



## 2023 ACC/AHA/ACCP/HRS Guidelines for the Diagnosis and Management of Atrial Fibrillation

**Left Atrial Appendage Occlusion Devices Upgraded to a 2a Class of Recommendation for patients with a contraindication to long-term OACs.**

This upgrade in recommended indication is based on additional safety and efficacy data for left atrial appendage occlusion devices, which includes the WATCHMAN™ Left Atrial Appendage Closure (LAAC) Implant.

**A 2b Class of Recommendation was added for patients with a high risk of major bleeding.**

**New data also informed updates to guidelines on broader LAA management, including surgery and cardioversion.**



Scan QR code for the full updated guidelines. (See section 6.5)

### 6.5.1. Percutaneous Approaches to Occlude the LAA

COR	LOE	Recommendations
2a	B-NR	1. In patients with AF, a moderate to high risk of stroke (CHA <sub>2</sub> DS <sub>2</sub> -VASc score $\geq 2$ ), and a contraindication (Table 14) to long-term oral anticoagulation due to a nonreversible cause, percutaneous LAAO (pLAAO) is reasonable. <sup>1-4</sup>
2b	B-R	2. In patients with AF and a moderate to high risk of stroke and a high risk of major bleeding on oral anti-coagulation, pLAAO may be a reasonable alternative to oral anticoagulation based on patient preference, with careful consideration of procedural risk and with the understanding that the evidence for oral anticoagulation is more extensive. <sup>1-3,5,6</sup>

# The WATCHMAN Implant has changed the lives of over 600,000 patients and is suitable for a broad range of patient types.

**ACC, HRS and SCAI issued a consensus memorandum to CMS in 2015 recognizing these example scenarios that support alternatives to long-term oral anticoagulation:<sup>7</sup>**

1. History of intracranial bleeding (intracerebral or subdural) where benefits of LAAC outweigh risks
2. History of spontaneous bleeding other than intracranial (e.g. retroperitoneal bleeding)
3. Documented poor compliance with anticoagulant therapy after patient education
4. Inability or significant difficulty with maintaining patients in therapeutic anticoagulation range with use of guidelines
5. Intolerance of warfarin and new oral anticoagulants (NOACs)
6. High risk of recurrent falls
7. Cognitive impairment
8. Severe renal failure
9. Occupation related high bleeding risk
10. Need for prolonged dual antiplatelet therapy
11. Increased bleeding risk not reflected by the HAS-BLED score (e.g. thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
12. Other situations for which anticoagulation is inappropriate.

**Documentation supporting medical necessity is required for coverage**

Visit [watchman.com/HCP](https://watchman.com/HCP) to learn more.

**WATCHMAN FLX Pro Brief Summary**  
[watchman.com/en-us-hcp/  
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Percutaneous Approaches to Occlude the LAA

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2. Holmes DR Jr, Kar S, Price MJ, et al. Prospective randomized evaluation of the Watchman left atrial appendage closure device in patients with atrial fibrillation versus long-term warfarin therapy: the PREVAIL trial. *J Am Coll Cardiol*. 2014;64:1-12.
3. Reddy VY, Doshi SK, Kar S, et al. 5-Year outcomes after left atrial appendage closure: from the PREVAIL and PROTECT AF trials. *J Am Coll Cardiol*. 2017;70: 2964-2975.
4. Osmançik P, Herman D, Neuzil P, et al. Left atrial appendage closure versus direct oral anticoagulants in high-risk patients with atrial fibrillation. *J Am Coll Cardiol*. 2020;75:3122-3135.
5. Reddy VY, Mobius-Winkler S, Miller MA, et al. Left atrial appendage closure with the Watchman device in patients with a contraindication for oral anticoagulation: the ASAP study (ASA Plavix Feasibility Study With Watchman Left Atrial Appendage Closure Technology). *J Am Coll Cardiol*. 2013;61:2551-2556.
6. Boersma LV, Ince H, Kische S, et al. Efficacy and safety of left atrial appendage closure with WATCHMAN in patients with or without contraindication to oral anticoagulation: 1-year follow-up outcome data of the EWOLUTION trial. *Heart Rhythm*. 2017;14:1302-1308.
7. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCALid=281&bc=AAAAAAAAQAAA&%20>.