Clinical Need

Cardiac surgeons need an accurate method of testing for intraoperative, post-repair valvular regurgitation in order to prevent operative complications and repeat operations.

Background

Mitral Regurgitation

Mitral valve leakiness results in backflow of blood (regurgitation) which is treated through mitral valve repair with an open chest.

Residual mitral regurgitation is the primary driver for reoperation.

Current Assessment Methods

To test the success of the valve repair, surgeons use a standard bulb syringe filled with saline to inflate the chamber distal to the valve, creating pressure and watching for leaks.

Clinical Value Proposition

Improving the quality of valvular assessment will...

1. Increase the overall quality of valve repair operations
2. Reduce number of reoperations to address excess valve regurgitation.
3. Reduce the need for repetitive and extended use of cardiopulmonary bypass.
4. Decrease morbidity and mortality from prolonged open times.

Economic Value Proposition

**Mitral Valve Surgery TAM**

-35,000 procedures
$40,000 avg cost
$1.4B

**Revenue TAM**

-35,000 procedures
$40,000 avg cost
$7M

Milestones

**IP Protection**
Patent forthcoming

**FDA Clearance**
Completed FDA Pre-Submission

**Acquisition**
License to cardiac equipment manufacturers