

# The Watchman device: Could it reduce your risk of stroke?

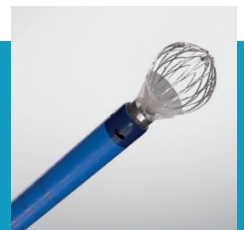


Blood thinners are often prescribed for people with atrial fibrillation (AFib), a potentially dangerous condition that causes an irregular heartbeat, to reduce their risk of having a stroke.

But like all powerful medications, blood thinners come with risks – for instance, they increase the risk for dangerous bleeds. So these medications may not always be the best choice for some people with AFib. Instead, a device called the Watchman may be a safe and effective treatment option.

Like blood-thinning medication, the Watchman can help prevent harmful blood clots from reaching the brain and causing a stroke. And it can be implanted with a short, minimally invasive procedure that doesn't require a long recovery time.

This guide will help you understand how the Watchman works and whether it might be the right solution for reducing your risk of stroke if you have Afib.



## A LOWER RISK FOR STROKE

Small and flexible, the Watchman is placed in the left side of the heart, where it is permanently sealed into place. It can reduce your risk of a stroke if you have atrial fibrillation that isn't caused by a heart valve problem.

# WHAT IS THE WATCHMAN DEVICE?

The Watchman is a permanent implant that can help reduce the risk of stroke in people with AFib that's not caused by a heart valve problem (called non-valvular AFib). For patients with AFib who take blood thinners to reduce their risk of stroke and meet certain criteria, the Watchman can be a highly effective alternative.

The device is implanted with a one-time, minimally invasive procedure. Small and lightweight, the Watchman is roughly the size of a quarter and can't be seen from the outside. And it's designed to stay with you for life: The Watchman is made from compact, medical-implant-grade materials that never need to be replaced.

More than 150,000 patients have received Watchman devices worldwide. It's the most implanted device of its kind approved by the U.S. Food and Drug Administration for reducing the risk of stroke in people with AFib not caused by a heart valve problem.

## HOW IT WORKS

Knowing more about AFib and its associated risks can help you understand how the Watchman device functions.

AFib makes it harder for the heart to pump blood as it should. When blood isn't able to be pumped normally, it can pool in the left atrial appendage, or LAA, a small sac-like extension in the upper part of the heart. The pooling can cause blood cells to clump together and form a clot. Sometimes these clots escape the LAA and travel to another part of the body. If that happens, the clot could potentially cut off blood supply to the brain and cause a stroke.

Most stroke-causing clots come from the LAA in people with non-valvular AFib. That's where the Watchman comes in. The device is placed directly in the LAA and closes off the area to prevent clots from traveling elsewhere in the body and forming blockages that could lead to a stroke.

## WATCHMAN VERSUS BLOOD THINNERS: WHAT'S THE DIFFERENCE?

Blood thinners like warfarin (Coumadin) are typically a first treatment option for reducing the risk of clots and stroke in people with AFib not caused by a heart valve problem. But blood thinners can cause unwanted side effects and are not always the best option for people with a history of bleeding complications, either.

The Watchman offers a similar level of protection against blood clots and stroke without the need for blood thinners. In fact, more than 9 out of 10 patients with AFib who receive a Watchman implant are able to stop taking blood thinners within 45 days of their procedure.

There are quality-of-life benefits to consider as well. The Watchman can eliminate the need for frequent blood tests that people who take some blood thinners must undergo. People who take blood thinners are also at risk for serious bleeds internally if they fall or injure themselves. For example, they may experience bleeding in their brain if they fall and hit their head.





## AM I A WATCHMAN CANDIDATE?

If you have AFib not caused by a heart valve problem, the Watchman device may be an option for lowering your risk for blood clots and stroke. Temple Heart & Vascular Institute's physicians offer the Watchman procedure to patients with non-valvular AFib who meet the following criteria:

- Currently taking warfarin or another anticoagulant medication. (These may include Pradaxa, Eliquis, Xarelto, Savaysa, or Jantoven.)
- Would benefit from a safe, effective alternative to blood thinners due to reasons such as bleeding complications or frequent falls that increase the risk of a life-threatening bleed.

## THE PROCEDURE: WHAT TO EXPECT

Implanting the Watchman device is painless and minimally invasive. The procedure, led by a Temple heart & vascular electrophysiologist or interventional cardiologist, is performed under general anesthesia and takes about an hour. Recovery time is quick, too, and doesn't require a lengthy hospital stay.

1. The cardiologist makes an incision in the upper leg and inserts a narrow catheter that is used to guide the Watchman device up into the LAA of the heart.
2. Patients are monitored at the hospital overnight. They can typically go home the next day and resume their normal activities shortly afterward.
3. Over several weeks, the surrounding heart tissue will begin to grow over the implant to form a barrier against blood clots. Patients continue taking blood thinners for 45 days until their LAA has fully closed off. Patients are monitored by their care team during this time.
4. When the cardiologist determines a patient is ready to stop taking blood thinners, the patient takes clopidogrel and aspirin for six months. Regular aspirin use is continued on an ongoing basis after that.







## WEIGHING THE BENEFITS AND RISKS

Watchman implants can protect patients with non-valvular AFib from blood clots and stroke without the need for blood thinners. What's more, the procedure and device have a proven safety record with more than 20 years of clinical trial and real-world experience.

As with all medical procedures, placing the Watchman comes with some amount of risk. However, the chances for complications are low: Roughly 0.5% of patients will experience serious problems, such as accidental heart puncture, excessive bleeding, or stroke.

It's important to weigh your individual benefits and risks to determine whether the Watchman procedure is right for you. Your cardiac care team can help you make an informed choice.

## TEMPLE CARDIOLOGY: EXCELLENCE IN AFIB CARE

The Temple Heart & Vascular Institute is among the most experienced centers in the region performing the procedure for the Watchman device. Our physicians have performed nearly 200 Watchman implants within the last four years.

Our experts also have specialized training to use non-invasive CT imaging to plan the procedure, size the device so it fits you perfectly, and make sure you don't have a preexisting blood clot in your heart. This can reduce the need for more invasive examinations, such as transesophageal echocardiogram tests, before the Watchman is inserted.

You can rest assured, too, knowing that Temple's coordinated approach means our expert team will be with you every step of the way. From planning your procedure to recovering afterward and managing your AFib long term, your heart – and health – are in good hands.



**Call Temple Heart & Vascular Institute to learn more about the Watchman implant procedure and how it could help you. Schedule an appointment with one of our interventional cardiologists by calling 800-TEMPLE-MED.**



## FACTS ABOUT ATRIAL FIBRILLATION

Atrial fibrillation (AFib) is a common type of heart arrhythmia. The condition occurs when the upper and lower chambers of the heart don't work in sync, which can result in an irregular heartbeat. There are four types of AFib. The Watchman device is approved to treat non-valvular AFib, which is AFib not caused by a heart valve problem.

### WHAT ARE THE SYMPTOMS?

People with AFib may experience:

- Irregular heartbeat or heart palpitations
- Trouble breathing, especially when lying down
- Chest pain
- Low blood pressure
- Dizziness or fainting
- Fatigue

### WHO IS AT RISK?

The risk of AFib goes up with age, especially after age 65. But the conditions can sometimes affect people who are younger, too, including children. Your chances for developing AFib are higher if you:

- Have a family history of AFib
- Have a heart defect, heart disease, or heart failure, or have experienced a heart attack

- Have certain other medical conditions, including high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD), sleep apnea, or chronic kidney disease, or if you're at an unhealthy weight
- Have a panic disorder or experience a lot of stress
- Drink alcohol excessively, smoke, or use illegal drugs
- Have had heart, lung, or esophageal surgery

### HOW CAN AFIB AFFECT MY HEALTH?

Sometimes AFib goes away on its own. Other times, the condition can be ongoing and must be managed to reduce the risk for serious health problems. Untreated AFib can cause blood to pool in the heart, which may trigger dangerous blood clots. These clots could lead to a stroke, heart attack, or heart failure.

Some research suggests that the changes in blood flow caused by AFib could harm the brain as well. As a result, people with AFib that isn't well controlled may also be at higher risk for Alzheimer's disease or vascular dementia.

Fortunately, these risks can be reduced or eliminated. The right AFib treatment can restore the heart's normal rhythm and, in turn, stop or manage the formation of harmful blood clots.