WATCHMAN™
LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

Boston Scientific
Advancing science for life™

Patient Screening and Referral Form

Referring Physician

NAME/INSTITUTION _____

ADDRESS _____

PHONE _____ EMAIL _____

Referred Patient

GENDER M ☐ F ☐ NAME _____ DOB _____

PHONE _____ EMAIL _____

Patient has Non Valvular Atrial Fibrilation (NVAF) and Requirements:

- ☐ Permanent contraindication for oral anticoagulation (OAC)
- ☐ Increased risk of stroke and is indicated for OAC
  See CHA_2DS_2-VA ≥ 2 table below
- ☐ No other indication requiring anticoagulation
- ☐ Suitable for 3 months DAPT-only or combination of NOAC/VKA (and DAPT)

Risks or considerations for OAC prescription in Afib

Past Bleed:

- ◯ History of recurrent or irremediable major bleeding (e.g. gastrointestinal, urological, cerebral bleeding, ICH, ICB)
- ◯ Recurrent non-major bleeding

Risk of Bleeding:

- ◯ Predicted high risk of bleeding (HAS-BLED ≥ 3)
- ◯ Malignancies, tumor with a tendency to bleed
- ◯ High risk of falling
- ◯ Cognitive degeneration with relevant risk of bleeding
- ◯ Bleeding disorder: massive Thrombocytopenia (< 50,000/µL); coagulopathy or angiodysplasia

Risk of Stroke:

- ◯ High risk or an ICH that has already occured
- ◯ Repeated spontaneous intracranial hemorrhages
- ◯ Intolerable side effects/Intolerance of OAC
- ◯ Unmanageable lack of adherence/persistence with OAC
- ◯ Patients with recurrent ischemic stroke despite adequately adjusted OAC
- ◯ Patients at high risk of intracranial bleeding ICH (e.g. severe cerebral microangiopathy or cerebral amyloid angiopathy)

Other:

- ◯ Advanced renal failure ESRD including dialysis GFR < 15 ml/min
- ◯ Severe liver disease
- ◯ Indication for long-term DAPT therapy (e.g. in case of coronary heart disease)
- ◯ Electrically isolated LAA post ablation and/or Pulmonary Vein Isolation
- ◯ OAC would be possible, but the patient categorically refuses it, or no adherence to OAC despite attempts to educate the patient.

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Complete drug regime list

1. _____
2. _____
3. _____
4. _____

Other illnesses or comorbidities

1. _____
2. _____
3. _____
4. _____

HAS-BLED SCORE _____ CHA_2DS_2-VA SCORE _____

To determine scores, please refer to the tables on the next page with the CHA_2DS_2-VA and HAS-BLED risk factor point values.

Additional notes

_____

_____

For the Referring Physician

☐ **I recommend this patient for LAAC/WATCHMAN consultation**

NAME _____

SIGNATURE _____

For the Patient

I consent for this form to be shared with an LAAC implanting physician for assessing my procedural eligibility for LAAC

NAME _____

SIGNATURE _____

CHA_2DS_2-VA reference table

	Risk Factor	Detailed Definition	Points
C	Congestive heart failure	Symptoms and signs of HI (regardless of LVEF or the presence of asymptomatic LVEF <= 40%	1
H	Hypertension	Resting blood pressure > 140/90 mmHg on at least two occasions or ongoing antihypertensive treatment	1
A	Age ≥ 75 years	Note that age-related risk is a continuum	1
D	Diabetes mellitus	Type 1 or type 2 according to currently accepted criteria or treatment with glucose-lowering therapy	1
S	Stroke/TIA or thromboembolism	A previous thromboembolism is associated with a greatly increased risk of recurrence	1
V	Vascular disease (PAD, MI)	CHD, including previous myocardial infarctions. Angina pectoris, coronary revascularization, or evidence on imaging OR peripheral vascular disease, including intermittent claudication, previous revascularization, abdominal aortic intervention, or complex aortic plaques on imaging	1
A	Age 65-74 years	If age is between 65 and 74 years	1
Total Points			

From the ESC Guidelines 2024

HAS-BLED reference table

	Risk Factor	Detailed Definition	Points
H	Hypertension	Uncontrolled systolic blood pressure > **160 mmHg**	1
A	Abnormal renal and/or liver function (1 point each)	**Renal:** Chronic dialysis, kidney transplant, or serum creatinine ≥ **200 µmol/L** (≥2.26 mg/dL). **Liver:** Cirrhosis or bilirubin > **2× upper limit of normal** plus AST/ALT/AP > **3× upper limit of normal**	1 or 2
S	Stroke	Previous history of stroke	1
B	Bleeding	Prior major bleeding or predisposition (e.g., anemia, bleeding diathesis)	1
L	Labile INR	Unstable/high INR or time in therapeutic range < **60%** (for patients on warfarin)	1
E	Elderly	Age ≥ **65 years**	1
D	Drugs and/or Alcohol (1 point each)	Concomitant use of antiplatelet agents or NSAIDs or Excessive alcohol intake ≥ **8 drinks/week**	1 or 2
Total Points			

German S3 Guidelines AFib

References

a. 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS): Developed by the task force for the management of atrial fibrillation of the European Society of Cardiology (ESC), with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC. *Endorsed by the European Stroke Organisation (ESO), European Heart Journal,* Volume 45, Issue 36, 21 September 2024, Pages 3314–3414

b. Warfarin Stroke Reduction: *Ann Intern Med.* 2007;146:857-867.

c. HAS-BLED: *Chest.* 2010;138(5):1093-1100.

*Major Bleed = ICH or bleeding resulting in a hospitalization, a hemoglobin drop > 2 g/dL, or a blood transfusion.

Formal Shared Decision Making
The patient must have a formal shared decision making interaction with an independent, non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAF prior to LAAC. Additionally, the shared decision making interaction must be documented in the medical record. THIS IS NOT A FORMAL SHARED DECISION MAKING DOCUMENT AND CANNOT BE USED FOR RECORDING THE SHARED DECISION MAKING INTERACTION.

WATCHMAN FLX™ Pro LAAC Device Indications, Safety and Warnings
https://www.bostonscientific.com/en-EU/medical-specialties/structural-heart/fxd-curve/watchman-flx-pro.html