


FARAPULSE™
PFA Platform

**Get back to the
beat you were
born with.**



**FARAPULSE Pulsed Field Ablation
(PFA) is the next generation of
cardiac ablation that safely treats
the source of AFib symptoms.**

500,000+

**PEOPLE WITH AFIB HAVE
FOUND THEIR RHYTHM AGAIN.**

AFib doesn't just disrupt the rhythm of your heart. It disrupts the rhythm of your life. FARAPULSE™ Pulsed Field Ablation (PFA) can help you get back to the beat you were born with, safely and effectively.

FARAPULSE PFA is an advanced, minimally invasive cardiac ablation procedure that uses quick pulses of electrical energy to precisely target the source of irregular heartbeats. Many people are able to experience life without AFib symptoms,¹ and also without AFib medications that can come with their own unpleasant side effects.²

8/10

**PEOPLE SHOWED
NO RETURNING
AFIB SYMPTOMS
AT ONE YEAR AFTER
THE PROCEDURE.^{3*}**

7/10

**PEOPLE REMAINED
OFF HEART RHYTHM
MEDICATIONS AT
ONE YEAR AFTER
THE PROCEDURE.¹**

"I don't have to take an antiarrhythmic and I'm very, very pleased about that. I'm not superman... but I'm like I was 10 or 15 years ago. It's made a life-changing difference for me."

**—Michael, treated
with FARAPULSE PFA**

Life with AFib can be challenging.

AFib symptoms—like racing heartbeat, dizziness, shortness of breath, weakness and fatigue—can be disruptive. And while medications may help manage heart rate and rhythm, they don't always relieve symptoms, nor do they treat AFib's root cause.

Did you know?
AFib can naturally worsen over time. This is called AFib progression.

At first, you may have occasional AFib episodes with symptoms that come and go, but last less than a week. This is known as paroxysmal AFib. Even with medication, it may progress to persistent AFib, where episodes last longer than a week and usually require treatment to help restore a normal heart rhythm. It's possible for paroxysmal AFib to progress to persistent AFib in as little as a year.⁴

Why it's important to be proactive about progression.

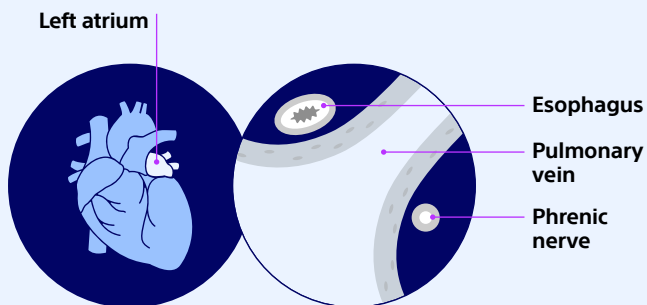
The more time your heart spends in AFib, the higher the risk of blood clots, stroke and heart failure.⁵ **Cardiac ablation has been shown to be the most effective treatment for slowing AFib progression.**^{6,7}



If you're struggling with AFib symptoms on medication, talk with your doctor about cardiac ablation.

Studies have shown that people who have an ablation earlier were more likely to have better symptom control, less AFib over time, and a lower risk of complications compared with those who waited.^{8,9}

FARAPULSE™ PFA is the next generation of safe, effective cardiac ablation.



How cardiac ablation works.

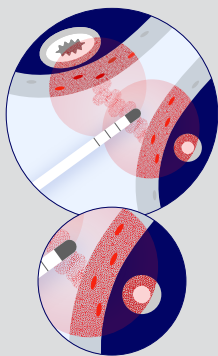
This minimally invasive procedure treats the areas inside the heart where irregular rhythms begin.

Next to the heart is an important nerve and the esophagus.

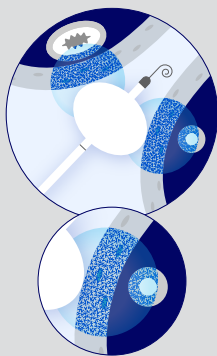
TRADITIONAL CARDIAC ABLATION

Thermal energy burns or freezes tissue in the heart causing irregular beats, but may damage surrounding areas as well.

RADIOFREQUENCY ABLATION (HEAT)



CRYOBALLOON ABLATION (COLD)

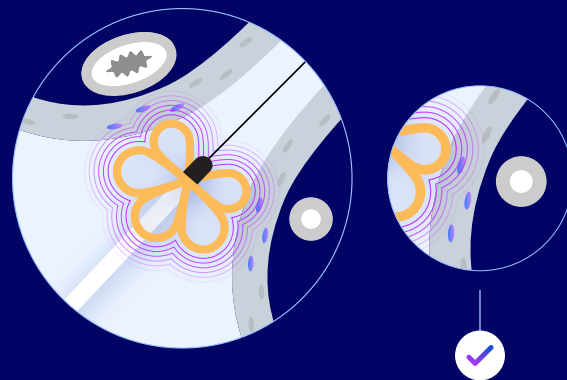


Areas next to the heart risk injury

FARAPULSE PULSED FIELD ABLATION (PFA)

Quick pulses of electrical energy target the cells that cause irregular heartbeats, without affecting nearby areas.

PULSED FIELD ABLATION (NON-THERMAL)



Areas next to the heart remain unharmed

RESULTS FROM FARAPULSE PFA STUDIES SHOWED:

0 REPORTS OF THE SERIOUS ADVERSE EVENTS SEEN IN TRADITIONAL THERMAL CARDIAC ABLATION.^{10†}

<1% MAJOR ADVERSE EVENTS IN A STUDY OF OVER 17,000 PEOPLE.^{10†}

93% OF PEOPLE WERE VERY SATISFIED WITH AFIB SYMPTOM RELIEF.^{1,11}

FARAPULSE™ PFA has safety at heart.

It's the most studied pulsed field ablation procedure in the world and has the largest safety registry.¹⁰ Studies show it significantly reduces and even eliminates AFib episodes for many people, safely and effectively.^{3*}



I no longer have to consider whether I'll have the energy to ride my bike for a few miles or walk for a few blocks.

—Jeana, treated with FARAPULSE PFA

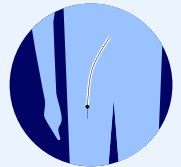
93%

OF PEOPLE WORRIED
LESS ABOUT AFIB AFTER
FARAPULSE PFA^{1,11}

Get to know the FARAPULSE PFA procedure.

FARAPULSE PFA is a minimally invasive procedure, meaning it doesn't involve open-heart surgery. It is also safe, with a complication rate of less than 2.1%.¹

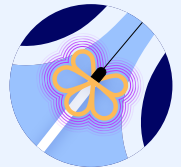
1 A small cut is made in the upper leg and a narrow tube is inserted.



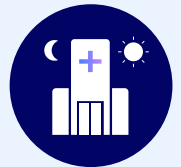
2 A catheter is guided through the tube into the left atrium of the heart.



3 The small, flower-shaped device at the end of the catheter sends energy pulses to stop AFib from continuing.



4 Most people experience little or no discomfort during or after FARAPULSE PFA, and return home in a day or less.³



There are risks associated with all medical procedures. Talk with your doctor about the risks and benefits associated with the FARAPULSE PFA procedure.

Get back to the beat
you were born with.

Restoring the rhythm of your heart
also restores the rhythm of your life.
FARAPULSE™ PFA is a safe and effective
solution that has already relieved
hundreds of thousands of people from
the worry, disruption and discomfort
caused by their AFib symptoms.

A year after the procedure:

85%

WERE HARDLY
BOTHERED BY
AFIB SYMPTOMS^{1,11}

88%

SAID AFIB NO LONGER
LIMITED THEIR LIFE^{1,11}

83%

HAD LITTLE TO
NO TROUBLE
STAYING ACTIVE^{1,11}

94%

REPORTED THEIR
ABILITY TO ENJOY
RECREATION, SPORTS
AND HOBBIES
IMPROVED^{1,11}

Could FARAPULSE PFA
be right for you? Take
a short quiz and get
more information.
Just snap the QR code.



farapulse.com/survey



Talk with your doctor
about FARAPULSE PFA,
including its risks and
benefits.

If medications aren't working to
manage your AFib and you're
interested in learning more about
the FARAPULSE PFA procedure, your
doctor understands your health
situation best and can help guide you.



**Our Education Specialists
are here with support.**

We can help answer your questions
about the FARAPULSE PFA procedure.

Call 1-855-442-7725

**For more information
visit FARAPULSE.com**

Important Safety Information

The FARAWAVE™ catheter is intended for the isolation of the pulmonary veins in the treatment of paroxysmal atrial fibrillation and the isolation of the pulmonary veins and posterior wall in the treatment of persistent atrial fibrillation (lasting less than one year) by rendering targeted cardiac tissue electrically non-conductive to prevent cardiac arrhythmia initiation or maintenance. With all medical procedures there are risks associated with the use of the device. The risks include but are not limited to pain or discomfort, electric shock, hypotension, infection/inflammation, allergic reaction, anesthesia risk, radiation injury/tissue burn, heart failure, renal failure, respiratory distress, arrhythmia, nerve injury (such as phrenic nerve or vagal nerve), gastrointestinal disorders, vessel trauma, cardiac trauma (such as perforation), injury related to adjacent structures (esophageal injury, atrio-esophageal fistula, pulmonary injury), pulmonary vein stenosis, surgical and access site complications, muscle spasm, injury due to blood clot or air bubbles in the lungs or other organs, heart attack, TIA, stroke, and/or damage to red blood cells. In rare cases, cardiac arrest or death may occur. Be sure to talk with your doctor so that you thoroughly understand all of the risks and benefits associated with the procedure and use of the device. 97502752 (Rev A)

1. Reddy VY, Gerstenfeld EP, Natale A, et al. Pulsed field or conventional thermal ablation for paroxysmal atrial fibrillation. *New England Journal of Medicine*. 2023;Nov2;389(18):1660-1671. doi:10.1056/NEJMoa2307291 **2.** National Heart, Lung, and Blood Institute. Atrial Fibrillation Treatment. National Heart, Lung, and Blood Institute. Updated November 30, 2022. Accessed March 4, 2025. <https://www.nhlbi.nih.gov/health/atrial-fibrillation/treatment> **3.** Turagam MK, Neuzil P, Schmidt B, et al. Safety and effectiveness of pulsed field ablation to treat atrial fibrillation: one-year outcomes from the MANIFEST-PF registry. *Circulation*. 2023 May 18;148(1):35-46. **4.** Proietti R, Rivard L, Coffey JO, et al. A systematic review on the progression of paroxysmal to persistent atrial fibrillation: shedding new light on the effects of catheter ablation. *JACC Clin Electrophysiol*. 2015;1(3):105-115. **5.** Shah AJ, Hocini M, Komatsu Y, et al. The Progressive Nature of Atrial Fibrillation: A Rationale for Early Restoration and Maintenance of Sinus Rhythm. *J Atr Fibrillation*. 2013;6(2):849. Published 2013 Aug 31. doi:10.4022/jafib.849 **6.** Kuck KH, Lebedev DS, Mikhaylov EN, et al. Catheter ablation or medical therapy to delay progression of atrial fibrillation: the randomized controlled atrial fibrillation progression trial (ATTEST). *Europace*. 2021 Mar 8;23(3):362-369. doi:10.1093/europace/euaa298. PMID: 33330909; PMCID: PMC7947582. **7.** Benali K, et al. Catheter ablation of paroxysmal atrial fibrillation and disease progression: magnitude of the antiprogession effect and role of intervention timing. *Heart Rhythm*. 2025;0(0). **8.** Gunawardene MA, Willems S. Atrial fibrillation progression and the importance of early treatment for improving clinical outcomes. *Europace*. 2022;24(Suppl 2):ii22-ii28. doi:10.1093/europace/euab257 **9.** 2023 ACC Guidelines. *Circulation* 2024;149:e156. Access at <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001193> **10.** Ekanem E, Neuzil P, Reichlin T, et al. Safety of pulsed field ablation in more than 17,000 patients with atrial fibrillation in the MANIFEST-17K study. *Nat Med*. 30, 2020-2029 (2024). <https://doi.org/10.1038/s41591-024-03114-3> **11.** Boston Scientific. Data on file. 2025.

*In a clinical trial 81.6% of people with paroxysmal AFib had no atrial fibrillation, atrial flutter or atrial tachycardia after a single ablation procedure at 12 months.

†In a clinical trial the major adverse event rate was 0.98% (n=17,642). Due to the retrospective nature of the registry, the adverse event rate was not reported at a prespecified time point. Serious adverse events include atrioesophageal fistula, pulmonary vein stenosis, or persistent phrenic nerve injury.

**Boston
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Cardiology

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