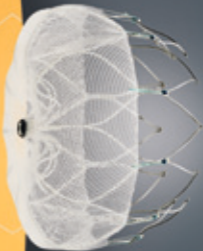


**Boston
Scientific**
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WATCHMAN™

LEFT ATRIAL APPENDAGE CLOSURE DEVICE

STOP
THE **STROKE**
WHERE IT STARTS



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.

CHA₂DS₂-VASc

Thrombo-embolic
Risk Assessment

Letter	Risk factor	Score
C	Congestive heart failure/LV dysfunction	1
H	Hypertension	1
A ₂	Age ≥ 75	2
D	Diabetes mellitus	1
S ₂	Stroke/TIA/thrombo-embolism	2
V	Vascular disease ¹	1
A	Age 65–74	1
Sc	Sex category (i.e. female sex)	1
TOTAL (maximum 9)		

Stroke rate (%/year) by score	0	1	2	3	4	5	6	7	8	9
	0.0	1.3	2.2	3.2	4.0	6.7	9.8	9.6	6.7	15.2

Risk factor-based approach expressed as a point based scoring system, with the acronym CHA₂DS₂-VASc (Note: maximum score is 9 since age may contribute 0, 1, or 2 points)

Lip GY et al, Chest 2010; 137(2): 263 - 72

Camm AJ et al, Eur Heart J 2010; 31, 2369 – 2429

HAS-BLED Bleeding Risk Assessment

Letter	Clinical characteristic	Points awarded
H	Hypertension ¹	1
A	Abnormal renal and liver function (1 point each)	1 or 2
S	Stroke	1
B	Bleeding	1
L	Labile INRs	1
E	Elderly (e.g. age ≥ 65 years)	1
D	Drugs or alcohol (1 point each)	1 or 2
TOTAL (maximum 9)		

Bleeds per 100 patient-years by score	0	1	2	3
	1.13	1.02	3.74	8.70

REFERENCES

- ¹ 'Hypertension' is defined as systolic blood pressure > 160 mmHg. 'Abnormal kidney function' is defined as the presence of chronic dialysis or renal transplantation or serum creatinine ≥ 200 $\mu\text{mol/L}$. 'Abnormal liver function' is defined as chronic hepatic disease (e.g. cirrhosis) or biochemical evidence of significant hepatic derangement (e.g. bilirubin > 2 x upper limit of normal, in association with aspartate aminotransferase/alanine aminotransferase/alkaline phosphatase > 3 x upper limit normal, etc. 'Bleeding' refers to previous bleeding history and/or predisposition to bleeding, e.g. bleeding diathesis, anaemia, etc. 'Labile INRs' refers to unstable/high INRs or poor time in therapeutic range (e.g. > 60%). Drugs/alcohol use refers to concomitant use of drugs, such as antiplatelet agents, non-steroidal antiinflammatory drugs, or alcohol abuse, etc. INR = international normalized ratio. Adapted from Pisters et al². The Euro Heart Survey. Chest 2010; March 18.
- ² For detailed information please refer to the ESC Guidelines for the management of atrial fibrillation. European Heart Journal (2010) 31, 2369–2429

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