhythm (SR) A spike is marking laser off (red oval).**

### Localization of ganglion Plexi outside the atria



Laser ablation at 15W/<30s aimed at the dorsal (posterior) wall of the LA does not lead to visible damage to the lung/esophagus. Laser ablation of atrial GP zones is feasible and reduces the inducibility of AF.

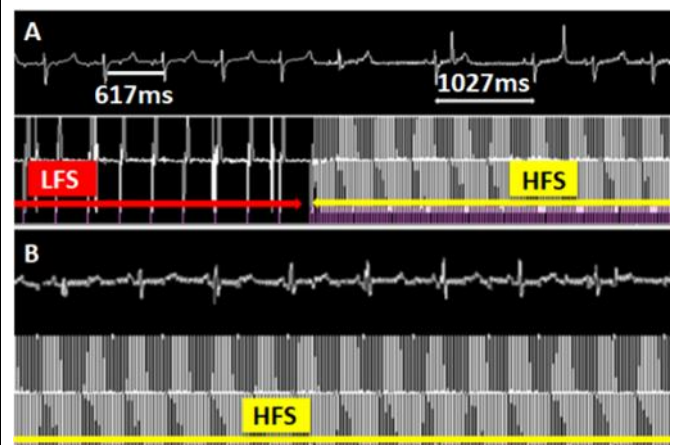
No change in atrial effective refractory period is detected following GP zones ablation, when performed also from the right atrium.

**Selective ganglion plexi (GP) modulation increases AF ablation success rate and reduces recurrences of AF and LA tachycardia**

*LASER CATHETER ABLATION OF ATRIAL ZONES WITH GANGLIONATED PLEXI: IMPACT ON ATRIAL FIBRILLATION INDUCIBILITY AND THE RISK OF ESOPHAGEAL DAMAGE IN EXPERIMENTAL SETTINGS.*

Article in Journal of Arrhythmology · May 2024 DOI: 10.35336/VA-1209

### ECG recordings during PA stimulation mapping in a pig



**A** No atrial nor ventricular capture during low frequency LFS in the right PA. HFS results in a slowing of atrial rhythm. With cycle length prolongation from 617 ms to 1027 ms

**B** The ablation catheter is positioned in the same point as in panel A. After energy application no change in atrial cycle length during HFS.

### APPLICATIONS

Laser light is applied via an optical fibre with a divergent beam in a non-contact mode of radiation. The fibre tip is mounted at a given distance from the end-hole of the catheter and saline irrigation creates a 3-4mm clear channel for the laser light from the fiber tip to the target area.

Selective laser induced absorptive heating depends on the composition of the target tissue and the laser wavelength used. **Selective absorption of photons by myocytes, and** low absorption in water of the 1064nm laser light, creates deep intramural lesions. Lesions are further growing by photon scattering, and by heat convection in the myocardial wall.

By means of the **recommended power settings** controllable intramural temperature maximum and transmural lesions limited to the myocardial walls are achieved within seconds without tissue vaporization or thrombus formation.

### Indications

The **RytmoLas<sup>®</sup>m** is an open-irrigated electrode laser catheter for **HD-mapping** of intracardiac electrical potentials and for determination of conduction intervals. Indirect control of myocardial heating is achieved by continuous monitoring of laser-induced gradual attenuation of local potential amplitudes in the **HD-lasermapping** electrogram.

A divergent laser beam allows radiation at a low power and short duration (**LPSD**) without tissue vaporization with crater formation preserving the anatomical integrity of the heart and vessels.

In addition, allows for selective modulation of retrocardiac ganglion plexi and for pulmonary artery perivascular nerve modulation.

### Contraindications

The use of the **RytmoLas<sup>®</sup>m** may be contraindicated if there is a known or suspected obstruction in the vessel access or a vessel spasm. Acute severe chronic diseases, especially a substantially reduced left ventricular function, obstruction of coronaries and angina pectoris, increase the procedure risk and may contraindicate its use.

### SAFETY NOTES

#### Reuse

The **RytmoLas<sup>®</sup>m** is designed for single use only. Cleaning or reuse can result in serious complications. **LasCor<sup>®</sup>** will not be responsible for any direct or consequential damages or expenses which result from cleaning or reuse.

#### Sterilization

The catheters are shipped after sterilization with EO. (DIN EN ISO 11135). Do not use products from opened or damaged packaging. Under appropriate storage conditions, we guarantee sterility in undamaged packaging until the expiry.

Sterile products should be stored at humidity of 45-70% and at temperatures of 15-25°C. They should not be exposed to direct sunlight and must be used before the expiry date on the packaging (DIN 58953 Sterile storage).

**! The *RytmoLas<sup>®</sup>m* is for single use. Resterilization and reuse would jeopardize catheter function and would endanger the patient.**

### External Interference

The regulations for electromechanical devices apply to temporary leads and electrodes such as the catheters **RytmoLas<sup>®</sup>m**. If line-powered instruments are used close to the patient, adequate measures must be taken to avoid those extraneous electrical currents reaching the external pacemaker, the lead, or the heart.

Such currents may trigger severe complications such as lethal arrhythmias. Use only such instruments that comply with protection class CF (cardiac floating) and follow the instructions given in their manuals.

### Side effects and complications

During inappropriate handling of the **RytmoLas<sup>®</sup>m** complications may occur such as:

- Vessel spasm and local bleeding,
- subcutaneous Hematoma,
- rupture of a valve, Pneumothorax or hemothorax,
- thrombosis and embolism due to blood clotting or air bubbles,
- arrhythmias of the heart, e.g., ventricular fibrillation and AV block.

### Catheter Check

During catheter mapping and application, the **RytmoLas<sup>®</sup>m** is subjected to a variety of mechanical and thermal strains. If catheter damage is suspected, both the mechanical and optical integrity of the catheter must be verified by visual inspection.

**! OF CRUCIAL IMPORTANCE IS TO:**

**! stop the laser when potential amplitudes in the HD-Lasermapping are abolished**

**! repeat radiation after 3-5s when potential amplitudes recur, or when after the preset 10/15s potential amplitudes are not yet abolished permanently.**

**! After successful abolishment of potentials reorientate the catheter to an arrhythmogenic area with high amplitude sharp electrical potentials and repeat the procedure.**

**This device should be exclusively applied by electrophysiologists who are trained and experienced in the field of cardiovascular laser application.**



### Laser Safety

The **RytmoLas<sup>®</sup>m** must be used in compliance with current laser safety regulations **DGUV-V 11**. Operators and personnel must have sufficient knowledge about potential hazards and safety measures for medical laser application.

### Safety Hazard

Laser coagulation of myocardium is performed by means of invisible continuous wave Nd:YAG laser light at 1064nm wavelength. Due to low absorption in water, it is highly scattered in myocardium. It can easily penetrate the eyeball, and irreversible damage of the retina is the primary safety hazard.

<b>!</b>	<p><b>Never point a connected <i>RytmoLas<sup>®</sup>m</i> or variant towards a person or reflecting surfaces.</b></p>
<b>•</b>	<p><b>Enable laser radiation only when the <i>RytmoLas<sup>®</sup>m</i> is positioned inside the body.</b></p>
<b>!</b>	<p><b>Disabling of the laser footswitch is:</b></p> <ol style="list-style-type: none"> <li><b>1. advisable after each laser application and is</b></li> <li><b>2. mandatory before removing the catheter from the patient.</b></li> </ol>
<b>•</b>	<p><b>Check the laser beam profile only by means of the red pilot beam, never by releasing invisible and hazardous 1064 nm laser light.</b></p>
	<p><b>Use eye protection that blocks 1064 nm wavelength.</b></p>

**Laser safety measures** primarily include the prevention of inadvertent laser emission and eye protection for people staying inside the laser area, defined by the area, in which radiation exceeds the authorized value.

The **RytmoLas<sup>®</sup>m** causes a laser area of 1.3 m radius, measured from the catheter tip, calculated according to laser safety regulation **DGUV-V 11** (previously BGV B2) for an irradiation at 20 W/10 s.

**Safety hazards** are significantly reduced, if laser emission is inhibited on the laser panel whenever the **RytmoLas<sup>®</sup>m** is handled outside the patient. During catheterization however, a temporary laser area is caused inside the patient, when the foot switch is enabled, and no hazardous radiation can be released into the operating room. All incidences caused using the **RytmoLas<sup>®</sup>m** must be reported immediately to the manufacturer and to the local authorities.

Thus, from a practical point of view, laser safety goggles are not necessary. However, laser goggles may be mandatory due to local safety regulations. To visualize the course of the non-visible laser beam, medical lasers are equipped with a harmless red pilot beam. This beam is suitable to control the radiation characteristics of the **RytmoLas<sup>®</sup>m** and to study the different beam properties in air and water.

Medical lasers and accessories such as optical fibers or catheters are controlled by a series of hardware switches to avoid inadvertent radiation or radiation under inappropriate conditions.

Before laser application can be started by pressing the laser foot switch, the catheter must have been flushed with saline, properly connected, and the foot switch must have been enabled on the laser front panel. Make sure to regularly check the functions of the laser safety chain.

### RISK MANAGEMENT

A **RytmoLas<sup>®</sup>m** inserted into the patient cannot radiate hazardous laser light into the environment. Laser hazard increases only when the connected catheter is handled outside the patient, e.g., during visual inspection of the catheter.

It is highly recommendable to enable the laser footswitch only when the **RytmoLas<sup>®</sup>m** is already placed on the target site in the patient's body and to inhibit laser emission after laser application.

<b>!</b>	<p><b>Inappropriate handling, bending around sharp edges, jammed under wheels or heavy weights can destroy the catheter.</b></p>
----------	--

Additional hazards can be provoked when the **RytmoLas<sup>®</sup>m** is handled inappropriately, especially when the optical cable is bent around sharp edges or is jammed under wheels or heavy weights.

The optical fiber tip of the **RytmoLas<sup>®</sup>m** mounted at a given distance from the end hole in the central lumen of the catheter head is effectively protected against mechanical forces acting on the catheter during heart catheterization.

However, it must be strictly avoided to clean its distal end hole by means of sharp objects such as metal pins or cannula, as this might cause fiber breakage. In this case, application of the **RytmoLas<sup>®</sup>m** would not be safe and could endanger patients.

### HANDLING

#### Preparation of the Laser System

##### Calibration

The **RytmoLas<sup>®</sup>m** is optimized for radiation in an aqueous medium and cannot be calibrated in air. Light transmission is therefore measured by the manufacturer. Only qualitative control of the laser spot must be performed by operators (see chapter "Catheter Control").

##### Pump Triggering

Pump triggering via the laser footswitch should be checked before clinical use. Make sure that the footswitch changes the pump flow rate, and that laser light are only applied simultaneously with the start of the increased flow rate from **15mL/min** Low Flow to **35mL/min** High Flow, the lasing flow.

**!** **RytmoLas<sup>®</sup>m must be irrigated during radiation and be surrounded by an aqueous medium. Laser irradiation without irrigation can destroy the catheters and could endanger patients.**

### Preparation of the Patient

The patients should be in a good clinical condition. Preferably, primary diagnosis is performed without anti-arrhythmic medication. A venous access line is needed for volume and electrolyte substitution, antithrombotic and optional for drug treatment.

Percutaneous puncture performed under sterile conditions allows access to the cardiovascular system via a vein or artery from the groin or an arm.

From there all the vessel segments and cardiac chambers can be reached. Left heart catheterization is practicable also via an open foramen ovale or after side selective interatrial septal laser puncture (see IFU: *ISPunctureLas<sup>®</sup>*).

### Connecting the Catheters

The functions of the *RytmoLas<sup>®</sup>m* and its connections to external devices must be checked by the operator at the sterile workplace before clinical use. This includes:

- Integrity and sterility of the packaging,
- Catheter irrigation
- Laser spot

Thoroughly **inspect the packaging and expiry date** before opening. Draw off the cover sheet off the double sterilization envelope and pass the catheter under sterile conditions, with the inner envelope to the operator. For connection to the laser the FSMA will be handed over to the non-sterile technical assistant, which will position a chip-sleeve over the FSMA screw-cap.

Be sure not to touch or soil the polished proximal end of the FSMA. Insert the FSMA plug into the coupling port of the laser and fully tighten the screwcap until the safety interlock reacts by switching on the pilot laser. Check the course of the optical fiber protection tube. It should not run next to wheels or across sharp edges.

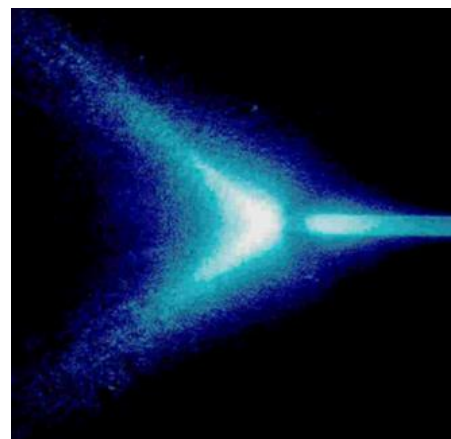
Avoid bending radii below 5 cm. Light should only be radiated from the catheter end hole. Do not use catheters if light is leaking through the cable or the catheter body.

Plug the electrical cables into the ECG unit according to chapter "Connections". Insert sterile original tubing into the peristaltic pump.

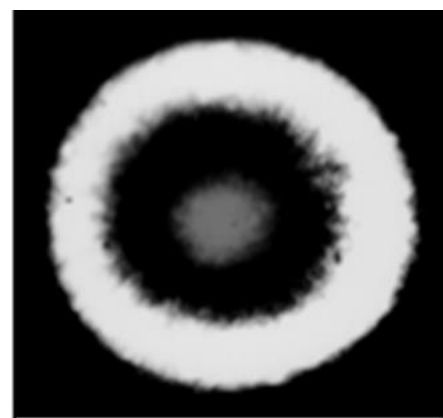
Connect the inflow to heparinized saline and the outgoing line to the laser catheter. Set the pump Flush Flow to 80mL/min and flush the line and catheter to remove air bubbles. By releasing the footswitch, a continuous 10mL/min Low Flow of saline must leave the distal catheter end. Control the tightness of all connections. The tubing must not be distended by excessive pressure.

### Test before Use:

1. The continuous background Low Flow rate of 10 ml/min,
2. The lasing High Flow rate of 35 mL/min.
3. Start the Low Flow and step on the laser footswitch while laser emission is still inhibited.
4. The pump must now automatically switch from Low Flow 10mL/min to High Flow rate of 35mL/min.
5. When releasing the footswitch, the pump must return automatically to the continuous Low flow of 10mL/min.
6. Inspect the laser spot of the optical fiber. This test must be performed after irrigation, as the dry catheter radiates a completely different laser beam.
7. Thus, dip the catheter tip into a white non-metallic cup filled with sterile water or saline.
8. Avoid reflective metal surfaces.
9. The laser spot must be visible as a clear-cut continuous ring ("Donut"). An additional spot may be visible in its centre that must not be brighter than the ring.
10. Do not use catheters with anomalous laser spots (Figures).



**1064nm Nd:YAG-Laser beam lateral view**



**1064nm Nd:YAG Laser beam frontal view**

### Catheter Insertion

The following description is a proposal based on general experience in the use of electrophysiological heart catheters. Investigators may change procedure details according to their personal experience.

The **RytmoLas<sup>®</sup>m** is inserted percutaneously via long steerable sheaths and introducers provided by Stereotaxis Genesis installation. The distal catheter segment is provided with magnetic sleeves for magnetic navigation.

The three tip electrodes are used for HD-lasermapping, for noninvasive EnSite™ X EP mapping, for intracardiac pace mapping, for localization of arrhythmogenic myocardium, modulation of retrocardiac ganglion plexi, of perivascular renal or pulmonary nerve modulation, and HF-Stimulation.

Do not use inappropriate introducer sheaths or guiding catheters as they may jeopardize the functions of the **RytmoLas<sup>®</sup>m**, may increase the complication rates and may endanger patients.

### PROCEDURE

After aseptic skin preparation and sterile covering of the insertion area, the vein, or the artery in the groin or arm is punctured (Seldinger technique), or access to the vessel is achieved by cut down. Then, the vessel is held by a tourniquet and is opened by a tiny cut for the sheath or catheter insertion.

Connect the **RytmoLas<sup>®</sup>m** to the manifold, to the laser and the peristaltic pump and flush the catheter (Flush Flow) to remove air bubbles.

Introduce the catheter into the percutaneously inserted sheath or through the vessel prepared for direct access after losing the tourniquet.

Advance the catheter under continuous saline Flush Flow of 10mL/min and under X-ray control to the targeted heart chamber or vessel segment.

### Catheter manipulation

The **RytmoLas<sup>®</sup>m** can be advanced, withdrawn and twisted by using the magnetic navigation system according to the instructions (see IFU) of the Stereotaxis-Genesis System.

### Laser Application

The laser is used in the continuous wave (cw) radiation mode at a preset power of 10W or 15W depending on the thickness of the myocardial wall of  $\leq$  or  $\geq$  4mm, the atrial or ventricular wall. To avoid inadvertent release of laser light the laser must be disabled.

The footswitch must be relieved during catheter insertion and mapping.

After HD-mapping guided positioning is achieved with the catheter tip in intimate contact upon the endocardial area or the vessel segment of interest, laser radiation is enabled by means of the button on the screen shot, and laser radiation can be released by pressing the laser footswitch.

Simultaneously with the start of laser radiation the peristaltic pump flow increases to the preset High Flow rate of 35mL/min, and laser alarm sounds.

Radiation is terminated automatically after the preset pulse duration of 10s or 15s, or by releasing the footswitch when the monitored electrical potentials are abolished permanently.

Longer application times can be achieved by consecutive pulses.

**For safety reasons**, the laser stops automatically after the preset pulse duration or whenever the foot switch is released.

**! Disenable laser radiation always before removing the catheter from the patient.**

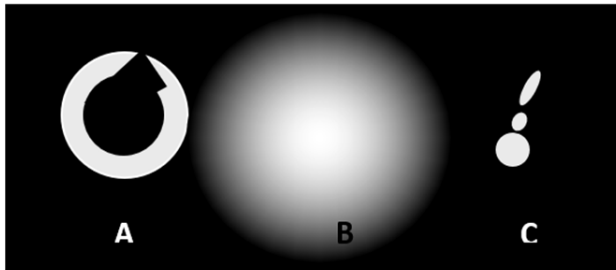
Laser radiation may produce a painful sensation of heat or pressure in the chest, or in the kidney or vessel region. Only in rare cases may analgesics be required.

Permanent abolishment or significant permanent reduction of electrical potential amplitudes in the HD-lasermapping recorded via the distal cable electrodes of the **RytmoLas<sup>®</sup>m** during laser radiation is a marker for stable catheter position and for effective laser application, for immediate verification of success of treatment.

As the electrodes are framing the radiation field laser ablation effects are limited to the targeted arrhythmogenic area.

If electrical potential amplitudes in the HD-lasermapping electrogram do not dwindle or even remain unchanged during the first 2-3s of radiation the laser must be stopped, and the catheter be repositioned.

Radiation from a damaged optical fiber can cause severe complications such as endomyocardial burning with tissue vaporization and crater formation, perforation, rupture of chordae and valves, and may produce steam pop and thrombi with the risk of myocardial infarction and stroke.



### Deteriorated beam profiles:

- A. Interrupted ring. Tip deformation casts a shadow. Potential overheating of the catheter. Reduced effect!
- D. Diffuse radiation. Contamination, overheating of the fiber tip. Reduced effect!
- C. Collimated and partly asymmetric radiation spot, due to fiber breakage. **DANGER!** High risk of perforation. Increased laser safety hazard.

### Do not use catheters with deteriorated beam profile

#### Catheter Control

Whenever suspecting a reduced catheter performance or a malfunction, the laser catheter should be inspected.

This includes its general appearance and the shape of the laser beam profile. Post-application laser beam inspection is analogous to the initial catheter check after unpacking.

#### CONNECTIONS

##### ECG Recordings

The **RytmoLas<sup>®</sup>m** is provided with three pin electrodes according to E-DIN 42802-2. Due to the symmetrical electrode arrangement, the plugs are not labeled. Electrodes are framing the radiation field. The standard wiring yields a bipolar tip deflection. Electrodes are usable also for the noninvasive EnSite™ X EP mapping system

As the laser light does not interfere with electrophysiologic principles HD-lasermapping electrogram can be monitored without electrical hum even during laser application. In case of cardioversion / defibrillation, the plugs must be removed from units that are not protected against DC shock application.

There is no electrical connection between the laser and the patient or the operation field. Defibrillators cannot harm the laser.

##### Laser

The laser catheters are connected to a diode laser via a flexible optical fiber provided with an FSMA connector at its proximal end. As light transmission and radiation characteristics of the catheter depend on the laser model, for cardiovascular laser applications use only the Laser:

CardioVasLas<sup>®</sup> 1064 nm LasCor<sup>®</sup> GmbH

#### Catheter Irrigation

The catheter is continuously flushed with heparinized saline at 10mL/min (Low Flow) by means of a peristaltic pump via an irrigation tube with female Luer connector. Irrigation must be performed by the laser-triggered **IriFlowLas<sup>®</sup>** peristaltic pump. This is mandatory for safe and correct use of all the **LasCor<sup>®</sup>** open-irrigated laser catheters.

10mL/min "Low Flow" rate increases automatically via the laser foot switch to 35mL/min "High Flow" with the start of laser application. Manual pump adaptation is not recommendable. Do not use other pumps than the laser peristaltic pump:

IriFlowLas<sup>®</sup> LasCor<sup>®</sup> GmbH

#### EXCLUSION OF LIABILITY

The laser catheter is used in the thoroughly aggressive environment of the human body. Moreover, the needed flexibility and the very small diameter of the catheter invariably result in limited reliability.

Catheter can fail for any number of reasons, among which there are medical complications, rejection reactions of the body, fibrosis, dislocation, erosion or migrating through body tissue or resulting from a break or tear in insulation.

Despite the greatest possible care taken in development, choice of components, assembly, and final control prior to delivery, the **RytmoLas<sup>®</sup>m** can become damaged by negligent handling or other influences, during or after introduction.

As a result, we do not assure or guarantee in any way that a disturbance or discontinuation of function will not occur, nor that the human body will not reject the introduced catheter, nor that there will be no medical complications, including myocardial perforation, because of introducing the catheter.

Since the accessories can become damaged by negligent handling or other influences before, during or after introduction, we do not assure or guarantee in any way that a disturbance or discontinuation of function will not occur.

The **RytmoLas<sup>®</sup>m** is sold in "as is" condition. No responsibility will be assumed for any deficiencies that are not immediately declared upon delivery of the goods.

The purchaser assumes the total risk related to the quality and function of the catheter and accessories when they are put into use.

In cases of defects detected **prior to use**, the **non-contaminated catheter** can be replaced by the manufacturer, provided the catheter is sent back with documents describing the detected defect, according to our fax template. **Contaminated catheters** can be returned using the return form under sterile conditions.

FB 08-08.2 Instruction for Use: RytmoLas <sup>®</sup> m, © Copyright : LasCor <sup>®</sup> GmbH		Version 2024-12-10
Compiled: Dr. Helmut Weber, Development	Examined: Dr. Michaela Sagerer-Gerhardt, QMB	Released: Dr. Helmut Weber, GL, CEO
Ed. Development / QM	Reference: Chapter 8.3 Development, QMH A02	Seite 7/18



**LasCor®** assumes no responsibility whatsoever for any loss, damage, or injury, be it directly or indirectly related to the catheter or accessories or determined to be subsequent damage resulting from the use thereof.

Consequently, **LasCor®** does not and will not assume any expenses incurred by the purchaser or a third party, ensuing from the use, malfunction or total failure of any catheter or accessories.

This exclusion encompasses physician's fees, costs of hospitalization, costs incurred by using medicinal products, any secondary expenses, and all subsequent damages.

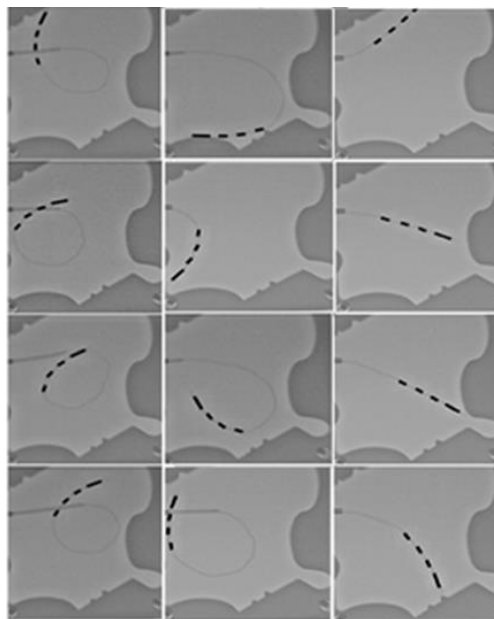
Let it be known that no institution, organization, or individual has ever been empowered or in any other manner obtained the right to issue any notification deviating from the above or to make any guaranty in the name of **LasCor®**.

**NOTE**


After its use the catheter is biologically contaminated and must be disposed according to the local regulations. The catheter does not contain toxic components that would need special measures.

**!** The patient information sheet must be handed out to and must be signed by the patient together with the informed written consent.

**Three dimensional navigations of the RytmoLas®m in the Stereotaxis Genesis robotic navigation system**



TECHNICAL DATA	
<b>RytmoLas®m</b>	<b>Version 2024-12-10</b>
Body size	7-8 F
Useable length 130 cm	Total Length 300 cm
Silicon tube 7F: 15 cm	with 5 magnetic sleeves 2.2 x 1.5 x 5.5mm
Cable electrodes: 3	conductor resistance <4Ω
Optical fiber Core	300 μm
Numerical aperture	0.22
Beam divergence fiber	70° (in water)
3-way Connector	with 4 openings
Irrigation tube: 15 cm	Luer-Lock female
Laser-connector	FSMA with time limiter
Order Data	
Catalogue No.:	<b>M 002-130-XXX</b>
Packaging:	carton box with one sterile set
Delivery box	with 10 single carton boxes
UDI-DI:	<b>4260691560023</b>









	0123 TÜV SÜD expired 2006 0481 ecm Aachen expired 2024 <b>0123 TÜV SÜD in process</b>
Patents:	EP Nr. 3653155 US Nr. 12,150,706 B2 Russian Federation Nr. 2770278

**Annexes:**

- 1. Patient Information**
- 2. Patient's Statement + Written Informed Consent**
- 3. Fax Template: Post Market Clinical Follow-up (PMCF)**

**SYMBOLS**

This medical product is labelled according to **DIN EN ISO 15223-1:2022-02** by using the following graphical symbols:

	<b>Medical Device</b>
	<b>Manufacturer</b>
	<b>Lot number</b>
	<b>Date of manufacturing</b>
	<b>Sterile, sterilization method</b>
	<b>For single use only</b>
	<b>Regard operating manual</b>
	<b>To be used until</b>

**LasCor®** GmbH Laser - Medical Devices  
No 4 Schlesierstraße, Taufkirchen, D – 82024 Germany  
PO box 1255  
Tel.: +49 89 759 5596 Fax: +49 89 759 5770  
E-Mail: [info@lascor.de](mailto:info@lascor.de) [www.lascor.de](http://www.lascor.de)



# Patient Information

## Selective Laser Catheter Ablation of Cardiac Arrhythmias

### What It's All About?

#### Introduction

Catheter ablation of cardiac arrhythmia is not an operation; it is a non-surgical, percutaneous, minimally invasive technique that selectively destroys the abnormal electrical pathway or other abnormal myocardium causing your arrhythmia. The treatment involves only percutaneous puncture or a tiny incision in the skin and is done under local anesthesia without putting you to sleep.

You will be awake during the procedure and be able to talk with the staff. The procedure is used for treating rapid heart rhythms that have not responded adequately to medication. The information obtained during high density endocardial mapping, the exploration of the heart with the laser catheter *RytmoLas<sup>®m</sup>* enables doctors to localize the site of the origin of your arrhythmia or vessel segment involved in your high blood pressure and to destroy it selectively.

Current catheter ablation techniques utilize radiofrequency (RF) energy or by freezing (Cryoablation). Laser catheter ablation is a new promising method for the treatment of cardiac arrhythmia, developed with the intention to reduce the risks and to increase the success for arrhythmia ablation and for the treatment of hypertension.

For the laser procedure, doctors insert the *RytmoLas<sup>®m</sup>* percutaneously after puncture or cut down for access to a vessel, a vein or artery, in the groin or arm. The catheter is advanced through a long steerable sheath and introducer set Sterotaxis. under X-ray control into the heart chambers or vessel segments of interest. For some left heart catheterization procedures side selective transseptal puncture can be performed by using the laser puncture set *ISPunctureLas<sup>®</sup>*.

Doctors position the catheter so that it lies in intimate contact to the abnormal diseased arrhythmogenic focus in your heart, or vessel segment and then pass laser light through the catheter. The irradiated area of the heart that produces the arrhythmia or vessel segment selectively heats up and diseased structures are coagulated/ablated.

During laser application doctors have immediate control of lesion formation by monitoring electrograms recorded via the *RytmoLas<sup>®m</sup>* and can stop the radiation when local electrical activation is abolished, thereby saving the adjacent lung, nerves, and esophagus from thermal damages.

If the treatment is successful, you will be cured from your attacks of rapid and/or irregular heart rhythm. Laser applications are painless and if you have a pacemaker or an ICD implanted it does not jeopardize the function of the device. The *RytmoLas<sup>®m</sup>* is not NMR compatible. Clinical studies are not yet performed.

Clinical studies are not yet available but will be carried out.

### Alternate Therapies to the Laser Catheter Ablation

1. Antiarrhythmic Medication (which was not successful in the treatment of your arrhythmia).
2. Permanent Cardiac Pacing (Pm) or Implantation of and Cardioverter Defibrillator (ICD)
3. Antiarrhythmic Cardiac Surgery (for selected patients).
4. Radiofrequency Catheter (RF) Ablation (the routine catheter ablation procedure up to now).
5. RF **MAGIC** magnetic navigation catheter Stereotaxis magnetic navigation system
6. Cryoballoon pulmonary vein isolation (PVI)
7. Ultrasound catheter ablation is a new method still under investigation for AF ablation (unknown long-term results )
8. Laser balloon ablation designed selectively for Pulmonary vein ablation.
9. Pulse field Ablation (PFA)

### Preparing for the Ablation Procedure

Unless you are already hospitalized, you will probably be admitted to the hospital or, in some cases, you may undergo the treatment in a cardiac electrophysiology unit as an outpatient. Several routine laboratory tests will be performed including ECG and blood tests.

Blood tests may be done one or two days ahead of catheter ablation. The doctor performing the ablation procedure will review your medical history and examine you. You may be seen by the doctor at the office several days before the procedure. The doctor will explain the ablation technique, its purpose, potential benefits, and possible risks. This is a good time to ask questions and, most importantly, to share any feelings or concerns you may have about the ablation intervention.

You will be asked to sign a consent form, a document that allows drugs to be injected directly into the vein if necessary. To help you relax, you will be given a sedative if necessary. Generally, you will be asked **not** to eat or drink anything after midnight, to allow for an empty stomach. If you are scheduled for an afternoon study, you may be given a light breakfast. You may have a small amount of water with medication.

You may be asked to stop taking certain medications for two or three days before the ablation procedure. Be sure to check with your doctor several days before the intervention. Bring a list of all the medications you are currently taking. It is very important for the doctor to know the exact names and dosages of any medication that you take. Be sure to mention to the doctor if you have had allergic reactions to any medication.

For your comfort, empty your bladder as completely as possible before the procedure starts. Once preparations are completed, you will be taken to the electrophysiology laboratory where the procedure will be performed. You will be transferred to an X-ray table. For your security the table has a large camera above it and television screens close by. The equipment in the lab also includes heart monitors and various instruments and devices. The lab team generally includes the electrophysiologist, a cardiologist with special training, an assistant, nurses, and technicians.

### During the Ablation Procedure

After being positioned on the table, you will be hooked to a variety of monitors and manifolds, and you will be covered with sterile sheets. The staff will be wearing sterile gowns and gloves. The area where the catheter will be inserted (groin, arm, or neck) is cleansed thoroughly. A local anesthetic is injected into the skin with a tiny needle to numb the area. This may cause a stinging sensation.

A small incision is made in the skin, and a needle is used to puncture the blood vessel into which the catheter will be inserted. The catheters are directed to the targeted diseased myocardial area or vessel segment by magnetic navigation and will transmit laser light via a flexible optical fiber mounted coaxially in the catheter that is flushed with saline through its central lumen.

After one or more 15 seconds laser application aimed at the site of the arrhythmia origin in the heart or the vessel nerves responsible for your high blood pressure will be irradiated and modulated selectively without tissue vaporization with crater formation. Without the risk of perforation of the heart or vessel wall. Within days, the irradiated area will be transformed into a scar. In general, this process can cure you persistently from your heart rhythm disturbance or your arterial or pulmonary hypertension.

You will be awake during the procedure; although medication will be given to help you relax. The staff will monitor your process constantly. Let the staff know at any time if you experience pain or discomfort. The laser procedure is not painful, although you may feel some discomfort during the insertion of the catheters or during laser application. There may also be some discomfort from lying still for a long time. You will not feel the catheters moving through the blood vessels and in your heart.

During the procedure, doctors may stimulate your heart with electrical impulses. You will not feel these impulses, but they may induce the arrhythmia that has caused your complaints in the past. It is important that you tell the doctor or nurse immediately if you feel any palpitations, lightheadedness, and shortness of breath or chest pain. An arrhythmia induced during the procedure will often stop by itself.

If an arrhythmia persists, especially if it is very rapid, it may cause you to faint for a moment. If this occurs, the doctor can deliver an electric shock to your heart, so called cardioversion or defibrillation, to restore a normal heart rhythm. Outside of the electrophysiologic lab, such arrhythmia could be dangerous and life-threatening. In the lab, however, well-trained personnel have the equipment and medication to handle these arrhythmias.

If the doctors can induce arrhythmia in the electrophysiology lab, they may be able to localize the site of arrhythmia origin in your heart and to ablate this region. If that treatment is successful, you will be cured from your arrhythmia, or a formerly ineffective medication will now keep you off symptoms.

Sometimes, laser ablation procedures can be quite lengthy. Depending on the arrhythmia and the findings, procedures may last two to four hours. The insertion of catheters is accompanied by certain risks.

Some patients may develop bleeding at the insertion site. Blood collects under the skin resulting in local swelling and "bruise". Both swelling and bruise will disappear in time as the blood is slowly absorbed by the body.

Less frequently, ablation procedures may be associated with more serious complications. These include damage to blood vessels, formation of blood clots and infection. Fatalities such as myocardial infarction, perforation and tamponade, pulmonary embolism, and stroke and even death are extremely rare but were reported after radiofrequency ablation procedures. Up to now, the laser ablation procedure, during and after over 1000 experimental laser applications and over 600 applications in humans, in a multicenter clinical study trial, has never been associated with complications.

However, procedure related laser complications cannot be completely ruled out because this device is still investigational. Although patients who undergo arrhythmia ablation procedures with the laser method did not yet experience complications, you should be aware of the risk. To learn about your particular risk, you should discuss the matter with the doctor.

### **After the Ablation Procedure**

After the ablation procedure the catheters are removed, the doctor or nurse will apply slight pressure over the groin for about 10 to 20 minutes. The doctor may close the incision with a few stitches. This is done to prevent bleeding.

Subsequently, a dressing will be applied over the wound or puncture. You will then be transported to your room or to the recovery area. You will probably be allowed to drink and eat following the procedure but check with the nurse. You will lie flat in bed for two to four hours to allow a small seal to form over the puncture of the vessel. During this time, you may move your legs and feet or wiggle your toes. You may move your arms freely unless an arm is used for the insertion. Eventually an ultrasound doppler control will be performed to check the permeability of the catheterized vessel.

If you can go home after the procedure, please remember the following to ensure a quick recovery:

- Limit your activities during the first 24 hours at home. You can move about, but do not strain or lift heavy objects.
- If you notice new blood on the dressing, place your fingers over the site and press for about 20 minutes. If bleeding continues, call your doctor, or to the nearest emergency room while continuing to apply pressure.
- You may shower the day after the procedure but wait another day or two before taking a bath. If the dressing over the groin was not removed in the hospital, you may remove it the day after the procedure.
- A black-and-blue mark (bruise) or a small lump under the skin at the insertion site is common. These generally disappear within three to four weeks.
- Call your doctor to say if the insertion site becomes painful or warm to touch.
- Ask your doctor when you can return to normal activities, usually one or two days after procedure, and if there are any specific restrictions.
- Ask your doctor about your medication, which ones to continue and which ones to stop.



### **Follow-up Ablation Procedure**

If successful, the laser irradiation treatment has coagulated the arrhythmogenic site in your heart, thereby modifying electrical activation and/or electrical conduction within the heart. By doing so, abnormal sites in the heart cannot initiate or sustain rapid heart rhythms, and your arrhythmia will be cured.

In rare cases, medication may be needed for the treatment of arrhythmias after the ablation procedure. Follow-up examinations can be performed in the outpatient clinic. If results indicate that medication is still required, needs adjustment or is not effective, you may be brought back to the electrophysiology lab for a follow-up study or to repeat the arrhythmia ablation attempt.

For your long-term follow-up, you will be seen by your doctor in his office or at the outpatient department of the hospital for a regular check including physical examination and ECG registration at one week, and one, three, six months and one year after the laser ablation procedure.

In addition, you should come to your doctor whenever you feel again a rapid heart rate, or you have other signs or symptoms which in your opinion may be related to the ablation procedure. For such instances it is recommendable to visit the nearest office of a cardiologist or outpatient department of a hospital that can register an emergency electrocardiogram for documentation of your heart rhythm.

Eventually, a last control will be performed by a visit to the office of your doctor or by telephonic information about your health state concerning your heart rhythm and by a recent ECG strip which must be sent to your doctor that has performed the ablation procedure.

### **Artificial Pacemaker (Pm)**

In case of His-bundle ablation, intentional or inadvertent, you will receive an artificial pacemaker. This is a device that is implanted inside the body, ready to pace (stimulate) the heart. It is used in the treatment of markedly slow heart rhythms. A pacemaker has two parts: a pulse generator that contains the battery and electrical circuitry and pacing wires that carry electrical impulses from the pulse generator to the heart muscle.

A Pm senses the person's heartbeat and responds accordingly. If it senses that the heart beats too slowly or pauses too long, the Pm sends electrical impulses that stimulate the heart to contract.

### **Direct-Current Electrical Cardioversion (DC-shock)**

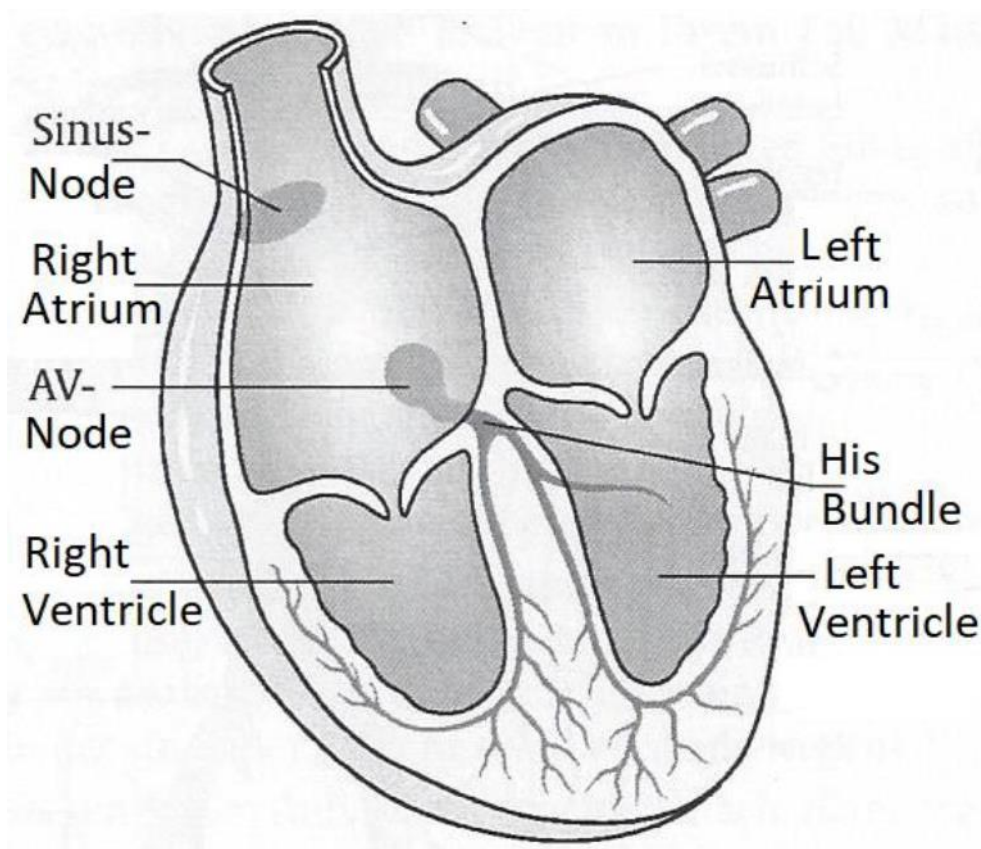
Electrical cardioversion is a procedure that delivers an electrical shock to the heart to restore a normal sinus rhythm. It is used in the treatment of certain rapid heart rhythms. During the DC-shock procedure, paddles are placed on the chest and an electric shock is delivered to the heart through the chest wall.

The shock causes all the heart cells to fire at once. This momentarily stops all electrical activity in the heart and allows the sinus node to take command again and pace the heart, so that your normal heart rhythm is restored. Cardioversion is effective but does not prevent arrhythmias from recurring.

### **Implantable Cardioverter-Defibrillator (ICD)**

An implantable cardioverter-defibrillator is a device that is implanted inside the person’s body, ready to deliver an electric shock to the heart when needed. ICDs are most often used in people who have experienced life-threatening tachycardia such as ventricular tachycardia or ventricular fibrillation. The device continuously monitors the heart rhythm. If it senses a life-threatening tachycardia, it delivers one or more electrical shocks to the heart and restores a normal rhythm.

Don’t hesitate and ask your doctor if you need more information or if some of the above is still unclear to you or if you would like to know more about the procedure, possible complications, and risks. Your doctor will give you further information.

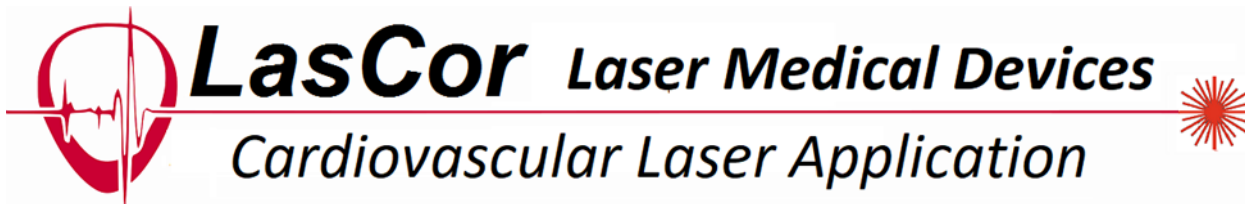


***Scheme of the human heart chambers, showing its impulse formation and conduction: the Sinus Node and the AV-node, and the conduction system: the His-bundle and its ramifications***









**Post Market Clinical Follow-up (PMCF) for  
HD Lasermapping Ablation of Cardiac Arrhythmias**

<b>Please fax to +49 (0)89 759 5770</b>	<b><i>RytmoLas<sup>®</sup>m</i> M 002-130-XXX</b>
Patient ID:	Hospital / Health Service Unit:
Diagnosis:	Physician (print):

**If no events:** please mark with X    Yes     No

Signature \_\_\_\_\_

**If yes, please describe:**

---



---



---



---



---



---



---

