The one-time, minimally invasive procedure for people with non-valvular AFib who need an alternative to blood thinners.
In a clinical trial, 96% OF PEOPLE WERE ABLE TO STOP BLOOD THINNERS just 45 days after getting the WATCHMAN Implant.¹

The WATCHMAN Implant Difference

Non-valvular AFib can mean a lifetime of blood thinners. It can also mean a lifetime of worry about bleeds from falls, other medical issues, or an unexpected surgery.

The WATCHMAN Implant may be a life-changing alternative to the lifelong use of blood thinners for those who need one. In a one-time procedure, the WATCHMAN Implant effectively reduces the risk of stroke in people with atrial fibrillation not caused by a heart valve problem. In a clinical trial, 96% of people were able to stop taking blood thinners just 45 days after the WATCHMAN Implant procedure.¹

WATCHMAN Implant Safety

The WATCHMAN Implant is the most implanted device of its kind approved by the U.S. Food and Drug Administration (FDA) for reducing the risk of stroke in people with atrial fibrillation not caused by a heart valve problem.

More than 150,000 WATCHMAN Implant procedures have been performed worldwide. With almost 20 years of clinical trial and real world experience – including 10 clinical trials – the WATCHMAN Implant is proven to be safe and effective.

WORLDWIDE, MORE THAN 150,000 PEOPLE have left blood thinners behind with the WATCHMAN Implant.

See back cover for important safety information, and talk to your doctor so you fully understand all the benefits and risks of the WATCHMAN Implant.

¹ Kar, S., et al, Primary Outcome Evaluation of the Next Generation LAAC Device: Results from the PINNACLE FLX Trial, Circulation, 2021.
HOW THE WATCHMAN™ IMPLANT WORKS

The WATCHMAN Implant fits into a part of your heart called the left atrial appendage (LAA).

90% of stroke-causing blood clots that come from the heart are formed in the LAA.¹

The WATCHMAN Implant permanently closes off this part of your heart to keep those blood clots from escaping.

The WATCHMAN Implant Procedure

The WATCHMAN Implant is about the size of a quarter, and it doesn’t require open-heart surgery. Here’s what happens during the procedure.

1. To begin the procedure, your doctor makes a small cut in your upper leg and inserts a narrow tube.

2. Your doctor then guides the WATCHMAN Implant through the tube, into your left atrial appendage (LAA).

3. The procedure is done under general anesthesia and typically takes about an hour. People who get the WATCHMAN Implant usually stay in the hospital overnight and go home the next day.

4. After the procedure, you’ll take blood thinners until your LAA is permanently closed off — usually just 45 days.

5. During that time, your own heart tissue grows over the WATCHMAN Implant to form a barrier against blood clots.

Watch a 4-minute video about how WATCHMAN works at WATCHMAN.com/video

As with any medical procedure, there are risks associated with the WATCHMAN Implant. See back cover for important safety information.

AFib and Stroke Risk

You probably already know that atrial fibrillation increases your risk of having a stroke. In fact, on average, a person with AFib is 5 times more likely to suffer a stroke than someone with a regular heartbeat.

That’s because AFib causes your heart to beat irregularly, which affects its ability to pump blood normally. And when the heart doesn’t pump as it should, blood can collect and form clots. If a clot escapes, it can cut off the blood supply to the brain—causing a stroke.

A person with AFib is 5 times more likely to suffer a stroke than someone with a regular heartbeat.

You may be a candidate for the WATCHMAN Implant if you can answer YES to the following questions:

- Do you have atrial fibrillation not caused by a heart valve problem, also known as non-valvular AFib?
- Has your doctor recommended that you take a blood thinner for your AFib?
- Can you take short term blood thinners but need an alternative for one of the below reasons?
  - You have had serious bleeding while taking blood thinners
  - You have a lifestyle, occupation, or condition that puts you at risk for serious bleeding
  - You have difficulties taking blood thinners as prescribed (staying in INR range, following dietary restrictions, missing doses or inability to afford the prescription)

If you think this describes you, then talk to your cardiologist about the WATCHMAN Implant. Get a customized guide that can help you ask the right questions at WATCHMAN.com/guide.

People who SHOULD NOT receive the WATCHMAN Implant include but are not limited to those who:

- Cannot take oral anticoagulants, aspirin, or clopidogrel (Plavix®)
- Should not or cannot undergo heart catheterization procedures
- Have an allergy or sensitivity to nitinol (nickel and titanium)
- Have a left atrial appendage that does not fit the WATCHMAN Implant
- Are taking blood thinners for a condition other than atrial fibrillation

Ask your doctor if any of these conditions apply to you. Due to the upfront risk of having a medical procedure, people should also not be considered for the WATCHMAN Implant if they are doing well and expect to continue doing well on blood thinners.

Cost and Coverage

The WATCHMAN Implant is covered for eligible Medicare patients who meet certain national coverage criteria. It’s also covered by an increasing number of commercial insurers.

The WATCHMAN Implant is different from blood thinners not only in how it works, but in how much it costs. While blood thinners must be taken every day for life and represents an ongoing cost, the WATCHMAN Implant is a one-time procedure and one-time cost. This means the WATCHMAN Implant can save you money over time.
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 (Arteriovenous) fistula, bleeding or throat pain from the TEE (Trans Esophageal Echo) probe, blood clot or air bubbles in the lungs or other organs, bruising at the catheter insertion site, clot formation on the device, cranial bleed, excessive bleeding, gastrointestinal bleeding, groin puncture bleed, hypotension, infection/pneumonia, pneumothorax, pulmonary edema, pulmonary vein 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.