



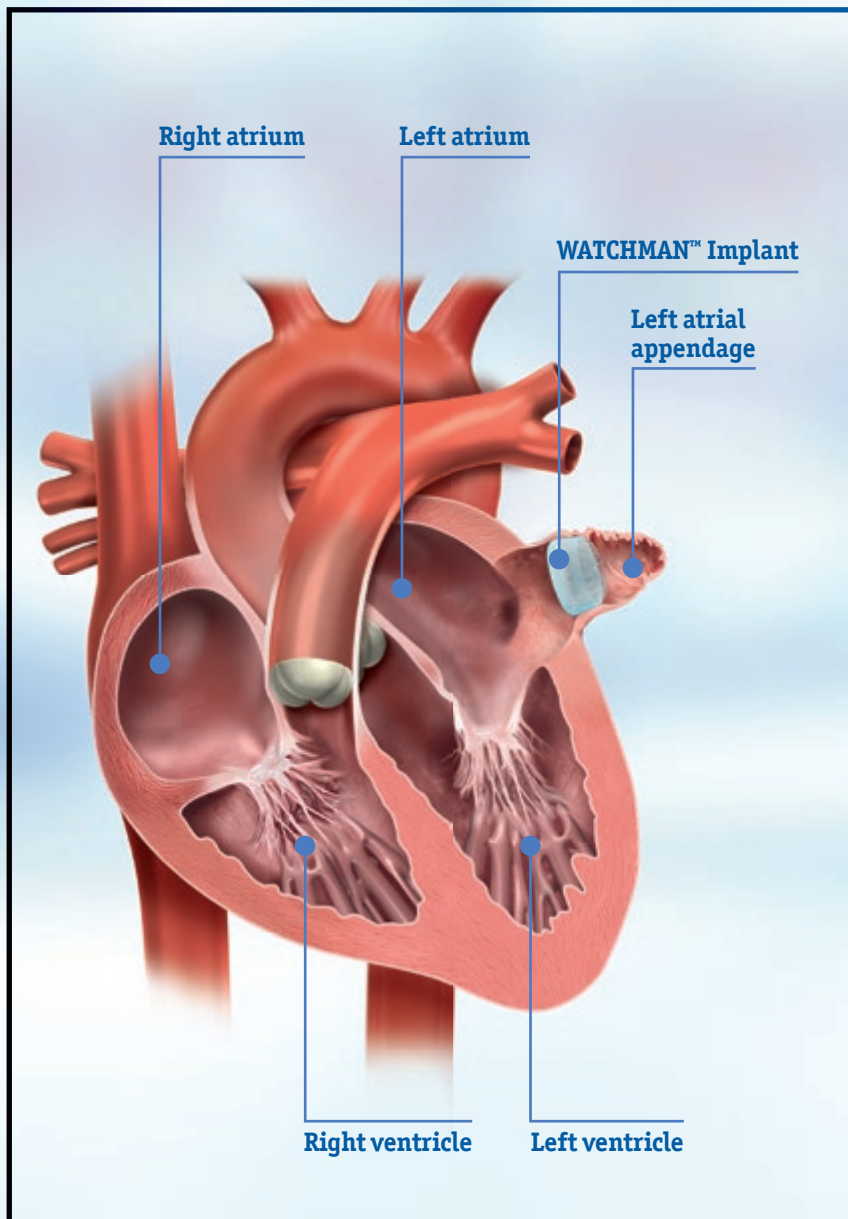
Reducing the Risk of Stroke in Atrial Fibrillation

A patient's guide to the Left Atrial Appendage Closure (LAAC)

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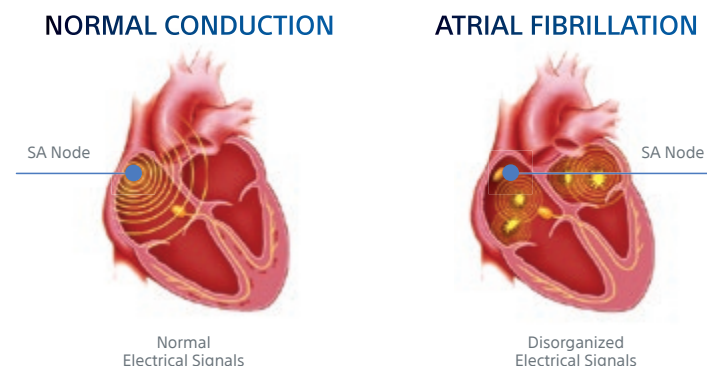
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WHAT IS ATRIAL FIBRILLATION (AFib)?

Atrial Fibrillation is a heart condition, a type of irregular heartbeat. Atrial Fibrillation itself is not life-threatening, but it can lead to stroke and heart failure and so it has potentially serious effects. Many patients often do not experience any symptoms, although a fast heartbeat may be felt. Other typical symptoms include tiredness, shortness of breath, chest pain, dizziness, which may not be attributed to Atrial Fibrillation correctly.



Normally, the electrical signal that tells your heart to beat comes from the sinoatrial node, or SA node, in the right atrium. But during AFib, signals start irregularly from several areas in the atria.

Atrial Fibrillation is the most common cardiac arrhythmia, affecting 1% – 2% of general population, and it is more common as the population gets older.

There are three main type of Atrial Fibrillation:

- Paroxysmal: AFib episodes terminate spontaneously within seven days.
- Persistent: AFib episodes last more than seven days and less than one year. In this setting, a regular rhythm should be reached through intervention.
- Permanent: AFib episodes are continuous and last more than one year. The patient does not respond to interventional therapy to return to regular rhythm.

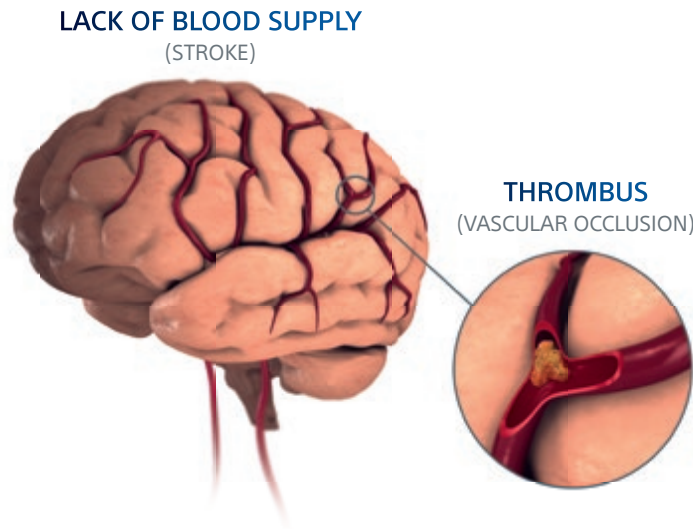
WHAT **CAUSES** ATRIAL FIBRILLATION?

The causes of AFib are not completely understood, but the risk to develop it increases as you get older. However, it is more likely to occur in people with other heart conditions, such as:

- High blood pressure.
- Cardiac insufficiency (heart failure).
- Coronary artery disease.
- Some forms of heart valve diseases.

WHAT IS A **STROKE**?

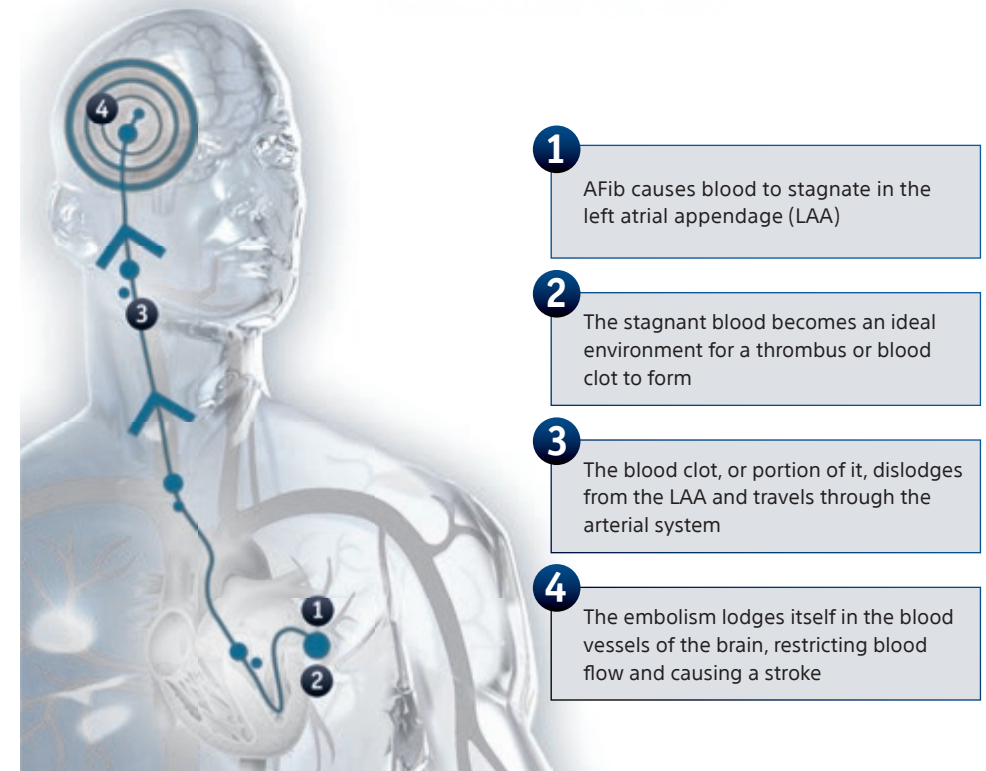
A stroke happens when the blood supply to part of the brain is cut off. This can be caused to a blockage in an artery by a blood clot (ischaemic stroke) or by bleeding in the brain caused by the sudden rupture of a blood vessel (haemorrhagic stroke). Stroke can happen suddenly and have immediate and lasting debilitating effect. Immediate medical treatment is required to minimize later complications.



HOW ATRIAL FIBRILLATION IS **LINKED** TO STROKE?

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

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 a small appendage of the left atrium, the so-called left atrial appendage.



WHAT ARE **THE TREATMENT OPTIONS** TO REDUCE STROKE IF YOU HAVE AFib?

There are different treatment options to reduce your stroke risk if you have AFib not caused by a heart valve problem.

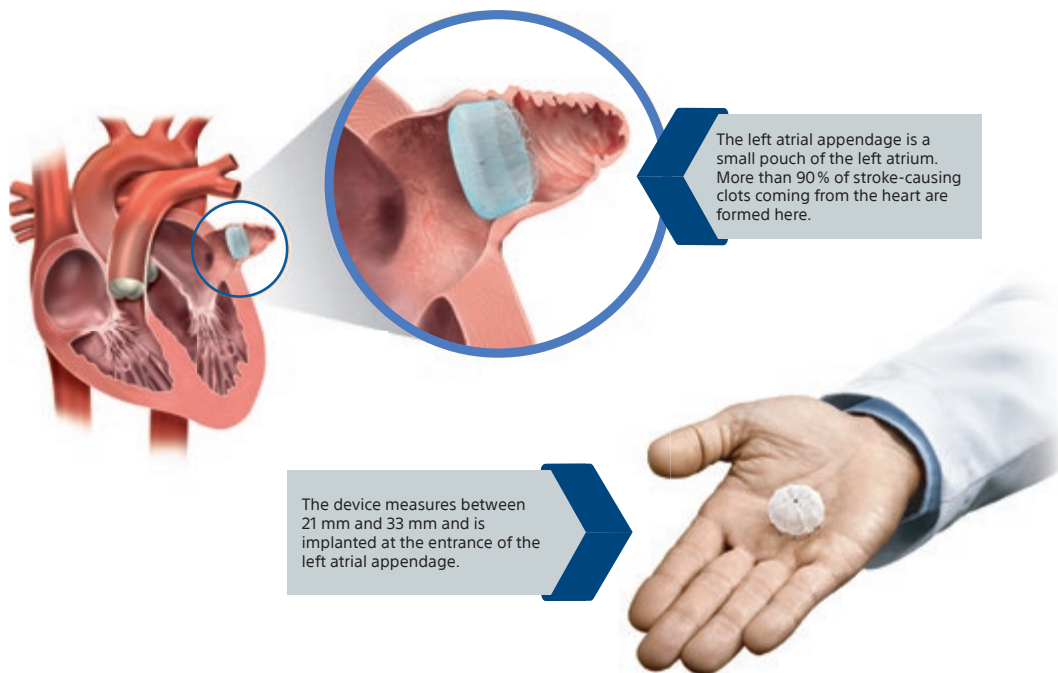
BLOOD THINNER THERAPY

Blood thinner medications, also called **anticoagulant drugs**, are an effective way to lower the risk of stroke in people with AFib. The blood thinner warfarin has been available for more than 60 years and there are also several newer blood thinners available now, Novel Oral Anticoagulants (NOAC), including ELIQUIS® (Apixaban), PRADAXA® (Dabigatran), XARELTO® (Rivaroxaban), LIXIANA® (Edoxaban). These medications effectively reduce the risk of cardioembolic stroke, however they are not well tolerated by some patients and carry a **risk for bleeding complications**.



LEFT ATRIAL APPENDAGE CLOSURE

Some people with AFib at high risk of stroke who should take oral anticoagulants are either unable or unwilling to take them because of associated risks, side effects or medical reasons that could also result in a high risk for bleedings. A minimally-invasive procedure called Left Atrial Appendage Closure provides an effective solution to reduce stroke risk in these people, permanently closing off the left atrial appendage.



THE WATCHMAN™ IMPLANT PROCEDURE: **WHAT TO EXPECT.**

The decision to get the WATCHMAN implant is shared between you and your doctor. You'll talk about what's important to you, your goals, and the procedure's risks and benefits. Together, you'll decide whether the WATCHMAN implant is the right choice for you. If so, here is what comes next.

Getting ready

Choose a medical center

You and your doctor will decide on a center. You can view options at watchman.com/uk, and your doctor will provide a referral. Typically, the medical center will call you to schedule a consultation, or your doctor's office may schedule it for you.

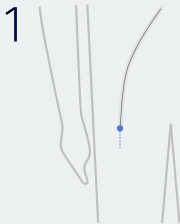
Have an exam and imaging test

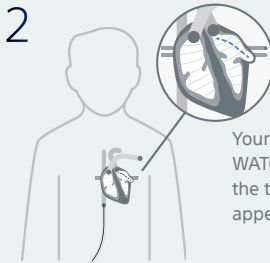
In addition to a physical, you may have pictures taken of your heart so the doctor can see your LAA and to make sure you don't have an existing blood clot.

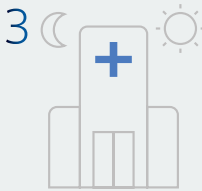
Set the date for your WATCHMAN implant procedure

Your doctor and implant team will tell you how to prepare. Make sure you understand all the instructions, including what medications you should and should not take, and ask any questions you have.

Procedure day

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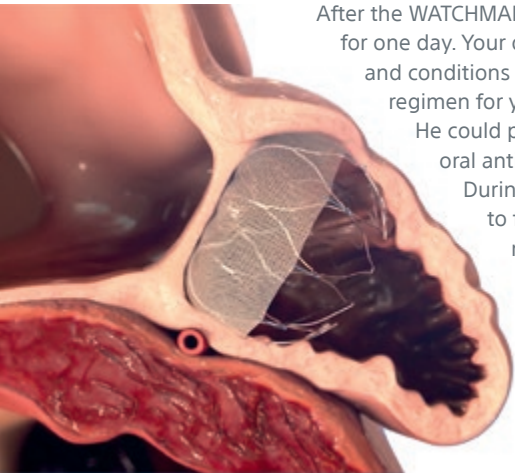
1 To begin the procedure, your doctor makes a small cut in your upper leg and inserts a narrow tube.
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2 Your doctor guides the WATCHMAN implant through the tube, into your left atrial appendage (LAA).
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3 The procedure is typically done under general anesthesia, so you'll be asleep and won't feel any pain or discomfort. Most people who get the WATCHMAN implant stay in the hospital for a day or less.
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4 After the procedure, your own heart tissue will grow over the WATCHMAN implant to form a barrier against blood clots.

WHAT HAPPENS AFTER THE PROCEDURE?



After the WATCHMAN procedure, patients usually stay in the hospital for one day. Your doctor will assess your individual characteristics and conditions and will decide which is the best post-implant drug regimen for you to have your LAA permanently closed off.

He could prescribe you dual antiplatelet therapy (DAPT), novel oral anticoagulants (NOACs) or warfarin, along with aspirin.

During this time, heart tissue will grow over the implant to form a barrier against blood clots. Your doctor will monitor this process by taking pictures of your heart to see when you can stop taking medications.

Many doctors require follow-up appointments over the next year to ensure your recovery is going well.

WHAT ARE THE RISKS?

WATCHMAN implant can be successfully and safely implanted as large European clinical studies are showing with 99% implant success rates. The risk of complication during the procedure is less than 3% and is comparable to other cardiac procedures, e.g., ablation of cardiac arrhythmias. Be sure to talk with your doctor so that you thoroughly understand all of the risks and benefits associated with the implantation of the WATCHMAN Device.

Potential 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 WATCHMAN™ Closure 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.

WHO CAN BENEFIT FROM THE WATCHMAN™ IMPLANT?

The WATCHMAN implant may be right for you if meeting the following criteria:

- You have Atrial Fibrillation not caused by a heart valve problem (also known as non-valvular AFib).
- You are at high risk of bleeding or you have experienced bleeding due to blood thinners.
- You have contraindication or intolerance to oral anticoagulants.



MORE INFORMATION

Learn more about LAA closure
with WATCHMAN™: www.watchman.com/uk

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The content of this document relates to Boston Scientific and applies to the products of Boston Scientific, but does not apply to all left atrial appendage closure devices available in the EU market.

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