

WATCHMAN™
LEFT ATRIAL APPENDAGE CLOSURE DEVICE

<Insert headline related to appropriate awareness milestone.>

PATIENT SUCCESSFULLY IMPLANTED WITH <INSERT FACILITY NAME>'S <INSERT MILESTONE IMPLANT #> WATCHMAN™ LEFT ATRIAL APPENDAGE CLOSURE DEVICE <DURING NATIONAL STROKE AWARENESS MONTH> OR <DURING ATRIAL FIBRILLATION AWARENESS MONTH> OR <ON WORLD STROKE DAY>

Permanent heart implant is the only FDA-approved device for the reduction of stroke risk in patients with non-valvular atrial fibrillation

<Insert City>, <Insert State>, <Insert Month Day, Year> -- <Insert Timing>, <Insert Physician Name and title> performed the institution's <Insert Milestone Implant #> implant of the WATCHMAN™ Left Atrial Appendage Closure (LAAC) Device on a patient with atrial fibrillation (AF). The hospital is one of the only in <Insert state, region or city name> to offer the WATCHMAN device as an alternative to the lifelong use of warfarin for people with AF not caused by a heart valve problem (also known as non-valvular AF).

<May is National Stroke Awareness Month> OR <September is Atrial Fibrillation Awareness Month> OR <October 29th is World Stroke Day>, which serves as a timely reminder of the increased risk of stroke among people living with AF.^{1,2} An estimated five million Americans are affected by AF – an irregular heartbeat that feels like a quivering heart.³ People with AF have a five times greater risk of stroke⁴ than those with normal heart rhythms. The WATCHMAN device closes off an area of the heart called the left atrial appendage (LAA) to keep harmful blood clots that can form in the LAA from entering the blood stream and potentially causing a stroke. By closing off the LAA, the risk of stroke may be reduced and, over time, patients may be able to stop taking warfarin.

<Insert a quote attributed to your implanting physician. Potential quote is below or insert your own quote.>

“The WATCHMAN device is a novel alternative for patients with non-valvular AF at risk for a stroke, especially those with a compelling reason not to be on blood thinners,” said <Insert Physician Name>. “I’m proud to have performed the <Insert Milestone Implant #> implant of this device at our institution as it offers another patient potentially life-changing stroke risk treatment.”

The WATCHMAN device has been implanted in more than 50,000 patients worldwide and is done in a one-time procedure. It’s a permanent device that doesn’t have to be replaced and can’t be seen outside the body. The procedure is done under general anesthesia and takes about an hour. Patients commonly stay in the hospital overnight and leave the next day.

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“People with atrial fibrillation are at significant risk of stroke, which can have a serious emotional and psychological effect on them,” said Mellanie True Hills, founder and chief executive officer, StopAfib.org, a patient advocacy organization for those living with Afib. “Thus it is important for them to be aware of and understand recent medical advances and treatments that can help with stroke prevention.”

About Atrial Fibrillation

Atrial fibrillation (AF) is a heart condition where the upper chambers of the heart (atrium) beat too fast and with irregular rhythm (fibrillation). AF is the most common cardiac arrhythmia, currently affecting more than five million Americans.³ Twenty percent of all strokes occur in patients with AF, and AF-related strokes are more frequently fatal and disabling.^{1,2} The most common treatment to reduce stroke risk in patients with AF is blood-thinning warfarin medication. Despite its proven efficacy, long-term warfarin medication is not well-tolerated by some patients and carries a significant risk for bleeding complications. Nearly half of AF patients eligible for warfarin are currently untreated due to tolerance and adherence issues.⁵

For more information on the WATCHMAN device, please visit: www.watchman.com.

<Insert Hospital Boilerplate>

<Insert Hospital Media Contacts>

1. Hart RG, Halperin JL., Ann Intern Med. 1999; 131:688–695
2. McGrath ER, Neurology 2013; 81:825-832
3. Colilla et al., Am J Cardiol. 2013; 112:1142-1147
4. Holmes DR, Seminars in Neurology 2010; 30:528–536
5. Waldo, AL. JACC 2005; 46:1729-1736.