

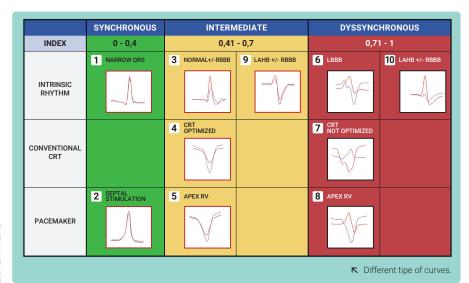
SYNCHROMAX

Why is Synchromax different to anything known?

- Pacemakers have been implanted in right ventricle since they were born, because the ventricular trabeculae allowed fixation of traditional leads.
- In recent years, several papers are making reference to the deleterious effect of right ventricular pacing. This complication is even more severe in patients with heart failure. Non-physiological pacing causes left bundle branch block, which can trigger or worsen cardiac function in certain patients



- It is logical and natural to pace from the septum, following Mother Nature. This was only possible with the appearance of the screw-in leads.
- Many implanting physicians, however, still believe that it is difficult to find the optimal physiological pacing site. This is partially true if we cannot assess cardiac asynchrony in an immediate non-invasive way during the implant.





- So far, almost nobody had paid attention to electrical interventricular asynchrony. Echocardiography was needed to do so, but this is operator-dependent and time-consuming method.
- The Synchromax revolution consists of using the standard surface electrocardiographic signal, the most usual tool among cardiologists. By means of a dedicated algorithm and signal processing, Synchromax can noninvasively produce a proprietary Electrical Synchrony Index and a set of Synchrony Curves. The Index was correlated with echo and with intracardiac transducers.
- Synchromax can be used before the implant of a resynchronizer to determine
 if the patient will be a responder or not, during the implant (para-Hisian or
 ventricular) to locate the optimal pacing site in terms of synchrony, and during
 the follow-up of implantable devices for a fast precise optimization of the
 programmable parameters.



EXO

Contact:

María Eliana Rappallini Biomedical Engineer Medical Technologies Manager

Tel.: (+54 11) 4000-7090 E-mail: eliana@synchromax.com





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