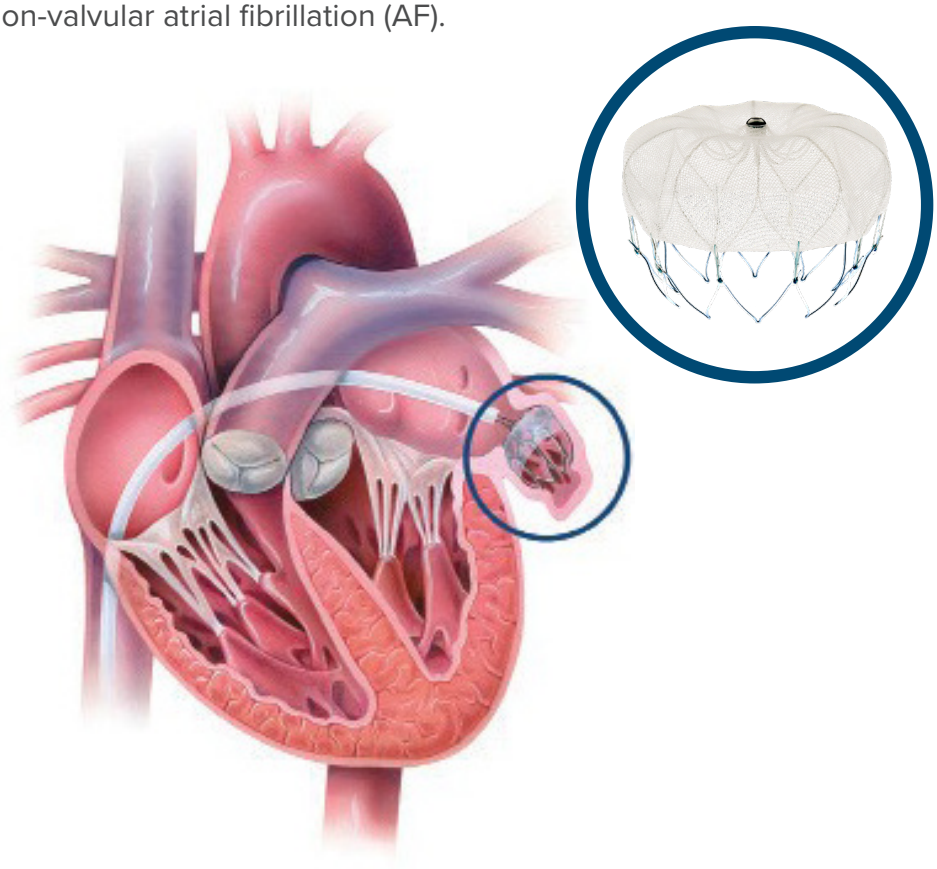
WATCHMAN™ Procedure

Left Atrial Appendage Closure Device

Reducing Stroke Risk in Patients with Atrial Fibrillation

The new WATCHMAN™ Left Atrial Appendage Closure Device is a first-of-its-kind alternative to long-term warfarin therapy. WATCHMAN™ has proven to reduce stroke risk in patients with non-valvular atrial fibrillation (AF).



Patients with non-valvular atrial fibrillation who are at increased risk for stroke and systemic embolism are suitable for warfarin. If you are waiting for a non-pharmacologic alternative to warfarin, you may be eligible for a WATCHMAN™ Device.

The WATCHMAN™ device is intended for closing the left atrial appendage (LAA), which is a thin, sack-like appendix arising from the left side of the heart. The LAA is believed to be the source of a majority of stroke-causing blood clots in people with non-valvular AF.[1]

By closing off the LAA, the **risk of stroke may be reduced,** and, over time, you **may be able to stop taking warfarin i**n the future.

What is AF?

Non-valvular atrial fibrillation (AF) is an irregular heartbeat that can lead to blood clots, stroke, heart failure and other heart-related complications. AF is the most common cardiac arrhythmia, currently affecting more than five million Americans.[2]

Fulfilling a Need

Patients with AF have a five-fold increased risk of stroke due to blood stagnating from the improperly beating atrium and the resulting blood clot formation.[3] Stroke is more severe for patients with AF, as they have a 70% chance of death or permanent disability.[3]

The most common treatment for stroke risk reduction in patients with AF is blood-thinning warfarin therapy. Despite its proven efficacy, long-term warfarin therapy is not well-tolerated by some patients and carries a significant risk for bleeding complications. Nearly half of patients eligible for warfarin are currently untreated due to tolerance and adherence issues.[4]

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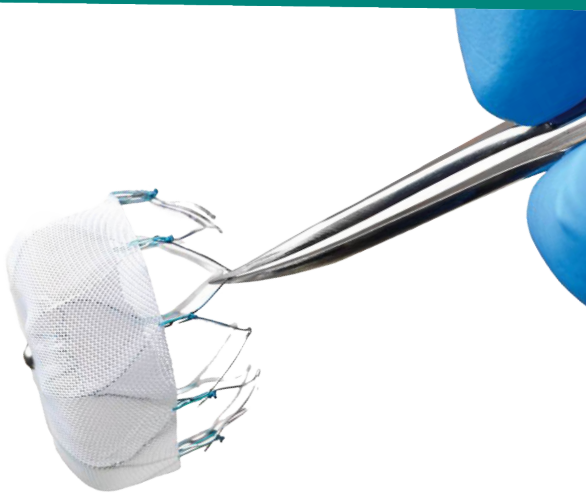
Clinical Study Results

The WATCHMAN™ Device can be implanted safely[5], enables patients to discontinue warfarin[6] and reduces AF stroke risk comparably to warfarin.[7] In addition, the WATCHMAN™ device has demonstrated **superior reductions** in hemorrhagic stroke, disabling stroke and cardiovascular death compared to warfarin over long-term follow-up:[8]

- 85% in Hemorrhagic Stroke
- 63% in Disabling Stroke
- 56% in Cardiovascular Death



Implant Procedure

Implanting the WATCHMAN™ device is a **one-time procedure** that usually lasts about 1-3 hours and is typically done with general anesthesia.

The WATCHMAN™ device is implanted using a catheter. The device is designed to permanently close off the LAA, believed to be the source of a majority of stroke-causing blood clots.[1] Once the LAA is closed blood clots have less chance of moving to the brain.

Following the procedure, patients typically need to stay in the hospital for 24 hours.

Springfield clinic

A COMMUNITY OF CARING

(1) Blackshear J. and Odell J., Annals of Thoracic Surgery. 1996;61:755-759. (2) Colilla et al., Am J Cardiol. 2013; 112:1142-1147. (3) Holmes DR, Seminars in Neurology 2010; 30:528–536. (4) Waldo, AL. JACC 2005; 46:1729-1736. (5) PROTECT AF, CAP, PREVAIL and CAP2. (6) PROTECT AF, CAP, PREVAIL. (7) PROTECT AF. (8) PROTECT AF. Relative risk reductions in hemorrhagic stroke and CV death at 5 yrs, disabling stroke at 4 yrs

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