The WATCHMAN Implant Difference

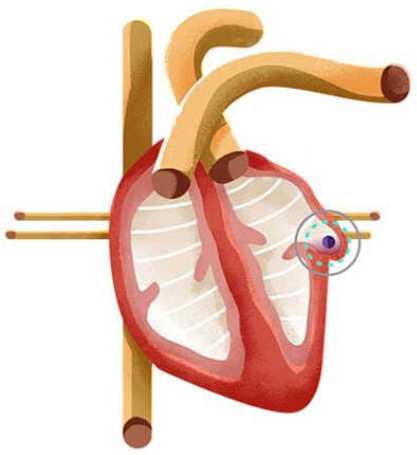
The WATCHMAN Implant is a one-time, minimally invasive procedure for people with atrial fibrillation not caused by a heart valve problem (also known as non-valvular AFib) who need an alternative to blood thinners.

Non-valvular Afib can mean a lifetime of blood thinners. It can also mean a lifetime of worry about issues like bleeds and falls. More than 200,000 people have left blood thinners behind with the WATCHMAN Implant.

How the WATCHMAN Implant Works

To understand how the WATCHMAN Implant works, it helps to know more about the connection between atrial fibrillation and stroke.

Atrial fibrillation, or AFib, affects your heart's ability to pump blood normally. This can cause blood to pool in an area of the heart called the left atrial appendage, or LAA. There, blood cells can stick together and form a clot. When a blood clot escapes from the LAA and travels to another part of the body, it can cut off the blood supply to the brain, causing a stroke.[1,2]



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 the LAA.[1] That's why closing off this part of the heart is an effective way to reduce stroke risk.

The WATCHMAN Implant fits right into your LAA. It's designed to permanently close it off and keep those blood clots from escaping. The WATCHMAN Implant is about the size of a quarter and made from very light and compact materials commonly used in many other medical implants.

Science always looks for ways to make effective treatments even better. The WATCHMAN Implant is no exception. The WATCHMAN FLX Implant design is an advancement that enables the implant to fit a greater number of patients, giving more people than ever a safe, effective alternative to blood thinners should they need one.

In a clinical trial, 96% of people were able to stop taking blood thinners just 45 days after the WATCHMAN Implant procedure.[3]

The WATCHMAN Implant Procedure

The WATCHMAN Implant is placed into your heart 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.

To place the WATCHMAN Implant, your doctor makes a small cut in your upper leg and inserts a narrow tube. Your doctor then guides the WATCHMAN Implant into the left atrial appendage (LAA) of your heart. The procedure is done under general anesthesia and takes as little as 30 minutes. Patients commonly stay in the hospital for a day or less.

Due to the risk of having a medical procedure, patients should not be considered for the WATCHMAN Implant if they are doing well and expect to continue doing well on blood thinners.

Could the WATCHMAN Implant be right for you?

Answer a few short questions to see if you may be a candidate and get a customized guide to help you start a conversation with your doctor

Get Started

Questions about the WATCHMAN Implant?

WATCHMAN Educational Specialists are trained professionals with healthcare experience. They're here to help answer your questions.

Call 1-855-893-2606

Monday to Friday, 8AM to 5PM Central Time

After the Procedure

Following the WATCHMAN Implant procedure, you'll take blood thinners for 45 days or until your LAA is permanently closed off. 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 your blood thinner.

Your doctor will then prescribe a medicine called clopidogrel (also known as Plavix®) and aspirin for you to take for 6 months. After that, you'll continue to take aspirin on an ongoing basis. A very small number of patients may need to keep taking blood thinners long term.

In a clinical trial:

- 96% of patients were able to stop taking blood thinners just 45 days after the procedure[3]

#1 Doctor Recommended

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.

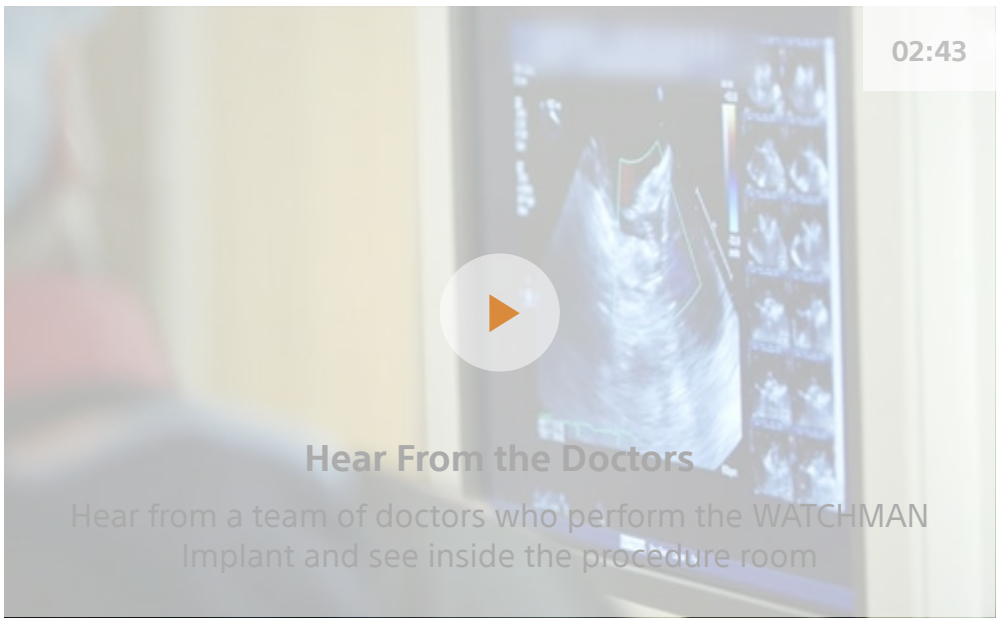
More than 200,000 WATCHMAN Implant procedures have been performed worldwide. With almost 20 years of clinical trial and real world experience - including 10 clinical trials - the WATCHMAN Implant has a proven safety record.

The WATCHMAN Implant has a low major complication rate of 0.5%, which is a similar rate to a cardiac ablation procedure.[3*]

As with any medical procedure, there are risks involved with the WATCHMAN Implant. See the Important Safety Information below for a list of possible complications, and ask your cardiologi and benefits of the WATCHMAN Implant.

See if the WATCHMAN Implant is right for you ›

200K+ PEOPLE IMPLANTED AND COUNTING



The WATCHMAN Implant Alternative

Get a quick guide on the WATCHMAN Implant that you can share with your doctor or loved one.

Download PDF

If you have AFib not caused by a heart valve problem and you need an alternative to blood thinners, the WATCHMAN Implant may be right for you.

NEXT: Why Choose WATCHMAN

The WATCHMAN Implant is for people with atrial fibrillation not caused by a heart valve problem who need an alternative to blood thinners. This website is intended to provide patients and caregivers with some information about the WATCHMAN Implant. It may help prepare you for talking to your doctor about your options for reducing stroke risk.

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.

References:

1. Blackshear JL, Odell JA. Appendage obliteration to reduce stroke in cardiac surgical patients with atrial fibrillation. Ann Thorac Surg. 1996;61:755-759.
2. National Stroke Association. Making the Afib-Stroke Connection. https://www.stroke.org/sites/default/files/resources/Afib-Connection%20for%20hcp.pdf. Published 2012. Accessed September 1, 2016.
3. Kar, S., et al, Primary Outcome Evaluation of the Next Generation LAAC Device: Results from the PINNACLE FLX Trial, Circulation, 2021.

*In a post FDA approval analysys. Major complication is defined as an occurrence of one of the following events between the time of implant and within 7 days following the procedure or by hospital discharge, whichever is later: all-cause death, ischemic stroke, systemic embolism, or device or procedure related events requiring open cardiac surgery or major endovascular intervention.