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BIOTRONIK Home Monitoring

Consistent with its belief in challenging the status quo, BIOTRONIK launched the world's first remote monitoring system in 2000. **BIOTRONIK Home Monitoring**[®] is available with BIOTRONIK pacemakers, implantable defibrillators (ICDs), cardiac resynchronization therapy (CRT) devices and insertable cardiac monitors (ICMs). Since 2000, physicians have implanted more than a million Home Monitoring devices in over 65 countries. 6,000 new patients opt for BIOTRONIK Home Monitoring every month.

How does BIOTRONIK Home Monitoring work?

BIOTRONIK Home Monitoring enables physicians to receive patient cardiovascular data from anywhere in the world. An antenna integrated in the implant automatically transmits data using the GSM mobile network.

The cardiac implant transmits relevant clinical and technical data every day to the CardioMessenger[®], an external patient device. The CardioMessenger then transmits the data to the BIOTRONIK Home Monitoring Service Center, where it is processed automatically and forwarded to physicians via a secure website on a daily basis. Physicians can then analyze the data and respond accordingly. In addition to daily transmissions, physicians also receive urgent patient event alerts via text message or email.

Benefits for patients

- Continuous, fully automated cardiac status monitoring
- Improves safety due to the early detection of device- and patient-related events^{1,2,3}
- Reduces incidence of atrial fibrillation-related stroke and hospitalization²
- Reduces all-cause mortality risk in severe heart failure patients by over 60 percent³ and by 38 percent in broader populations of heart failure patients⁴
- Reduces risk of unnecessary ICD shocks and hospitalization^{5,6}

References:

¹ Varma N et al. *Circulation*. 2010, 122(4).

² Mabo P et al. *Eur Heart J*. 2012, 33(9).

³ Hindricks G et al. *Lancet*. 2014, 384(9943).

⁴ Hindricks G et al. *European Heart Journal*. 2017, 38(22).

⁵ Guedon-Moreau L et al. *J Cardiovasc Electrophysiol*. 2014, 25(7).

⁶ Burri H et al. *Europace*. 2013, 15(11).