AHA/ASA SECONDARY **STROKE PREVENTION** GUIDELINES

Implantable Loop Recorder for Cryptogenic Stroke

Reveal LINQ™
Insertable Cardiac Monitoring System

New 2021 AHA/ASA guideline update has a Class IIa recommendation for ICM monitoring as reasonable to detect intermittent AF[1]

COR	LOE	RECOMMENDATIONS FOR SECONDARY STROKE PREVENTION AND MANAGEMENT
IIa	B-R	In patients with cryptogenic stroke who do not have a contraindication to anticoagulation, long-term rhythm monitoring with mobile cardiac outpatient telemetry, implantable loop recorder, or other approach is reasonable to detect intermittent AF.
I	C-EO	In patients with ischemic stroke or TIA, voluntary hospital-based or outpatient-focused quality monitoring and improvement programs are recommended to improve short-term and long-term adherence to nationally accepted, evidence-based guidelines for secondary stroke prevention.
I	B-R	In patients with AF and stroke or TIA, oral anticoagulation is indicated to reduce the risk of recurrent stroke regardless of whether the AF pattern is paroxysmal, persistent, or permanent.

DETECT AF
8.8x
More atrial fibrillation (AF) detected at 36 months: 30% in ICM group vs. 3% in control (standard medical therapy)[2]

TREAT AF
97%
Of patients in whom AF was detected received oral anticoagulant at 12 months[2]

PREVENT STROKE
55%
Lower stroke recurrence in patients with cryptogenic stroke/TIA undergoing prolonged cardiac monitoring vs. conventional cardiac monitoring[3]

Medtronic

References

[1] Kleindorfer DO, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association. *Stroke*. July 2021;52(7):e364-e467.

[2] Sanna T, Diener HC, Passman RS, et al. Cryptogenic stroke and underlying atrial fibrillation. *N Engl J Med*. June 26, 2014;370(26):2478-2486.

[3] Tsivgoulis G, Katsanos AH, Grory BM, et al. Prolonged Cardiac Rhythm Monitoring and Secondary Stroke Prevention in Patients With Cryptogenic Cerebral Ischemia. *Stroke*. August 2019;50(8):2175-2180.

Brief Statement
Reveal LINQ™ Insertable Cardiac Monitor
Indications

The Reveal LINQ insertable cardiac monitor (ICM) is an implantable patient-activated and automatically-activated monitoring system that records subcutaneous ECG and is indicated in the following cases:

- Patients with clinical syndromes or situations at increased risk of cardiac arrhythmias
- Patients who experience transient symptoms such as dizziness, palpitation, syncope, and chest pain, that may suggest a cardiac arrhythmia

The device has not been tested specifically for pediatric use.

Contraindications

There are no known contraindications for the implant of the Reveal LINQ ICM. However, the patient's particular medical condition may dictate whether or not a subcutaneous, chronically implanted device can be tolerated.

Warnings/Precautions

Patients with the Reveal LINQ ICM should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillation, lithotripsy, therapeutic ultrasound and radiofrequency ablation to avoid electrical reset of the device, and/or inappropriate sensing as described in the Medical procedure and EMI precautions manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the Reveal LINQ MRI Technical Manual.

Potential Complications

Potential complications of the Reveal LINQ device include, but are not limited to, device rejection phenomena (including local tissue reaction), device migration, infection, and erosion through the skin.

See the device manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1-800-328-2518 and/or consult the Medtronic website at medtronic.com.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

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