**WATCHMAN™ DEVICE: A CLINICALLY PROVEN THERAPY**

WATCHMAN is the only LAA closure device with more than 2,000 patients enrolled in clinical trials and 4,800 patient-years follow up.

**INDICATION**

The WATCHMAN™ LAA closure technology is intended to prevent thrombus embolization from the left atrial appendage and reduce the risk of life-threatening bleeding events in patients with non-valvular atrial fibrillation who are eligible for anticoagulation therapy or who have contraindication to anti-coagulation therapy.

**STROKE RISK & ALL-CAUSE MORTALITY REDUCTION**

AsAP study* showed that WATCHMAN™ device reduces risk of stroke by 77% in patients contraindicated for oral anticoagulants.

**SAFETY**

PREVAIL study* confirmed the safety of the procedure with WATCHMAN™ LAA closure device, with additional reduction in vascular complications from previous WATCHMAN studies.

**NO LONG-TERM OAC ADMINISTRATION**

87% (PROTECT AF study) to 95% (CAP REGISTRY study) of patient were able to stop warfarin at 45 days.**

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www.bostonscientific.com/watchman-eu
Patients with atrial fibrillation are at increased risk of stroke. Local therapy with WATCHMAN™ is an option to reduce the risk of stroke in patients with non-valvular atrial fibrillation. It is designed to avoid the embolization of thrombi that may form in the left atrial appendage (LAA).

Left atrial appendage closure is an alternative to medication. The WATCHMAN™ device is implanted via a trans-septal approach by using the catheter-based delivery system, which is capable of recapturing the device, if necessary. The procedure is usually done under general anesthesia and lasts about 60 minutes.

During the procedure, a transoesophageal echography (TOE) is done. It will help to:
- Identify presence of thrombus in the LAA
- Obtain LAA measurements to determine the proper implant size
- Well position the catheter in the left appendage

Oral anticoagulants' limitations include:
- Risk of bleeding
- High risk of discontinuation (26.3% within one year after warfarin)
- 25% of patients indicated for oral anticoagulants are contraindicated

Benefits of LAA closure:
- Stroke risk reduction
- Long term anticoagulation therapy cessation
- Better quality of life

Irregular heartbeats, during atrial fibrillation, can cause the blood to pool in the left atrial appendage. This may result in the development of blood clots which can be pumped out of the heart to the brain. 91% of strokes in patients with atrial fibrillation are caused by blood clots from the left atrial appendage.

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As the procedure is minimally invasive patient recovery takes about 24 hours. After the device has been implanted, patient should receive warfarin (or other OACs) for 45 days, to facilitate device endothelialisation. A follow-up TOE will be performed at 45 days. At this stage, physician may decide to discontinue warfarin therapy and prescribe clopidogrel (75mg) and aspirin (81-325mg) until completion of the 6 months visit, from which point aspirin alone should be continued. Physicians may prescribe clopidogrel and aspirin daily dose for up to six months to the patients contraindicated to anticoagulation therapy. These patients should remain on aspirin indefinitely.