**Epic™ Stented Tissue Valve with Linx™ AC Technology**

**Product Highlights**
- Identical in design to the Biocor™ stented tissue valve, which delivers proven 20-year durability results.\(^1,2\)
- Includes Linx AC Technology, which is designed to improve long-term performance and valve durability.*
- Three separate porcine leaflets are matched to optimize leaflet coaptation and reduce stress.
- The outflow edge is covered with a pericardial shield, providing a tissue-to-tissue interface to reduce the risk of abrasion.
- FlexFit™ mitral valve holder provides stent deflection (ratcheting), which reduces the potential for suture looping and maximizes visibility and access to the valve cuff.
- Low combined valve and holder height facilitates minimally invasive surgical procedures.
- Low-profile design reduces the risk of LV outflow tract obstruction.
- FlexFit stent reduces leaflet stress, adapts easily to annulus to enhance knot positioning, and returns stent posts to original shape after deflection.
- Short 2 x 10-second rinse time.

**Ordering Information**

<table>
<thead>
<tr>
<th>Reorder Number</th>
<th>Valve Size (mm)</th>
<th>Tissue Annulus Diameter (mm)</th>
<th>Internal Diameter (mm)</th>
<th>Ventricle Protrusion (mm)</th>
<th>Total Height (mm)</th>
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</tbody>
</table>

* There is no clinical data currently available that evaluates the long-term impact of anticalcification tissue treatment in humans.


**Rx Only**

St. Jude Medical Stented Tissue Valves are indicated for use as a replacement for malfunctioning native or prosthetic aortic and/or mitral 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 antiplatelet 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 Instructions for Use (IFU) for a full description of indications, contraindications, side effects, precautions, warnings and Instructions for Use.

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Customer Support: 855-478-5833

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