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Medtronic Introduces PulseSelect™ PFA Technology to address India's Growing AFib and Stroke Burden

New Delhi, 14 June 2026: Medtronic, a global leader in healthcare technology, has announced the launch of the PulseSelect™ system in India. The PulseSelect™ is a Pulsed Field Ablation (PFA) system designed to treat atrial fibrillation, one of the most common heart rhythm disorders and a leading risk factor for stroke.

Affecting over 7 million of the general population, its prevalence markedly increases with age¹.

While AF affects millions of people in India, awareness, diagnosis, and treatment rates remain relatively low. Many patients experience intermittent or mild symptoms that often go unrecognized, leading to delayed diagnosis and treatment.



AF occurs when the heart's upper chambers (atria) beat irregularly and asynchronously, reducing the heart's ability to pump blood efficiently and increases the risk of complications such as stroke and heart failure. Common symptoms of AF include breathlessness, dizziness, palpitations, fatigue, chest discomfort, and reduced ability to exercise.

Medtronic's PulseSelect™ PFA system expands the company's established atrial fibrillation portfolio, complementing its proven cryoablation technologies that are widely used around the world. Together, these therapies provide physicians with a comprehensive set of treatment options, enabling them to tailor care based on patient needs and procedural considerations while building on Medtronic's long-standing clinical experience in AF management.

Unlike traditional treatments such as radiofrequency ablation (which uses heat) or cryoablation (which uses extreme cold), pulsed field ablation uses short electrical pulses instead of thermal energy. Because it does not rely on heat or freezing, it is designed to reduce the risk of damage⁴ to nearby tissues. The procedure can also be performed relatively quickly, which may help lower the risk of complications and support a smoother recovery after treatment⁵. The safety and effectiveness of this technology have been demonstrated in Investigational Device Exemption (IDE) clinical trials⁶.

"India is witnessing a significant rise in stroke and cardiac diseases, with atrial fibrillation (AFib) emerging as a major and often underrecognized contributor to this growing burden. AFib significantly increases the risk of stroke, heart failure, and other serious cardiovascular complications if left untreated, yet it remains severely underdiagnosed and undertreated in the country due to limited awareness and gaps in diagnosis and care pathways. While technology alone cannot solve these systemic challenges, continued innovation plays an important role in strengthening the overall care ecosystem. The launch of the PulseSelect system represents an important step in expanding the treatment options available to physicians in India. At Medtronic, patients remain at the center of everything we do. By introducing this next-generation technology, we aim to support physicians with advanced tools that can help improve procedural precision, enhance safety, and ultimately improve outcomes and quality of life for people living with atrial fibrillation," said **Chandrashekhara Jaiman**, Senior Director, Cardiovascular & Electrophysiology Therapies, Medtronic India.

Cryoablation remains a proven and effective therapy, while the introduction of the PulseSelect™ PFA system reflects Medtronic's continued commitment to advancing innovative technologies that expand treatment options for physicians and the patients they serve.

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All information contained herein is for general awareness purposes only, and nothing contained herein should be construed as medical advice or recommendation. Patients should consult their physician to discuss their conditions and seek relevant medical advice. Outcomes may vary depending on clinical conditions.

About Atrial Fibrillation and Pulsed Field Ablation

AF is one of the most common and undertreated heart rhythm disorders, affecting more than 7 million people in India.³ AF is a progressive disease, meaning it can become worse over time and can increase the risk of serious complications including heart failure, stroke and increased risk of death.^{2,3,4,5} Current ablation technologies rely on thermal effects to target cardiac tissue and risk damage to additional collateral structures in the heart. PFA is a breakthrough ablation technology that uses pulsed electric fields to efficiently isolate the pulmonary veins for the treatment of AF. Because the mechanism of cell death is non-thermal, the risk of collateral structure damage is potentially lower.

About Medtronic

Bold thinking. Bolder actions. We are Medtronic. Medtronic plc, headquartered in Galway, Ireland, is the leading global healthcare technology company that boldly attacks the most challenging health problems facing humanity by searching out and finding solutions. Our Mission – to alleviate pain, restore health, and extend life – unites a global team of 95,000+ passionate people across more than 150 countries. Our technologies and therapies treat 70 health conditions and include cardiac devices, surgical robotics, insulin pumps, surgical tools, patient monitoring systems, and more. Powered by our diverse knowledge, insatiable curiosity, and desire to help all those who need it, we deliver innovative technologies that transform the lives of two people every second, every hour, every day. Expect more from us as we empower insight-driven care, experiences that put people first, and better outcomes for our world. In everything we do, we are engineering the extraordinary. For more information on

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¹ M Srinivasa Rao, Ajit Mullasari, Jagdish S. Hiremath, G. Sengottuvelu, Aparna Jaiswal, Darshan Jhala, Jitendra Singh Makkar, B.C. Kalmath, Bino Benjamin, Annirudha Dharmadhikari, Mihir Tanna, Aziz Khan, Siddhant Jain, K.A. Sambasivam, A. Purnanand, N S Rama Raju, Goutam Sarkar, Hiren Prajapati, Willem J. verberk, Prevalence of atrial fibrillation on a 24-hour Holter in adult Indians, *Indian Heart Journal*, Volume 76, Issue 3, 2024, Pages 218-220, ISSN 0019-4832, <https://doi.org/10.1016/j.ihj.2024.06.012>. (<https://www.sciencedirect.com/science/article/pii/S0019483224000853>)

² Yoko Miyasaka, Marion E. Barnes, Kent R. Bailey, Bernard J. Gersh, James B. Seward, Mary A. J. Kristinsson, Win-Kuang Shen, Teresa S. M. Tsang, Mortality trends in patients diagnosed with first atrial fibrillation: a 21-year community-based study, *Journal of the American College of Cardiology*, Volume 49, Issue 9, 2007, Pages 986-992, ISSN 0735-1097, <https://doi.org/10.1016/j.jacc.2006.10.062>. (<https://www.sciencedirect.com/science/article/pii/S073510970603102X>)

³ Gerhard Hindricks, Tatjana Potpara, Nikolaos Dagres, Elena Arbelo, Jeroen J. Bax, Carina Blomström-Lundqvist, Giuseppe Boriani, Manuel Castella, Gheorghe-Andrei Dan, Polychronis E. Dilaveris, Laurent Fauchier, Gerasimos Filippatos, Jonathan M. Kalman, Mark La Meir, Deirdre A. Lane, Jean-Pierre Lebeau, Maddalena Lettino, Gregory Y. H. Lip, Fausto J. Pinto, G. Neil Thomas, Marco Valgimigli, Isabelle C. Van Gelder, Bart P. Van Putte, Caroline L. Watkins; ESC Scientific Document Group, 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS), *European Heart Journal*, Volume 42, Issue 5, 2021, Pages 373-498, ISSN 1522-9645, <https://doi.org/10.1093/eurheartj/ehaa612>. (<https://academic.oup.com/eurheartj/article/42/5/373/5899003>)

⁴ Philip A. Wolf, Robert D. Abbott, William B. Kannel, Atrial fibrillation as an independent risk factor for stroke: the Framingham Study, *Stroke*, Volume 22, Issue 8, 1991, Pages 983-988, ISSN 1524-4628, <https://doi.org/10.1161/01.str.22.8.983>. (<https://www.ahajournals.org/doi/10.1161/01.str.22.8.983>)

⁵ Steven A. Lubitz, Carlee Moser, Lisa Sullivan, Michiel Rienstra, João D. Fontes, Mark L. Villalon, Manju Pai, David D. McManus, Renate B. Schnabel, Jared W. Magnani, Xiaoyan Yin, Daniel Levy, Michael J. Pencina, Martin G. Larson, Patrick T. Ellinor, Emelia J. Benjamin, Atrial fibrillation patterns and risks of subsequent stroke, heart failure, or death in the community, *Journal of the American Heart Association*, Volume 2, Issue 5, 2013, Pages e000126, ISSN 2047-9980, <https://doi.org/10.1161/JAHA.113.000126>. (<https://www.ahajournals.org/doi/10.1161/JAHA.113.000126>)

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