

HANCOCK® II

bioprosthesis



Simply Reliable

Seize simplicity with the valve that has stood the test of time
to make your outcome as predictable as your procedure.



Low rates of long-term SVD



Consistent outcomes in all age groups at 20 years



Cinch II system for ease of implant

HANCOCK® II

bioprosthesis

Consider the reliability of the Hancock II bioprosthesis out to 20 years.

The Hancock II bioprosthesis is truly the new gold standard with unprecedented low rates of structural valve deterioration (SVD), especially in patients aged 65 and above.¹

More Than

97%

Freedom from SVD at 20 Years*

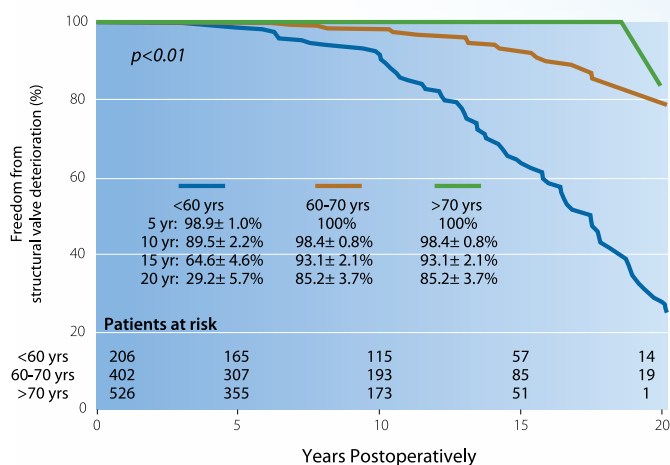
*97.8 Freedom from SVD at 20 years follow-up in aortic patients aged 65 and above.

Consider the consistent outcomes of the Hancock II bioprosthesis.

With more than 25 years of clinical experience at two globally recognized centers of excellence, the performance of the Hancock II bioprosthesis has been consistently demonstrated across the globe.^{1,2}

Consider the durability of the Hancock II bioprosthesis in all patients regardless of age.

Twenty years of performance have demonstrated that the long-term performance of the Hancock II bioprosthesis is impressive in all patients, regardless of age.^{1,3}



Excellence in durability and implantability

- T6 (sodium dodecyl sulfate) removes phospholipids from the xenograft tissue.
- Supra-annular sewing ring is mounted flush with the inflow edge of the scalloped stent.
- The Cinch® II implant system serves as an automated deflection system to assist with suture tying behind the stent posts.
- Flexible, lower profile acetal homopolymer stent is designed to absorb stress during the cardiac cycle.⁴

Seize Simplicity

Simplicity clears the way to let you decide what's best. There are many patient considerations, but only one judgment call. Consider Medtronic's intuitive heart valve solutions in all your decisions.

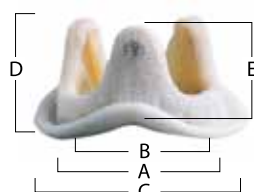
seizesimplicity.com

Tirone David et. al., Hancock II Bioprosthesis for Aortic Valve Replacement: The Gold Standard of Bioprosthetic Valves Durability? *Ann Thorac Surg* 2010;90:775-81.

Materials

- Stent: acetal homopolymer covered with polyester fabric
- Radiopaque annulus ring and stent post markers: Haynes® alloy #25
- Tissue Treatment: Sodium dodecyl sulfate surfactant (T6)
- Cinch® Advanced Implant System: acetal homopolymer

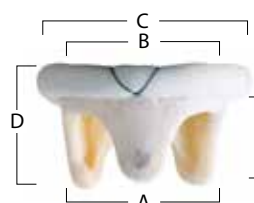
Hancock® II Aortic Valve, Model T505C



Valve Size (Stent O.D.†) (A) (±0.5 mm)	Orifice Diameter (Stent I.D.†) (B) (±0.5 mm)	Suture Ring Diameter (C) (±1 mm)	Valve Height (D) (±0.5 mm)	Aortic Protrusion (E) (±0.5 mm)
21	18.5	27.0	15.0	12.0
23	20.5	30.0	16.0	13.5
25	22.5	33.0	17.5	15.0
27	24.0	36.0	18.5	15.5
29	26.0	39.0	20.0	16.0

(nominal values, in millimeters) †Equivalent to annulus diameter

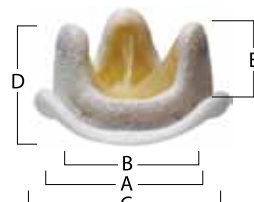
Hancock® II Mitral Valve, Model T510C



Valve Size (Stent O.D.†) (A) (±0.5 mm)	Orifice Diameter (Stent I.D.†) (B) (±0.5 mm)	Suture Ring Diameter (C) (±1 mm)	Valve Height (D) (±0.5 mm)	Aortic Protrusion (E) (±0.5 mm)
25	22.5	33.0	18.0	13.5
27	24.0	35.0	19.0	14.0
29	26.0	38.0	20.5	15.5
31	28.0	41.0	22.0	17.0
33	30.0	43.0	23.0	17.5

(nominal values, in millimeters) †Equivalent to annulus diameter

Hancock® II Ultra Aortic Valve, Model T505U



Valve Size (Stent O.D.†) (A) (±0.5 mm)	Orifice Diameter (Stent I.D.†) (B) (±0.5 mm)	Suture Ring Diameter (C) (±1 mm)	Valve Height (D) (±0.5 mm)	Aortic Protrusion (E) (±0.5 mm)
21	18.5	27.0	15.0	12.0
23	20.5	30.0	16.0	13.5
25	22.5	33.0	17.5	15.0
27	24.0	36.0	18.5	15.5
29	26.0	39.0	20.0	16.0

(nominal values, in millimeters) †Equivalent to annulus diameter

References

1. David T, et al. Hancock II Bioprosthesis for aortic valve replacement: The gold standard of bioprosthetic valves durability. *Ann Thorac Surg* 2010;90:775-81.
2. Valfre D, et al. The fate of Hancock II porcine valve recipients 25 years after implant. *European Journal of Cardio-Thoracic Surgery* 2010;28:141-146.
3. Borger M, et al. Twenty year results of the Hancock II bioprosthesis. *Journal of Heart Valve Disease* January 2006;15:49-56.
4. Reis RL, et al. The flexible stent: A new concept in the fabrication of tissue heart valve prostheses. *J Thorac Cardiovasc Surg.* 1971;62:683-689

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Hancock® II Bioprosthesis

Indications: For patients who require replacement of their native or prosthetic aortic and/or mitral valves. **Contraindications:** None known. **Warnings/Precautions/Adverse Events:** Accelerated deterioration due to calcific degeneration of bioprosthesis may occur in: children, adolescents, young adults, and patients with altered calcium metabolism (e.g., chronic renal failure, hyperparathyroidism). Adverse events can include: angina, cardiac arrhythmia, cardiac dysrhythmias, death, endocarditis, heart failure, hemolysis, hemolytic anemia, hemorrhage, transvalvular or paravalvular leak, myocardial infarction, nonstructural dysfunction, stroke, structural deterioration, thromboembolism, or valve thrombosis. For additional information, please refer to the Instructions For Use provided with the product.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

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