



FARAPULSE™
PFA Platform

**Restoring rhythm.
Redefining AF care.**

A new way forward

About FARAPULSE PFA

FARAPULSE is a non-thermal Pulsed Field Ablation (PFA) system designed for the treatment of Atrial Fibrillation (AF). Using ultra-rapid electrical fields rather than thermal energy, it enables selective myocardial ablation while minimising impact on surrounding tissues.

How does it work?

Energy

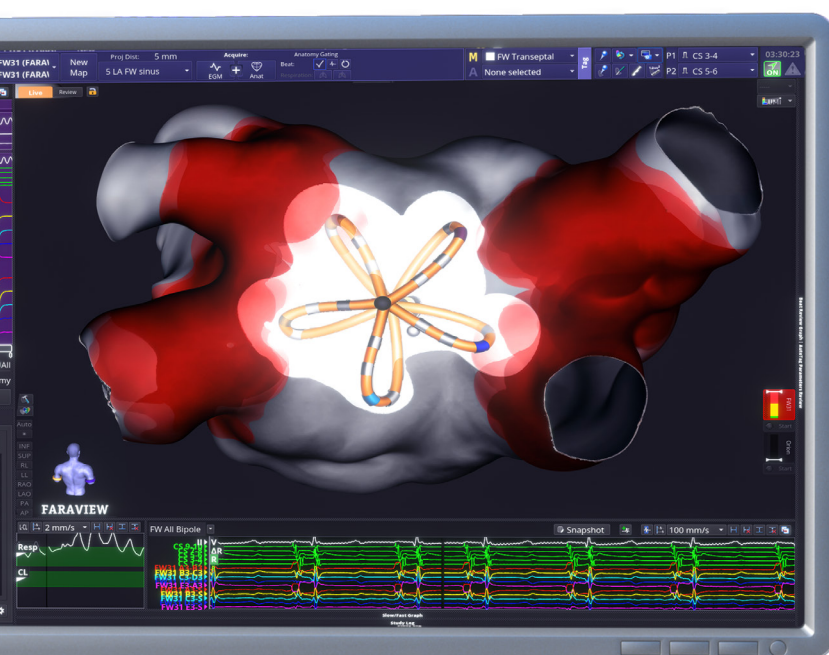
The multi-electrode catheter delivers pulsed electrical fields to create controlled myocardial electroporation.

Tissue selectivity

The non-thermal mechanism targets cardiac myocytes while limiting impact to surrounding structures.

Outcome

The FARAPULSE system delivers consistent outcomes and reliable circumferential pulmonary vein isolation.



Clinical relevance



Provides access to a non-thermal ablation option supported by growing clinical evidence.



Demonstrates consistent procedural performance across a variety of clinical settings.



Supports efficient workflows that can facilitate smoother scheduling and care coordination.



Integrates well into modern AF treatment pathways for appropriately selected patients.



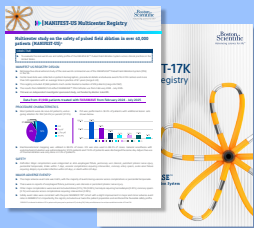
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The most clinically evaluated PFA system

Clinical evidence at a glance

FARAPULSE is the most clinically evaluated PFA system to date, supported by multiple randomised trials and extensive real-world data. As of 2025, more than 500,000 patients have been treated with the FARAPULSE PFA System.



MANIFEST US and 17K^{1,2}

- Real-world registry
- Total of 59,610 patients
- Major adverse event rate: <1%
- Stroke rate: 0.1%
- AF type: PAF and persistent

No oesophageal fistula, PV stenosis, or persistent phrenic-nerve injury.



ADVENT^{3,4}

- Randomised controlled trial
- 706 patients
- 30 centres with 65 operators
- AF type: Paroxysmal

FARAPULSE PFA met non-inferiority for safety and effectiveness and showed procedural efficiency advantages.



SINGLE SHOT CHAMPION⁵

- Randomised controlled trial
- 210 patients across two Swiss centres

At 12 months, FARAPULSE showed a higher arrhythmia-free rate (≈62.9%) compared to cryoballoon (≈49.3%), with overall low major adverse event rates.



AVANT GUARD⁶

- Randomised controlled IDE trial
- 310 patients across 58 global centres
- AF type: Persistent

FARAPULSE PFA demonstrated superiority over anti-arrhythmic drug therapy as a first-line treatment, with significantly higher treatment success at 12 months (56.0% vs 30.1%) and a good safety profile.



Referral guidance

Key considerations

FARAPULSE has been evaluated across randomised trials, prospective studies, and large real-world registries, reflecting outcomes from controlled environments to broad clinical practice.



Patients to be considered^{*7,8}

- Patients with paroxysmal AF
- Selected patients with persistent AF
- Patients who benefit from a non-thermal ablation approach
- Those not responding to AF drug management



Possible talking points with patient

- FARAPULSE PFA works with non-thermal electrical impulses
- EP team will assess suitability and determine treatment plan
- Follow-up and rhythm monitoring remain integral parts of AF management



What the EP centre needs from you

- AF history, symptom profile and comorbidities
- ECG/Holter or other arrhythmia detection methodologies
- Any imaging or additional study performed on the patient
- Pharmacological or more invasive treatment strategies, such as ablation or CV



Why it matters

- Shorter procedures across PFA studies
- Strong safety and efficacy outcomes
- Consistent performance across centres

*Based on current clinical practice and contemporary AF management guidelines.



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1. Turagam, Mohit K, *et al.* (2025) "Multicenter Study on the Safety of Pulsed Field Ablation in Over 40,000 Patients: MANIFEST-US." JACC 2025.
2. Ekanem, Emmanuel, *et al.* (2024) "Safety of pulsed field ablation in more than 17,000 patients with atrial fibrillation in the MANIFEST-17K study." Nature medicine 30.7 2024: 2020-2029.
3. Reddy VY, Gerstenfeld EP, Natale A, *et al.* (2023) 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](https://doi.org/10.1056/NEJMoa2307291)
4. Reddy V, Mansour M, Calkins H, *et al.* (2024) Pulsed Field vs Conventional Thermal Ablation for Paroxysmal Atrial Fibrillation: Recurrent Atrial Arrhythmia Burden. J Am Coll Cardiol. null2024, 0 (0). doi.org/10.1016/j.jacc.2024.05.001
5. Reichlin T, *et al.* (2025) Single Shot Pulmonary Vein Isolation: Comparison of Cryoballoon vs. Pulsed Field Ablation in Patients with Symptomatic Paroxysmal Atrial Fibrillation – A Multi-Centre Non-Inferiority Design Clinical Trial (The SINGLE SHOT CHAMPION Trial) NCT05534581.
6. Wazni OM, Chun JKR, Nair DG, *et al.* (2026) Pulsed Field Ablation as Initial Therapy for Persistent Atrial Fibrillation. N Engl J Med. Published online April 25, 2026. [doi:10.1056/NEJMoa2600929](https://doi.org/10.1056/NEJMoa2600929)
7. Hindricks G, *et al.* (2020) ESC Guidelines for the diagnosis and management of atrial fibrillation. Eur Heart J. 2020.
8. Refer to the applicable Instructions for Use (IFU) for complete indications, contraindications, warnings, and precautions. Available at: [51659857-01C_FARAWAVE-NAV_IFU_ML_s.pdf].

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