[PHYSICIAN’S LETTERHEAD] [MD NAME]

[CENTER] [ADDRESS] [CITY STATE ZIP] [DATE]

 Dear Dr. [NAME]:

Advanced Afib affects more than 3.5million patients in the United States.4 These patients can also present with Heart Failure, Scarred Left Atrial Posterior Wall, Enlarged Left Atrium, and Failed Endo Catheter Ablation.

We now offer *Hybrid AF™ Therapy* with EPi-Sense® in our practice, a minimally invasive procedure for the treatment of patients with advanced Afib. The 2023 ACC/AHA/ACCP/HRS Guidelines stated Hybrid epicardial and endocardial ablation is a 2b.8

1 in 4 adults over 40 develop Afib in their lifetime1. Afib affects 8 million people in the United States.3 The largest patient population, approximately 45% of patients, have advanced atrial fibrillation.

If Afib is not properly treated, it leads to a higher risk of chronic fatigue, decreased activity level, diminished quality of life, and sudden death. Moreover, Afib imparts a 5x higher risk of dementia5, stroke6, and heart failure7. Because Afib is a steadily progressive condition, patients should receive optimal treatment before their arrhythmia worsens.

Hybrid AF Therapy incorporates both epicardial and endocardial ablation, targeting key areas where Afib originates. This therapy may provide a long-term solution for appropriately selected patients with advanced Afib. See the indications below.

 In your practice, you see patients who suffer from atrial fibrillation who are not in sinus rhythm. I would like to share some data about the efficacy of the Hybrid procedure.

Results from more than 1,100 patients with advanced Afib who underwent Hybrid AF Therapy:

* Up to 88% of patients treated with Hybrid AF Therapy were free from Afib 9 - 23
* Up to 94% of patients had reduced Afib burden after being treated with Hybrid AF Therapy10,14,21,22
* Patients reported > 2x improvement in quality of life 23-24
* Patients reported > 3x improvement in Afib symptoms 24

Patients included in these studies: enlarged left atria, Afib for greater than 1 year, failed medical management.

Managing advanced Afib is no longer enough, restored sinus rhythm is associated with better outcomes and improved quality of life.

 I hope that as you evaluate patients in your daily practice, you consider referring patients who may be candidates for this procedure.

 If you have any questions, want more information about the procedure, or would like to discuss a specific case, please contact me directly at <PHONE/EMAIL>. I look forward to working with you to offer an option to patients who are seeking treatment for their long-standing persistent Afib.

 Sincerely, [PHYSICIAN NAME] [TITLE] [INSTITUTION]

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***EPi-Sense® Coagulation System/EPi-Sense ST™ Coagulation Device***

*The EPi-Sense Coagulation System/EPi-Sense ST™ Coagulation Device is intended for the treatment of symptomatic long-standing persistent atrial fibrillation (continuous atrial fibrillation greater than 12 months duration) when augmented in a hybrid procedure with an endocardial catheter listed in the instructions for use, in patients (1) who are refractory or intolerant to at least one Class I and/or III antiarrhythmic drug (AAD); and (2) in whom the expected benefit from rhythm control outweighs the potential known risks associated with a hybrid procedure such as delayed post-procedure inflammatory pericardial effusions.* ***Contraindications*** *include patients with Barrett’s Esophagitis, left atrial thrombus, a systemic infection, active endocarditis, or a localized infection at the surgical site at the time of surgery.* ***Adverse Events:*** *Reported adverse events associated with epicardial ablation procedure may include, but are not limited to, the following: pericardial effusion/cardiac tamponade, pericarditis, excessive bleeding, phrenic nerve injury, stroke/TIA/neurologic complication. Please review the Instructions for Use for a complete listing of contraindications, warnings, precautions and potential adverse events located at the following AtriCure web address: https://www.AtriCure.com/EPi-Sense-Coagulation-Device.* ***Warnings:*** *Physicians should consider post-operative anti-inflammatory medication to decrease the potential for post-operative pericarditis. and/or delayed post-procedure inflammatory pericardial effusions. Physicians should consider post-procedural imaging (i.e. 1-3 weeks post-procedure) for detection of post-procedure inflammatory pericardial effusions.* ***Precautions:*** *Precautionary measures should be taken prior to considering treatment of patients: (1) Deemed to be high risk and who may not tolerate a potential delayed post-procedure inflammatory pericardial effusion. (2) Who may not be compliant with needed follow-ups to identify potential safety risks. To ensure patients undergoing treatment with the EPi-Sense device are well informed, the benefits, potential risks and procedural outcomes associated with the EPi-Sense Hybrid Convergent procedure should be discussed with the patient. Physicians should document accordingly in the medical record. Qualified operators are physicians authorized by their institution to perform surgical sub-xyphoid pericardial access. The coagulation devices should be used by physicians trained in the techniques of minimally invasive endoscopic surgical procedures and in the specific approach to be used. Operators should undergo training on the use of EPi-Sense device before performing the procedure. Safety and effectiveness of concomitant left atrial appendage closure was not evaluated in the CONVERGE study. Follow-up should be conducted at approximately 30 days postprocedure to monitor for signs of delayed onset pericarditis or pericardial effusion.*