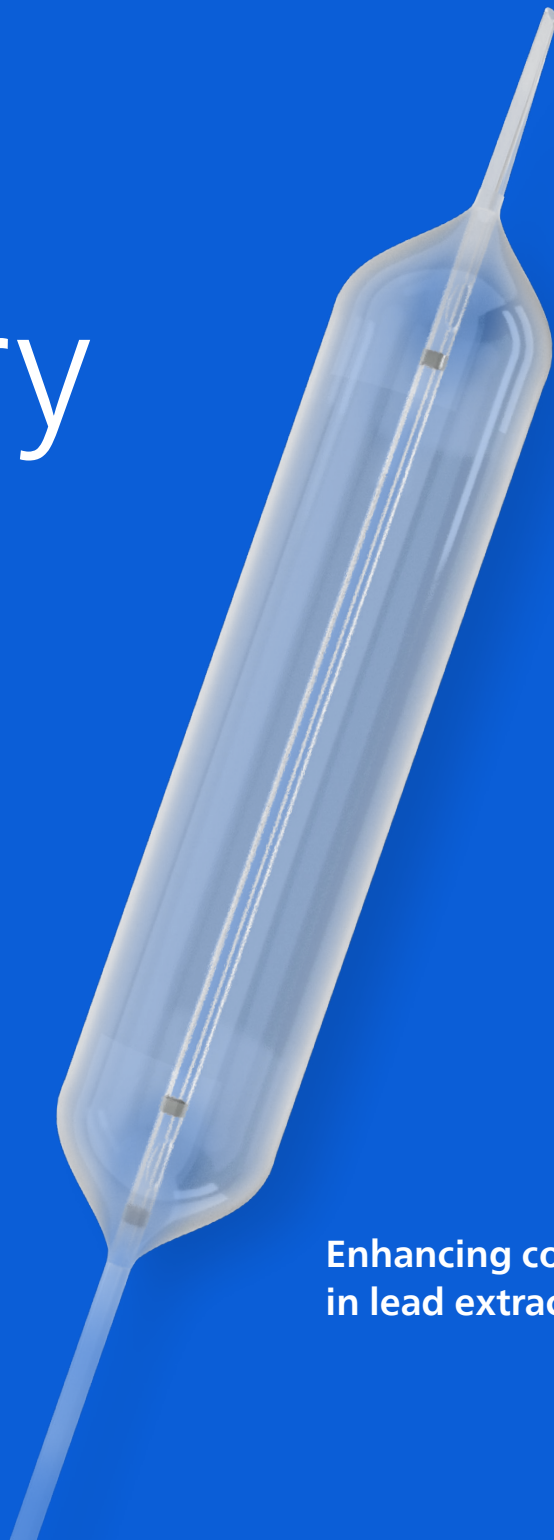


PHILIPS

Bridge Plus Occlusion Balloon

Bridge to surgery



Enhancing confidence
in lead extraction

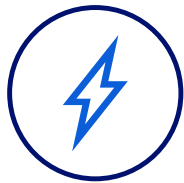
When an SVC tears, every second counts.¹

Introducing Philips Bridge Plus Occlusion Balloon:

- Proven safety and enhanced outcomes²
- Increased patient survivability from 56.9% to 88.2%
* With proper Bridge utilization versus when no Bridge balloon is used

SVC tears during lead extraction are rare, occurring in less than 0.5% of procedures.

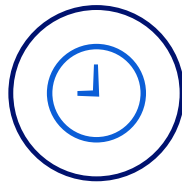
When they do occur, you're prepared.¹



Deploys
< 2 minutes³



Stops
90% blood loss⁴



30 minutes
hemostasis⁵

Bridge to control

Designed for coverage – fits the full length and diameter of the SVC in 90% of patients⁶

Bridge to confidence

Time to stabilize patient - 30 minutes of hemostasis⁵

Bridge to speed⁷ (compared to original Bridge balloon)

- 22% reduced deployment time
- 40% decreased inflation time
- 41% decreased deflation time



Unmatched safety with Bridge

Recent prospective data published in Heart Rhythm—covering nearly 5,000 patients—reported **zero** procedure-related deaths with Bridge usage. In contrast, **12 such deaths occurred prior to the Bridge Balloon launch in the market.**⁸

Bridge Plus Occlusion Balloon catheter specifications

Catalog#	590-002
Catheter length	90cm
Balloon diameter (nominal)	20mm
Balloon length (nominal)	80mm
Maximum OD (crossing profile)	4mm/0.157"
Minimum tip ID	0.9 mm/0.035"
Maximum inflation volume	60cc

Bridge Prep Kit specifications

Catalog #	591-001
Description	Bridge Plus Occlusion Balloon compatible guidewire, introducer sheath sets, syringe and stopcock.

Important safety information

Philips Bridge Plus Occlusion Balloon

The Bridge Plus Occlusion Balloon is indicated for temporary vessel occlusion of the superior vena cava in applications including perioperative occlusion and emergency control of hemorrhage. Use of the Bridge Plus Occlusion Balloon in procedures other than those indicated is not recommended.

The adverse events associated with an occlusion balloon procedure include, but are not limited to allergic reactions, death, embolization, hematoma, hemorrhage, sepsis/infection, short-term hemodynamic deterioration, thromboembolic episodes, vascular thrombosis, vessel dissection, vessel perforation, vessel spasm.

Prior to initiating the procedure, a Bridge Plus Occlusion Balloon Catheter compatible guidewire should be placed through a venous access site and across the length of the superior or inferior vena cava. Attempting to place the guidewire after a tear has occurred may:

- Result in an inability to traverse the superior or inferior vena cava with the guidewire
- Result in the guidewire exiting the vasculature at the tear site
- Result in an inability to place the Bridge Plus Occlusion Balloon catheter
- Delay or prevent the ability to achieve occlusion

This information is not intended to replace a discussion with your healthcare provider on the benefits and risks of this procedure to you.

1. Roger G. Carrillo, MD; Darren C. Tsang, BS; Ryan Azarrafiy, BA; Thomas A. Boyle, BS. Multi-Year Evaluation of Compliant Endovascular Balloon in Treating Superior Vena Cava Tears During Transvenous Lead Extraction. EHRA late-breaking trial, March 19, 2018.
2. Azarrafiy, R., Tsang, D. C., Wilkoff, B. L. & Carrillo, R. G. Endovascular Occlusion Balloon for Treatment of Superior Vena Cava Tears During Transvenous Lead Extraction: A Multiyear Analysis and an Update to Best Practice Protocol. *Circ Arrhythm Electrophysiol* 12, e007266 (2019).
3. Document on file D002023609_A_Bridge M&M Marketing Claims Test Report. Average timed deployment for commercial Bridge was 74.33 seconds and Bridge Plus was 58.33 seconds.
4. Document on File, D027561 Marketing claims blood loss report for Bridge project 1338 - When deployed, the Bridge Occlusion Balloon reduces blood loss of an SVC tear by 89.7% ($\alpha=0.10$), on average, in an animal model.
5. Document on file, D026197 & animal study - NGX028-IS17 - All animals had biological metrics measured for up to 45 minutes during occlusion and 15 minutes post device deployment.
6. Document on file, D026203 Engineering Translation Rationale For Bridge, Project #1338 – PR00. The balloon will cover the length and diameter of the SVC in 90% of the population as determined by analysis of 52 patients.
7. Document on file - Engineering bench test D002023609_A_Bridge M&M Marketing Claims Test Report. Bridge Plus demonstrated 22% average reduction in the deployment time from the pouch to the SVC target anatomy location, when compared to the first generation Bridge catheter. Bridge Plus demonstrated an average decrease of 40% and 41% in inflation and deflation time, respectively, when compared to commercial Bridge.
8. Watfa, A., Younis, A., Mdaihly, M., Demian, J., Callahan, et.al A.A. (2025, June 26). Role of the Bridge Balloon in Improving Safety of Transvenous Lead Extraction Procedures. *Heart rhythm*. <https://doi.org/10.1016/j.hrthm.2025.06.038>.

Always read the label and follow the directions for use.
Products subject to country availability. Please contact your local sales representative.

