

## Fortify™ ST DR

### Dual-Chamber Implantable Cardioverter Defibrillator (ICD)

#### Product Highlights

- The ST monitoring diagnostic provides information on significant ST segment changes for improved insight in decision making
- ShockGuard™ technology with DecisionTx™ programming, designed to reduce inappropriate therapy and minimise the need for programming adjustments at implant
- Unique 40 J delivered energy safety shock option can provide a greater DFT safety margin
- The DF4 connector is designed to simplify implants by streamlining defibrillation connections into a single terminal pin and reducing the number of set screws
- QHR™\* chemistry battery provides greater capacity for enhanced longevity and stable charge times
- 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
- The low frequency attenuation filter is designed to enhance sensing performance and may reduce the possibility of oversensing T waves
- DeFT Response™ technology offers the most noninvasive options for managing high DFTs
- Vibratory patient notifier enables patients with hearing problems to be alerted to a low battery, lead-related complications and more
- The SenseAbility™ feature provides the flexibility to fine-tune programming around T-wave oversensing without decreasing sensitivity



Merlin@home™  
Transmitter  
Compatible

#### Ordering Information

Contents: Cardiac pulse generator

Model Number	Dimensions (H x W x T, mm)	Weight (g)	Volume (cc)	Connector Defibrillation	Connector Sense/Pace
CD2235-40	74 x 40 x 14	76	35	DF1	IS-1
CD2235-40Q	71 x 40 x 14	75	35	DF4	IS-1; DF4

**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 pulse generator system include ventricular tachyarrhythmias resulting from transient or correctable factors such as drug toxicity, electrolyte imbalance, or acute myocardial infarction.

**Adverse Events:**

Implantation of the pulse generator system, 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, arrhythmia acceleration, cardiac or venous perforation, cardiogenic shock, cyst 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 adverse events.

**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. Unless otherwise noted, ™ indicates that the name is a trademark of, or licensed to, St. Jude Medical or one of its subsidiaries. ST. JUDE MEDICAL, the nine-squares symbol and MORE CONTROL. LESS RISK. are registered and unregistered trademarks and service marks of St. Jude Medical, Inc. and its related companies. ©2011 St. Jude Medical, Inc. All rights reserved.

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### Dual-Chamber Implantable Cardioverter Defibrillator (ICD)

## Product Specifications

PHYSICAL SPECIFICATIONS		
Models	CD2235-40	CD2235-40Q
Telemetry	RF	RF
Delivered/Stored Energy (J)	40/45	40/45
Volume (cc)	35	35
Weight (g)	76	75
Size (mm)	74 x 40 x 14	71 x 40 x 14
Defibrillation Lead Connections	DF1	DF4
Sense/Pace Lead Connections	IS-1	IS-1; DF4
High-Voltage Can	Electrically active titanium can	Electrically active titanium can
PARAMETERS		
SETTINGS		
AF Management		
AF Suppression™ Pacing	On; Off	
No. of Overdrive Pacing Cycles	15-40 in increments of 5	
Maximum AF Suppression Rate	80-150 min <sup>-1</sup>	
Sensing/Detection		
SenseAbility™ Technology	Automatic Sensitivity Control adjustment for atrial and ventricular events	
Low Frequency Attenuation	On; Off	
Threshold Start	(Post-Sensed; Atrial) 50; 62.5; 75; 100%; (Post-Paced; Atrial) 0, 2-3.0 mV; (Post-Sensed; Ventricular) 50; 62.5; 75; 100%; (Post-Paced; Ventricular) Auto; 0, 2-3.0 mV (Post-Sense/Post-Pace; Atrial/Ventricular) 0-220	
Decay Delay	125; 157	
Ventricular Sense Refractory (ms)	VT-1; VT-2; VF	
Detection Zones	AV Rate Branch; Sudden Onset; Interval Stability; Morphology Discrimination (MD) with Manual or Automatic Template Update	
SVT Discriminators	Continuous sensing during charging	
Reconfirmation		
Antitachycardia Pacing Therapy		
ATP Configurations	Ramp; Burst; Scan; 1 or 2 schemes per VT zone	
ATP in VF Zone	ATP While Charging; ATP Prior to Charging; Off	
ATP Upper Rate Cutoff	150-300 bpm	
Burst Cycle Length	Adaptive; Readaptive or Fixed	
Min. Burst Cycle Length (ms)	150-400 in increments of 5	
Number of Bursts	1-15	
Number of Stimuli	2-20	
Add Stimuli per Burst	On; Off	
ATP Pulse Amplitude (V)	7.5 Independent from Bradycardia and Post-Therapy Pacing	
ATP Pulse Width (ms)	1, 0 or 1.5 Independently programmable from Bradycardia and Post-Therapy Pacing	
High-Voltage Therapy		
High-Voltage Output Mode	Fixed Pulse Width; Fixed Tilt	
Waveform	Biphasic; Monophasic	
RV Polarity	Cathode (-); Anode (+)	
Electrode Configuration	RV to Can; RV to SVC/Can	
Bradycardia Pacing		
Permanent Modes	DDD(R); DDI(R); VVI(R); AAI(R); Pacer Off	
Temporary Modes	Off; DDD; DDI; VVI; AAI; AAT; DOO; VOO; AOO	
Rate-Adaptive Sensor	(Post-Sense/Post-Pace; Atrial/Ventricular) 0-220	
Programmable	Off; Base Rate (min <sup>-1</sup> ); Rest Rate (min <sup>-1</sup> ); Maximum Tracking Rate (min <sup>-1</sup> ); Maximum Sensor Rate (min <sup>-1</sup> ); Paced AV Delay (ms); Sensed AV Delay (ms); Rate Responsive AV Delay; Pulse Amplitude (Atrial; RV) (V); Pulse Width (Atrial and RV) (ms); Hysteresis Rate (min <sup>-1</sup> ); Rate Hysteresis with Search	
Rate and Delay Parameters	Sensed/Paced AV delay	
QuickOpt™ Timing Cycle Optimisation	Off; DDI(R); VVI(R)	
Auto Mode Switch (AMS)	110-300	
Atrial Tachycardia	Detection Rate (min <sup>-1</sup> )	
AMS Base Rate (min <sup>-1</sup> )	40; 45; ... 135	
Auto PMT Detection/Termination	A Pace on PMT; Off; Passive	
Rate Responsive PVARP/VREF	Off; Low; Medium; High	
Ventricular Intrinsic Preference (VIP™)	Off; 50-200 (50-150 in increments of 25; 450 to 200 in increments of 10)	
Ventricular AutoCapture™	On; Off	
Pacing System	ACap™ Confirm	
ACap™ Confirm	On; Monitor; Off	

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

Post-Shock Pacing Mode	Off; AAI; VVI; DDI; or DDD
Post-Shock Base Rate (min <sup>-1</sup> )	30-100 in increments of 5
Post-Shock Pacing Duration (min)	Off; 0, 5; 1; 2, 5; 7, 5; or 10
Device Testing/Induction Methods	
DC Fibber™ Pulse Duration (sec)	0, 5-5, 0
Burst Fibber Cycle Length (ms)	20-100
Noninvasive Programmed Stimulation (NIPS)	2-25 stimuli with up to three extrastimuli
Patient Notifiers	
Programmable Notifiers (On; Off)	Device at ERI; Charge Time Limit Reached; Possible HV Circuit Damage; Atrial Lead Impedance Out of Range; Ventricular Lead Impedance Out of Range; High-Voltage Lead Impedance Out of Range; AT/AF Burden; V Rate During AT/AF; % V pacing; CorVue Congestion Trigger
Device Parameter Reset	On
Entry into Backup VVI Mode	On
Vibration Duration (sec)	2; 4; 6; 8; 10; 12; 14; 16
Number of Vibrations per Notification	2
Number of Notifications	1-16
Time Between Notifications (hours)	10; 22
Electrograms and Diagnostics	
Stored Electrograms	Up to 45 minutes including up to one minute programmable pre-trigger data per VT/VF diagnosis/detection electrograms; triggers include: diagnosis; therapy; atrial episode; PMT termination; PC shock delivery; noise reversion; magnet reversion; and morphology template verification
Therapy Summary	Diagram of therapies delivered
Episodes Summary	Directory listing of up to 60 episodes with access to more details including stored electrograms
Lifetime Diagnostics	History of bradycardia events and device-initiated charging
AT/AF Burden Trend	Trend data and counts
Ventricular HV Lead Impedance Trend	Multi-Vector Trend Data
Histograms	Event Histogram; AV Interval Histogram; Mode Switch Duration Histogram; Peak Filtered Rate Histogram; Atrial Heart Rate Histogram; Ventricular Heart Rate Histogram; AT/AF Burden; Exercise and Activity Trending; V Rates during AMS
PMT Data	Information regarding PMT detections
Real-Time Measurements (RTM)	Pacing lead impedances; high-voltage lead impedances; unloaded battery voltage; and signal amplitudes
ST Monitoring	ST Histogram Data; ST Deviation Trend; ST Episode Log
CorVue™ Congestion Monitoring	On; Off
CorVue Congestion Trigger	8-18 days

\*QHR is a trademark of Greatbatch, LTD.

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