# **Product Highlights**

- MRI Ready device has been tested for safe performance of an MRI scan using a 1,5 T (Tesla) field-strength MRI scanner when used in combination with an MRI Conditional lead<sup>1,2</sup>
- Improved shape with reduced volume and thickness
- Parylene coating for improved abrasion resistance
- DynamicTx<sup>™</sup> Over-Current Detection Algorithm automatically changes shock configurations to ensure delivery of high voltage therapy when high current is detected
- Cold Can programmability provides an additional RV-SVC Shock Configuration to decouple the can from the shocking vector parameters in cases of lead problems
- ShockGuard™ technology with DecisionTx™ programming designed to reduce inappropriate therapy and minimise the need for programming adjustments at implant
  - SecureSense<sup>™</sup> RV lead noise discrimination detects sustained and short bursts of lead noise that would otherwise go unnoticed or potentially lead to one or more inappropriate shocks
  - Far Field MD™ morphology discrimination improves SVT and VT discrimination for reduced inappropriate therapies
- Low Frequency Attenuation filter designed to enhance sensing performance and may reduce the possibility of oversensing T-waves
- SenseAbility™ feature provides flexibility to fine-tune programming around T-wave oversensing without decreasing sensitivity
- DF4 connector designed to streamline defibrillation connections into a single terminal pin and reduce the number of set screws
- CorVue™ congestion monitoring feature monitors the intrathoracic impedance in multiple vectors for improved accuracy, and it provides the option for both patient and physician alerts
- Antitachycardia pacing (ATP) while charging and prior to charging in the VF zone further extends the programming options for terminating tachyarrhythmias without a high-voltage shock
- ST monitoring capability provides unprecedented, continuous insight into significant ST shift events and associated ventricular
  arrhythmias through enhanced monitoring of iEGM and ST-segment as a diagnostic tool to help guide appropriate clinical action
- 36 J delivered energy safety shock option can provide a greater DFT safety margin
- DeFT Response<sup>™</sup> technology offers the most noninvasive options for managing high DFTs
- QHR<sup>™†</sup> chemistry battery provides greater capacity for enhanced longevity and improved charge time performance compared to previous SVO batteries

# Ordering Information

Contents: Single-Chamber Implantable Cardioverter Defibrillator (ICD)

Model Number	Dimensions (H x W x T, mm)	Weight (g)	Volume (cc)	Connector Defibrillation	Connector Sense/Pace
CD1377-36C	68 x 51 x 12	66	31	DF1	IS-1
CD1377-36QC*	66 x 51 x 12	67	30	DF4	DF4

<sup>\*</sup>Indicates models that are MRI Conditional<sup>1,2</sup>

Indications: The devices are intended to provide ventricular antitachycardia pacing and ventricular defibrillation for automated treatment of life-threatening ventricular arrhythmias.

Contraindications: Contraindications for use of the implantable cardioverter defibrillator include ventricular tachyarrhythmias resulting from transient or correctable factors such as drug toxicity, electrolyte imbalance, or acute myocardial infarction.

Adverse Events: Implantation of the implantable cardioverter defibrillator, like that of any other device, involves risks, some possibly life-threatening. These include but are not limited to the following: acute hemorrhage/bleeding, air emboli, arrhytmia acceleration, cardiaco revenous perforation, cardiacor syst formation, erosion, exacerbation of heart failure, extrusion, fibrotic tissue growth, fluid accumulation, hematoma formation, histotoxic reactions, infection, keloid formation, myocardial irritability, nerve damage, pneumothorax, thromboemboli, venous occlusion. Other possible adverse effects include mortality due to: component failure,

device-programmer communication failure, lead abrasion, lead dislodgment or poor lead placement, lead fracture, inability to defibrillate, inhibited therapy for a ventricular tachycardia, interruption of function due to electrical or magnetic interference, shunting of energy from defibrillation paddles, system failure due to ionising radiation. Other possible adverse effects include mortality due to inappropriate delivery of therapy caused by: multiple counting of cardiac events including T waves, P waves, or supplemental pacemaker stimuli. Among the psychological effects of device implantation are imagined pulsing, dependency, fear of inappropriate pulsing, and fear of losing pulse capability.

Refer to the User's Manual for detailed indications, contraindications, warnings, precautions and potential

† QHR is a trademark of Greatbatch Medical









# **Product Specifications**

### **Physical Specifications**

CD1377-36C CD1377-36QC Telemetry Delivered/Stored Energy (J) 36/39 36/39 Volume (cc) 31 30 Weight (g) 66 67 Size (mm) 68 x 51 x 12 66 x 51 x 12 Defibrillation Lead Connections DF1 DF4 Sense/Pace Lead Connections DF4 High-Voltage Can Electrically active titanium can Electrically active titanium can Coating Parylene Parylene MRI Conditional Yes-MRI ready

**Parameter Settings** 

Sensing/Detection

Sense*Ability*™ Technology Low Frequency Attenuation Threshold Start

Decay Delay Ventricular Sense Refractory (ms) Detection Zones

**SVT Discriminators** 

Discrimination modes

SVT Threshold SVT Timeout Monitor Mode

Reconfirmation

Lead Noise Discrimination

Antitachycardia Pacing Therapy

ATP Configurations ATP in VF Zone ATP Upper Rate Cutoff Burst Cycle Length Min. Burst Cycle Length (ms)

Number of Bursts Number of Stimuli Add Stimuli per Burst

ATP Pulse Amplitude (V) ATP Pulse Width (ms)

**High-Voltage Therapy** 

DynamicTx<sup>™</sup> Algorithm DeFT Response™ Technology High-Voltage Output Mode Waveform

**RV** Polarity Electrode Configuration

**Bradycardia Pacing** Permanent Modes Temporary Modes

Rate-Adaptive Senso Programmable Rate Parameters

Ventricular AutoCapture<sup>™</sup>

Pacing System

Post-Shock Base Rate (min-1) Post-Shock Pacing Duration (min)

DC Fibber™ Pulse Duration (sec)

Burst Fibber Cycle Length (ms) Noninvasive Programmed

Stimulation (NIPS)

Customer Support: 46-8-474-4756

**Brief Summary:** Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use. Devices depicted may not be available in all countries. Check with your St. Jude Medical representative for product availability in your country.

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#### **Patient Notifiers**

Programmable Notifiers (On; Off)

detected, non-sustained lead noise detected, ST Episodes (Type I only)

Device Parameter Reset Entry into Backup VVI Mode

Vibration Duration (sec) Number of Vibrations per Notification Number of Notifications

Time Between Notifications (hours)

Stored Electrograms

Therapy Summary Diagram of therapies delivered

Episodes Summary Lifetime Diagnostics

Real-Time Measurements (RTM) ST Monitoring

150-240 min<sup>-1</sup> 0,25-5 min Detection, discrimination and diagnostics, no therapy delivery

Automatic Sensitivity Control adjustment for ventricular events

3 zone programming - 1 zone, 2 zones or 3 zones (VT-1, VT-2, VF)

Sudden Onset, Interval Stability; Sinus Interval History; Morphology Discrimination (Far Field MD or Original MD) with Manual (Original MD)

(Post-Sensed; Ventricular) 50; 62,5; 75; 100%

(Post-Paced; Ventricular) Auto; 0,2-3,0 mV

(Post-Sense/Post-Pace; Ventricular) 0-220

125: 157

On, Passive, Off

(VT or VT-1 zone) Continuous sensing during charging

or Automatic Template Update

SecureSense™ RV lead noise discrimination (On; On with Timeout; Passive; Off)

Ramp; Burst; Scan; 1 or 2 schemes per VT zone ATP While Charging; ATP Prior to Charging; Off

150 - 300 min Adaptive; Readaptive or Fixed

150-400 in increments of 5 1-15 2-20

On; Off 7,5 Independent from Bradycardia and Post-Therapy Pacing 1.0 or 1.5 Independently programmable from Bradycardia and

Post-Therapy Pacing

Programmable pulse width for P1/P2 and tilt Fixed Pulse Width; Fixed Tilt

Biphasic; Monophasic Cathode (-); Anode (+)

RV to Can; RV to SVC/Can; RV to SVC

Off; VVI(R) Off; VVI; VOO On, Off, Passive

Off: Base Rate (min-1): Rest Rate (min-1): Maximum Sensor Rate (min-1) Pulse Amplitude (RV) (V); Pulse Width (RV) (ms); Hysteresis Rate (min<sup>-1</sup>);

Rate Hysteresis with Search

On; Off

Post-Therapy Pacing (Independently programmable from Bradycardia and ATP)

Post-Shock Pacing Mode Off; VVI

30-100 in increments of 5 Off; 0,5; 1; 2,5; 5; 7,5; or 10

20-100

2-25 stimuli with up to 3 extrastimuli

Device at ERI; Charge Time Limit Reached; Possible HV Circuit Damage; Ventricular Lead Impedance Out of Range; High-Voltage Lead Impedance Out of Range; %V pacing; CorVue™ Congestion Trigger; SecureSense lead noise

2; 4; 6; 8; 10; 12; 14; 16

1-16 10; 22

**Electrograms and Diagnostics** 

Up to 45 minutes including up to one minute programmable pre-trigger data per VT/VF diagnosis/detection electrograms; triggers include diagnosis; detection; therapy; PC shock delivery; noise reversion; magnet reversion; and morphology template verification; lead noise

detected, non-sustained lead noise detected, NSVT/NSVF

Directory listing of up to 60 episodes with access to more details including stored electrograms

History of bradycardia events and device-initiated charging Ventricular HV Lead Impedance Trend Multi-Vector Trend Data Event Histogram; Ventricular Heart Rate Histogram; Exercise and Activity

Trending; DirectTrend™ reports up to 1 yea

Pacing lead impedances; high-voltage lead impedances;

and signal amplitudes ST Histogram Data; Long-term ST Deviation Trend; ST Episode Log;

ST Episode Details; 24-Hour ST & HR Trend; ST EGM Baseline & Snapshots prior to ST Episode, VT/VF, Interrogation (Snapshots and 24-hour trend at time of interrogation)

CorVue™ Congestion Monitoring On: Off CorVue Congestion Trigger 8-18 days

## MRI Scan Restrictions

Lead Model	Whole Body SAR	Scan Zone Restrictions	
Durata™ Lead			
7120Q (lead lengths: 58 cm, 65 cm) 7122Q (lead length: 58 cm) 7122Q (lead length: 65 cm)	≤ 2 W/kg ≤ 2 W/kg ≤ 1.6 W/kg	If MRI Mode = Pacing OFF: No scan zone restrictions	
Optisure™ Lead	= 2,0 17118	If MRI Mode = VOO or DOO: Isocenter cannot be placed	
LDA220Q (lead lengths: 58 cm, 65 cm) LDA210Q (lead length: 58 cm) LDA210Q (lead length: 65 cm)	≤ 2 W/kg ≤ 2 W/kg ≤ 1,6 W/kg	between C1 and L2	

- 1. MRI Conditional Field Strength: 1.5 Tesla
- 2. See MRI Procedure Information for approved MR Conditional Systems Device/Lead combinations and scan parameters

