

Catheter for
Internal Cardioversion System

BeeAT

Engineered for Patient Comfort
and Procedural Efficiency

JLL

Low Energy, Targeted AF Cardioversion, Direct to the Heart

| Low Energy Required:

Designed for lower energy delivery than external defibrillation pads

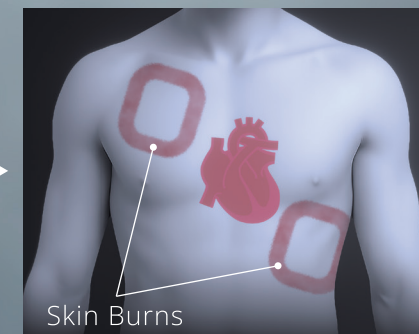
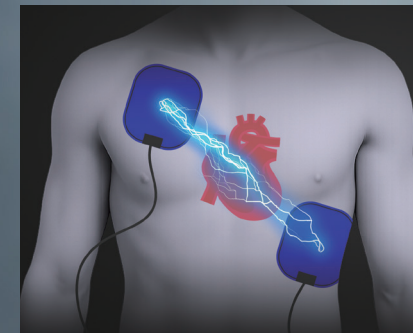
| Reduced Risk of Skin Burns:

Efficient energy delivery minimizes the risk of skin burns after cardioversion

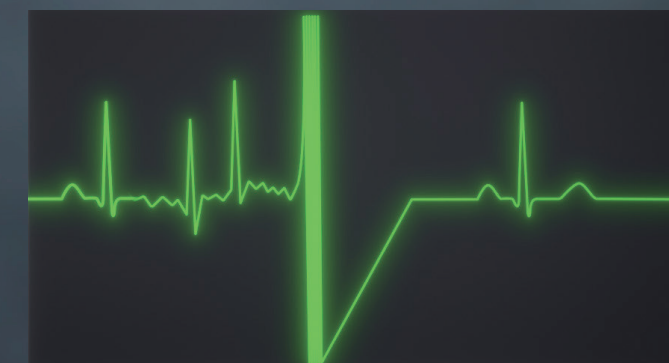
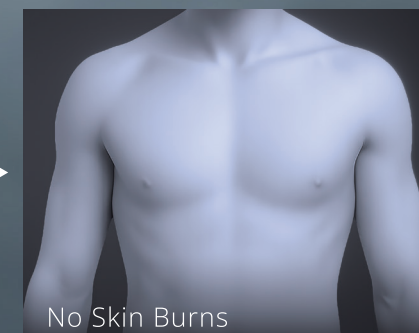
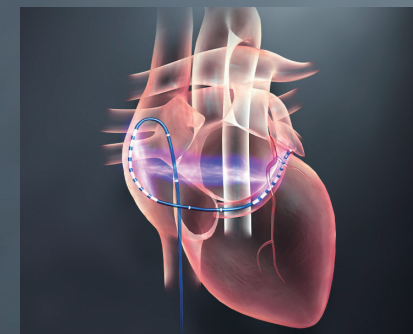
| Minimally Invasive:

Intended to reduce physical strain and supports patient comfort

External
defibrillation pads



Internal
cardioversion system



| Workflow:

- 1. Venous Access:**
Catheter is inserted through the internal jugular vein or femoral vein
- 2. Catheter Positioning:**
Placement of distal electrodes in the coronary sinus and proximal electrodes on the right atrial lateral wall
- 3. R-Wave Synchronization:**
Automatic R-wave detection to synchronize shock delivery and avoid the T-wave
- 4. Internal Cardioversion (1-30J):**
DC shock delivered between the coronary sinus and right atrial electrodes
- 5. Confirm:**
Verification of restoration to sinus rhythm

Optimal Solution for Non-PV Trigger Mapping

IAS electrodes cover the area from the high right atrium to septal region

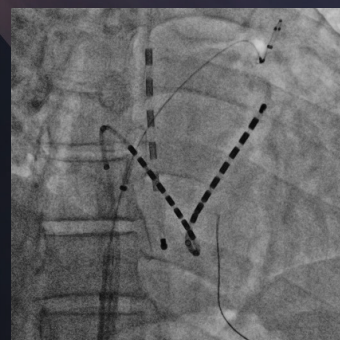
Lateral RA

IAS

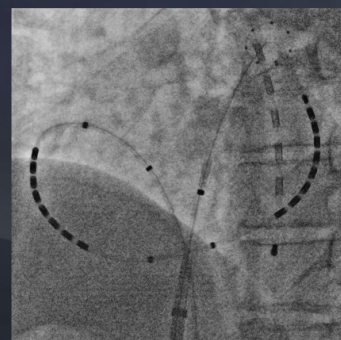
CS

CS os

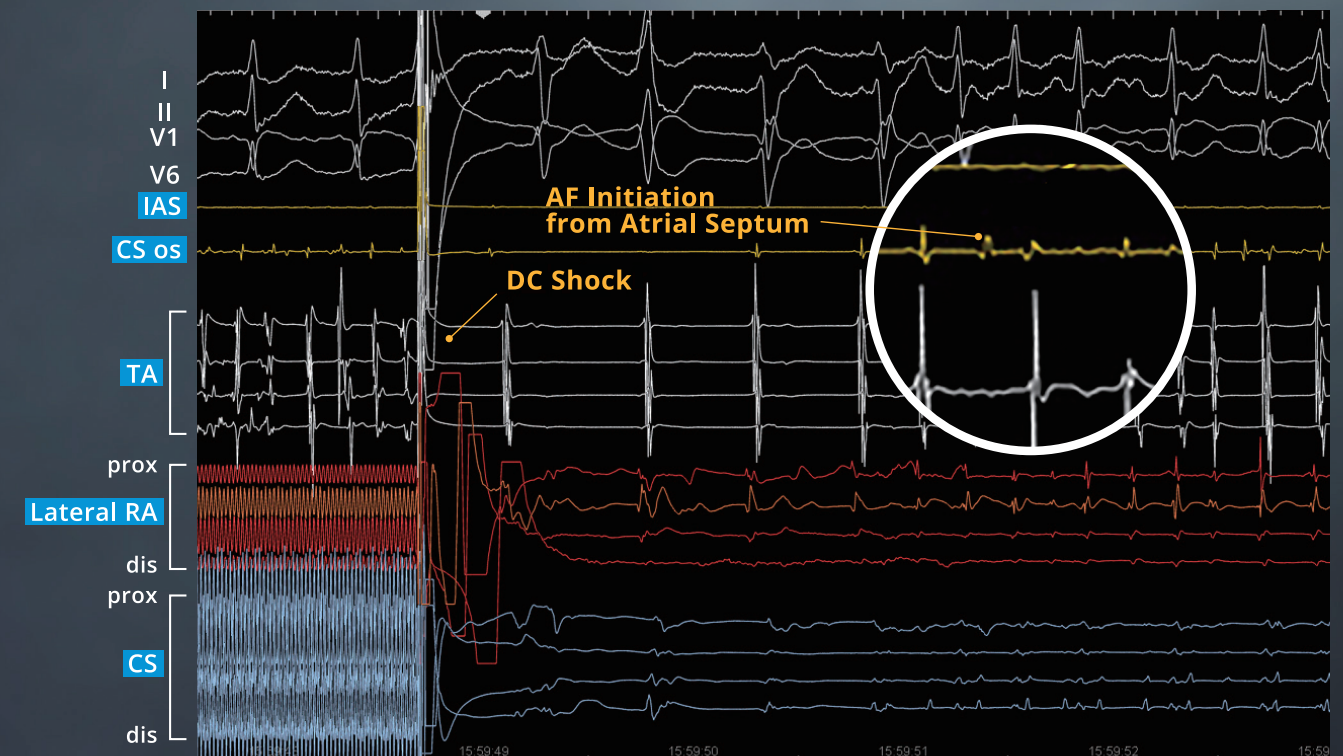
CSos electrodes cover the area from the coronary sinus ostium to the isthmus region



AP

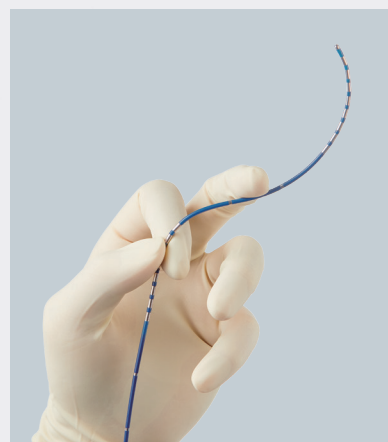
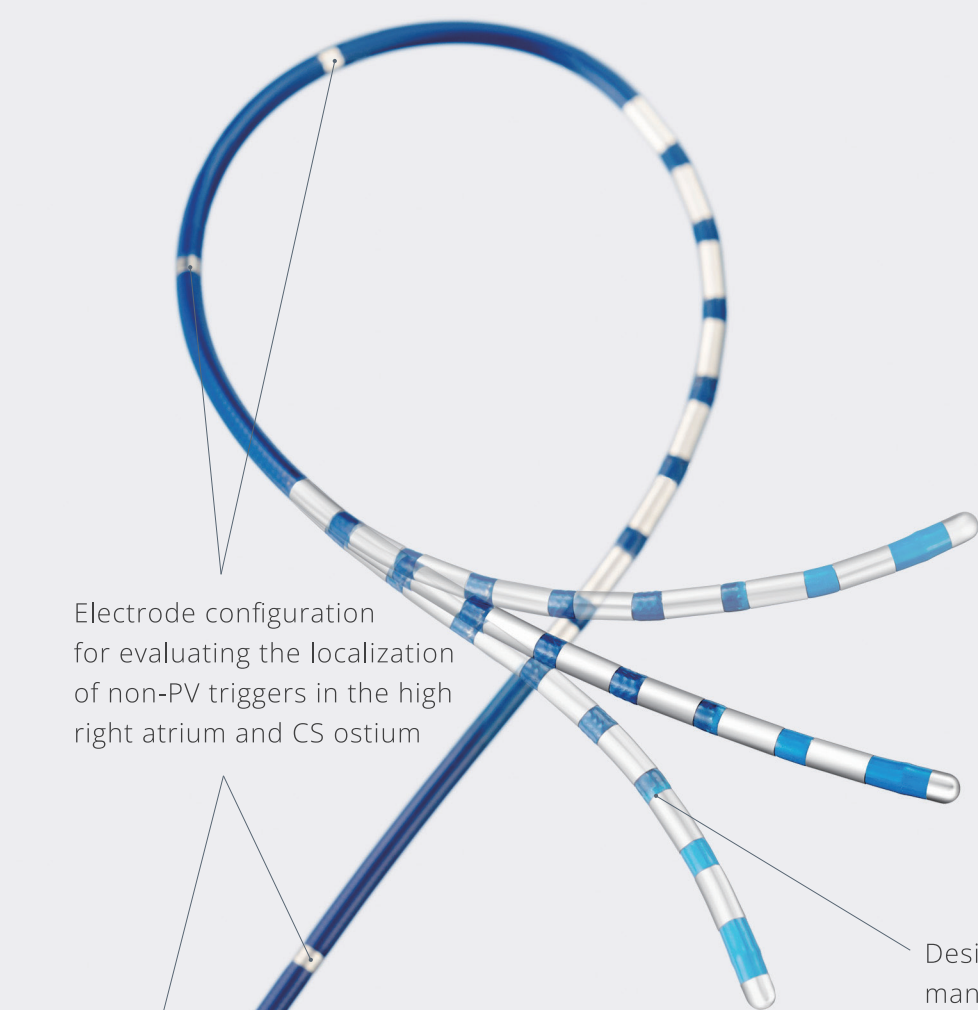


LAO

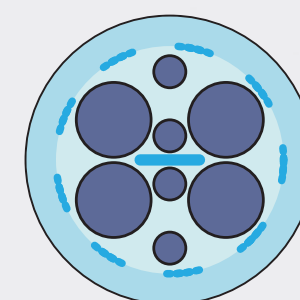
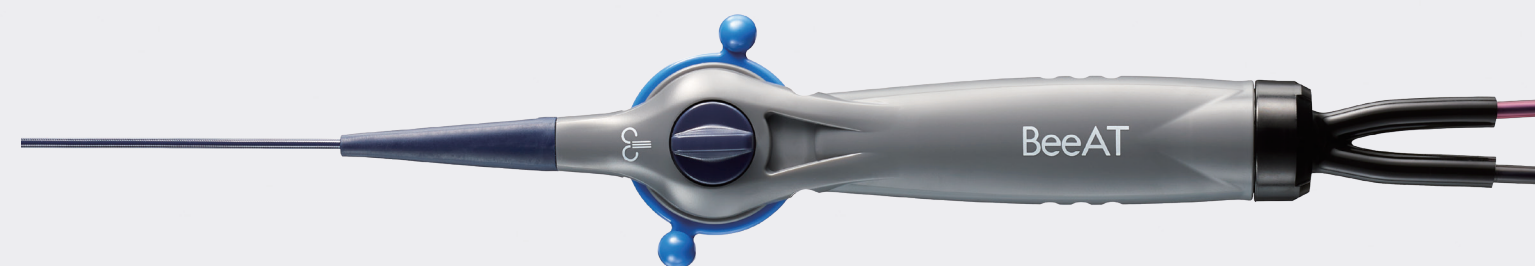


- Multi-site (CS, CS Ostium, Interatrial Septum, and RA) mapping with a single catheter.
- System automatically allows EGM recording immediately after cardioversion to map non-PV triggers causing initiation of atrial fibrillation.

Catheter Design



Bi-directional design enables S-shaped deflection

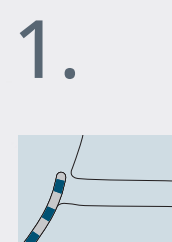


Shaft Design

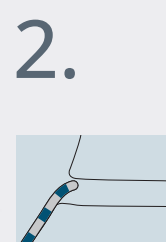
Proprietary technology allows braiding around the electrodes with non-metal materials, resulting in higher torquability and control

Setup

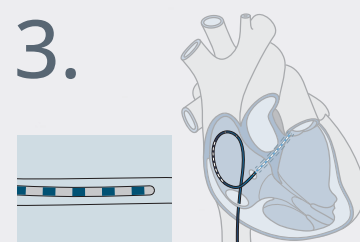
Insert it into the CS



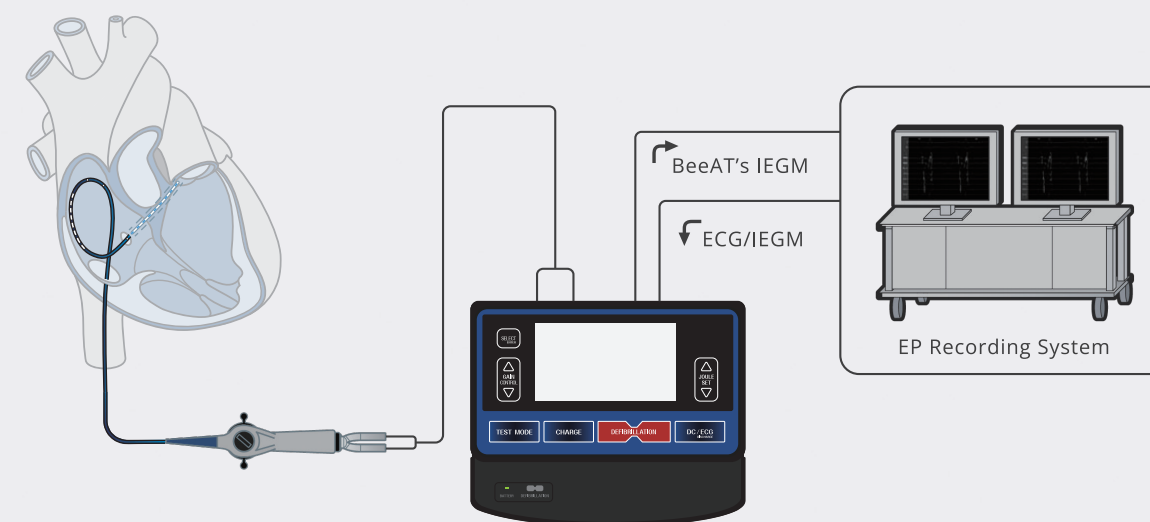
1. Create a loop in the RA and approach the septum



2. Deflectable shaft allows physicians to engage the CS ostium after making a loop formation

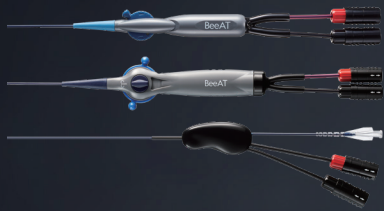


3. Maneuver the distal tip and insert it into the CS



Specifications

BeeAT Catheter for Internal Cardioversion System



6F•Duodecapolar Steerable Type

Model No.	Electrode Spacing (mm)	Type	Usable Length (cm)
S20884-80M	2-2...70-2-2...10-5-5-5	SVC-RA-CS	80
S208282PS-SAOC3	2-2...22.5-22.5-22.5-2-2...25-25	SVC-RA-CSos-CS	102

6F•Duodecapolar Fixed Type (with inner lumen)

Model No.	Electrode Spacing (mm)	Type	Usable Length (cm)
SF20884L-80M	2-2...70-2-2...10-5-5-5	SVC-RA-CS	80

Catheter Material

Electrode	Shaft
Platinum-Iridium	PEBA

BeeAT ELECTRODE CABLE

Model No.	Usable Length (cm)
4020-200	200

SHOCK AT α Generator for Internal Cardioversion System



Generator

Model No.	Power	Dimensions (mm)	Weight (kg)
ACG30-2	AC 100~240V	W300 x D255 x H117	4.5

Accessories

Product Name	Model No.
Power Cable	ACG 507
IEGM Cable	SEC-500
INPUT Cable	SIC-500

Additional Accessories

Product Name	Model No.	Usable Length (cm)
Power Cable	ACG 507	-
IEGM Cable	SEC-500	500
INPUT Cable	SIC-500	500
	SIC-500B	500
	SIC-500C	500

Some models may not be approved in your country.
Please contact our local representatives for further information.

Japan Lifeline Co., Ltd.

2-2-20, Higashishinagawa, Shinagawa-ku,
Tokyo 140-0002 Japan
<https://www.japanlifeline.com>