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Do You or a Loved One Have AFib?

A one-time implant for stroke risk reduction may be right for you
by Boston Scientific (Paid Content)




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Were you or a loved one just diagnosed with atrial fibrillation? If so, you may know that people with atrial fibrillation (or AFib) have a 5 times greater risk of stroke than someone with a regular heartbeat.¹

Understanding AFib and Stroke Risk

Atrial fibrillation (or AFib) is a skipping or irregular heartbeat. There are two kinds of AFib. Valvular AFib is described for patients who have a heart valve disorder, and nonvalvular AFib refers to AFib caused by other things, such as high blood pressure, stress, or overactive thyroid. Doctors don't always know what causes nonvalvular AFib.

Typically, the heart contracts and releases steadily. During AFib, the heart's upper chambers (the atria) beat at an irregular rhythm that's out of sync with the two lower chambers (the ventricles). This can increase the risk of stroke, heart failure, and other heart-related complications.

This condition can cause blood to pool and form clots in an area of your heart called the left atrial appendage (LAA). If a blood clot forms, it can travel through an artery to the brain and cause a stroke.

In people with AFib not caused by a heart valve problem, more than 90% of stroke-causing clots that come from the heart are formed in the left atrial appendage.²

How to Reduce AFib-related Stroke Risk

There are two main treatment strategies for reducing stroke risk related to AFib. One is blood thinning medication and the other is a one-time, minimally invasive procedure.

Medications can reduce the risk of blood clots that could lead to stroke. Anticoagulant medicines, including aspirin, keep platelets in the blood from sticking together and forming clots. Anti-clotting medicines, such as warfarin (Coumadin®), Xarelto® (rivaroxaban), Eliquis® (apixiban), Pradaxa® (dabigatran), and Savaysa® (sabalpar) also help prevent clots from forming in your blood. Blood thinners, or anticoagulants, are very effective at reducing the risk of stroke in people with atrial fibrillation, and most people can take them for years without serious side effects. But because blood thinners help prevent clots by thinning the blood, they also increase the risk of bleeding.

Blood thinners can come with some challenges and potential bleeding. 40% of people eligible for oral anticoagulants do not take their medication for various reasons.³ More than a third (33%) of those taking oral anticoagulants feel trapped between their fear of having a stroke and their fear of the risks associated with these blood thinners.⁴

However, stopping medication or taking it sporadically is dangerous. Always talk with your doctor about your concerns so you can find a treatment plan that you're comfortable with.

An Alternative to Blood Thinners: The WATCHMAN™ Left Atrial Appendage Closure Implant

If you're looking for an alternative to blood thinners, ask your doctor about the WATCHMAN Implant. Since its approval in 2015, it's the most implanted device approved by the FDA to safely and effectively reduce the risk of stroke in people with atrial fibrillation not caused by a heart valve problem. The implant continues to advance with the latest generation, called the WATCHMAN FLX™ implant, approved by the FDA in 2020.

This one-time procedure frees you from the burden of a lifetime of taking blood thinners. The implant creates a permanent barrier in the left atrial appendage to keep blood clots from escaping and causing a stroke. This way, the risk of stroke is effectively reduced – without the risk of bleeding that can come with the long-term use of blood thinners.




PHOTO CREDIT: GETTY IMAGES

Who the WATCHMAN Implant is For

The implant can be an effective option for people with a history or risk of serious bleeding on blood thinners. It might also be a good choice for nonvalvular AFib patients who lead active, busy lifestyles and don't want the risk of blood thinners curbing their activities.

Cliff D., for example, is an avid cyclist and motorcyclist who chose the implant so he could continue pursuing his passions.

"When I was on blood thinners it was always a different life. For me, the WATCHMAN was a lifesaver. It put me back to being who I am," he shares.

Similarly, Camille is an avid traveler who feels safer knowing the WATCHMAN Implant has her back.

"I feel more at ease going places and doing the things I want to do," she says.

The WATCHMAN Implant is covered for eligible Medicare patients who meet certain national coverage criteria, and it's becoming covered by more and more commercial insurers. More than 100,000 people have already left blood thinners behind with the WATCHMAN Implant.

[Click here to take this short survey to see if the WATCHMAN™ Implant is right for you or a loved one.](#)

Important Safety Information: The WATCHMAN and WATCHMAN FLX Devices are permanent implants designed to close the left atrial appendage in the heart in an effort to reduce the risk of stroke.

With all medical procedures there are risks associated with the implant procedure and the use of the device. The risks include but are not limited to: accidental heart puncture, air embolism, allergic reaction, anemia, anesthesia risks, arrhythmias, AV (Atrioventricular) fistula, bleeding or throat pain from the TEE (Trans Esophageal Echo) probe, blood clot or air bubbles in the lung or other organs, bruising at the catheter insertion site, clot formation on the device, cranial bleed, excessive bleeding, gastrointestinal bleeding, groin puncture bleed, hypertension, infection (endocarditis, pneumonia, cellulitis, osteomyelitis, osteomyelitis), renal obstruction, renal failure, stroke, thrombosis and transient ischemic attack. In rare cases death can occur.

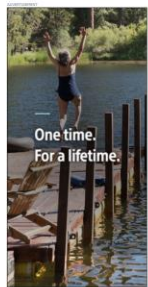
Be sure to talk with your doctor so that you thoroughly understand all of the risks and benefits associated with the implantation of the device.

1 Reference: Naima D. Atrial Fibrillation and Stroke Management: Present and Future. *Stroke*. 2015; 36(2):302-306.

2 Reference: Bhattacharjee S, Dhill A. Appendage ablation to reduce stroke in cardiac surgical patients with atrial fibrillation. *Ann Thorac Surg*. 1988;41:750-753.

3 Shah A et al. Use of Novel Oral Anticoagulants for Patients with Non-valvular Atrial Fibrillation: Results from the NCDR Pooled Registry. *Journal of the American College of Cardiology*. 2014(43).

4 Himmelfarb Jessica. The Heart of the Matter. *Boston Scientific*. 2014 (N21) 44. <http://www.boston-scientific.com/>



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