Experience *ease of implant* with just one touch.
Introducing the lowest stent posts and base on the market today.

The SJM Biocor® Stented Valve System provides the industry's lowest implant profile with over 20 years of established clinical experience.

The valve design of the SJM Biocor® Stented Valve System provides easy positioning within the cardiac anatomy.

SJM Biocor® Stented Valve System is the implantability leader in both aortic and mitral positions.

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**Unique FlexFit® Polymer Stent**
- Adapts easily to the annulus and enhances knot positioning.
- Low Stent Posts
  - Minimizes aortic wall protrusion and reduces left ventricular outflow tract obstruction in the mitral position.
- Low Stent Base
  - Provides optimal coronary ostia clearance.
- Suture-Friendly Cuff
  - Minimizes suture drag and parachuting forces.

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Low stent posts and suture-friendly cuff

- Reduces risk of aortic wall protrusion.
- Provides optimal coronary ostia clearance.
- Enhances primary aortic closure.
- Silicone ring shaped to provide anatomical fit.
- Cuff is optimized for supraannular implant.

SUPRAANNULAR CUFF

- Reduces risk of LV outflow tract obstruction in the mitral position.
- Improves implantability.
- Valve holder handle provides the option for stent post deflection.
- Reduces potential for suture looping.

SUTURE-FRIENDLY CUFF

- Optimizes Valve Seating.
  - Scalloped inflow edge
    - Adapts easily to the annulus.
    - Enhances knot positioning.
    - Provides optimal coronary ostia clearance.
    - Maintains aortic root integrity.
    - Reduces left ventricular outflow tract obstruction in the mitral position.
- Minimizes aortic wall protrusion.
- Reduces left ventricular outflow tract obstruction in the mitral position.

UNIQUE FlexFit® STENT

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- Enhances knot positioning.
- Provides optimal coronary ostia clearance.
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SJM Biocor® Stented Valve System. Feeling is believing.

Unique FlexFit® Polymer Stent
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Low Stent Posts
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Low Stent Base
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The SJM Biocor® triple composite design, unique pericardial shield and FlexFit® stent aid durability.

TRIPLE COMPOSITE DESIGN
Three separate porcine leaflets are cross-linked using low pressure fixation and matched to provide symmetrical stress distribution and optimal leaflet coaptation.

UNIQUE PERICARDIAL SHIELD ON INFLOW EDGE
Helps prevent risk of abrasion by providing tissue-to-tissue interface.

FlexFit® STENT
Eases implantation and reduces stress on the leaflets.

SUPPORTED BY LONG-TERM CLINICAL DATA
Ongoing independent data includes 1,934 patients and nearly 10,000 patient-years.

Excellent durability in both the aortic and mitral positions.

In addition to strong durability in the aortic position, the SJM Biocor® valve maintains strong durability in the even more challenging mitral position.

SJM Biocor® Supra: Optimal stent to annulus ratio...

The supraannular position of the SJM Biocor® Supra provides an optimal stent to annulus ratio, maximizing flow. It’s easy to see the larger diameter of the orifice area afforded by the position of the valve above the annulus.

And improved hydrodynamic performance.

SJM Biocor® Supra demonstrates excellent mid- and long-term durability in multiple peer-reviewed publications.

Actuarial freedom from reoperation due to SVD (unless otherwise noted):
SJM Biocor
Stented Valve System
with FlexFit™ Stent

References:


3. Mykén P. Seventeen-Year Experience with the St. Jude Medical Biocor Porcine Bioprosthesis. JHVD 2005;14:486-92. Study size=1,283 AVR; 172 MVR. n=5 AVR; n=2 MVR. Implant years (1983-2000). Mean age 70 years AVR; 64 years MVR. Mean follow-up years=5.1 AVR; 5.8 MVR.


VISIT OUR WEB SITE AT www.sjm.com

SJM Stented Tissue Valves are indicated for use as a replacement for malfunctioning native or prosthetic valves. Adverse events potentially associated with the use of bioprosthetic heart valves include: angina, cardiac arrhythmia, endocarditis, heart failure, hemolysis, hemolytic anemia, hemorrhage (anticoagulant/antiplatelet-related), leak (transvalvular or paravalvular), myocardial infarction, nonstructural dysfunction (e.g. pannus, suture, inappropriate sizing, or other), prosthesis regurgitation, stroke, structural deterioration (e.g. calcification, leaflet tear, or other), thromboembolism and valve thrombosis. It is possible that these complications could lead to: reoperation, explantation, permanent disability, or death. Long-term anticoagulation and/or anti-platelet therapy should be considered in patients with dilated left atrium, a history of thrombotic events, or a cardiac rhythm of atrial fibrillation or flutter. Please see the physician's manual for a full description of indications, contraindications, side effects, precautions, warnings, and instructions for use.

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