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ENCINITAS · LA JOLLA, CALIFORNIA



The Watchman

A small implant that closes off the pouch where most stroke-causing clots form in AFib, so you can eventually stop your blood thinner.

About 90%
of stroke-causing clots in AFib start in this one pouch

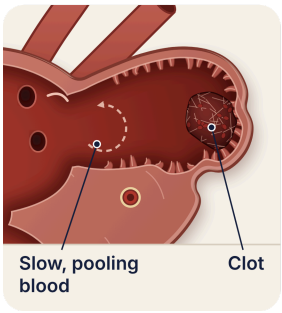
About 1 hour
for the procedure, and most people go home the next day

45 days
until the ultrasound check that decides when the blood thinner stops

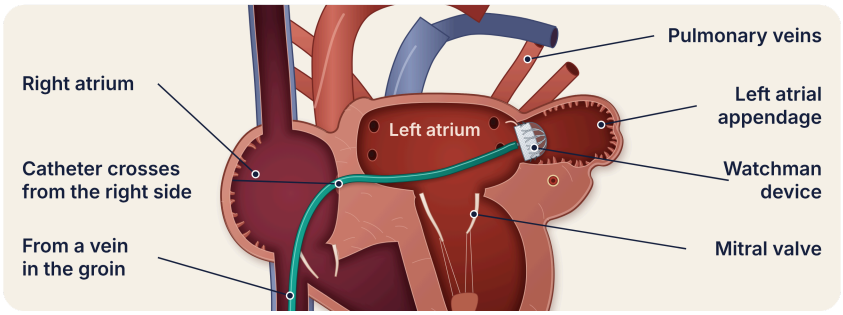
WHERE THE CLOTS COME FROM

Sealing off the left atrial appendage

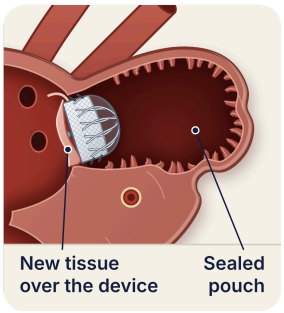
1 In AFib, a clot forms



2 The Watchman is placed through a vein



3 Tissue grows over it



The left atrial appendage is a small, finger-shaped pouch off the left atrium, the heart's upper left chamber. In AFib the atrium quivers and no longer squeezes well, so blood can pool in the pouch and form a clot. A clot that breaks free can travel to the brain and cause a stroke. The Watchman is a self-expanding metal frame covered with fabric, a bit like a tiny parachute. It plugs the opening, and over the following weeks to months your own tissue grows over it.

WHO IT'S FOR

Three groups of people with AFib

Can't stay on a blood thinner
A major bleed on a blood thinner, bleeding in the brain, repeated falls that risk serious injury, or another condition that makes the bleeding risk too high.

Concerned about bleeding
In a large recent trial, the Watchman FLX came close to modern blood thinners at preventing stroke, with less bleeding.

Having a catheter ablation
The device can be placed during the same procedure as an ablation for AFib, or within a short window after it.

If you do well on your blood thinner with no bleeding problems and no strong wish to stop, there may be no reason for a procedure. With a life expectancy under a year, benefit is unlikely, and some appendage shapes don't suit the device.

AFib still needs care

The Watchman deals with stroke risk only. Your AFib itself may still need medicines to control the heart rate or rhythm, or an ablation.

THE PROCEDURE AND THE MONTHS AFTER

What to expect and what you'll take

THE PROCEDURE

Before	A TEE (an ultrasound taken from inside the esophagus) or sometimes a cardiac CT confirms that your appendage suits the device.
How it's placed	Under general anesthesia, a catheter goes in through a vein in the groin and crosses into the left upper chamber through the thin wall between the two upper chambers. The device can be repositioned before release. There's no open-heart surgery, and it typically takes about an hour.
Going home	Most people go home the next day. Mild chest discomfort and groin soreness typically clear within a few days.

YOUR MEDICINES AFTERWARD

The standard plan

1. **First 45 days**
   Aspirin plus a blood thinner (warfarin, Eliquis or Xarelto). Or aspirin plus clopidogrel (Plavix).
2. **At 45 days**
   A TEE checks for a clot on the device and a leak over 5 mm. If clear, any blood thinner stops.
3. **Until month six**
   Aspirin plus clopidogrel, up to six months after the procedure day.
4. **After that**
   Aspirin alone, indefinitely. Some people later stop aspirin too, decided case by case.

Until tissue covers the device, these medicines keep clots from forming on it. If you miss a dose before the 45-day check, follow that medicine's label and call the team that placed your device.

POSSIBLE COMPLICATIONS

Fluid around the heart	Needs treatment in about 1% with the Watchman FLX, and it can show up weeks later. Most cases are drained with a needle, without surgery.
Clot on the device	Reported in 3.7% to 6.6% in studies, which is why the 45-day TEE looks for it. It's usually treated with three to six months of a blood thinner until imaging shows it's gone.
Stroke or a loose device	Stroke during or shortly after the procedure in 0.3% to 0.5%. The device comes loose in 0.2% to 0.7% and can usually be retrieved through a catheter.
Call 911	For chest discomfort, shortness of breath or feeling faint, signs of stroke (a drooping face, arm or leg weakness, trouble speaking), or bleeding or swelling at the groin.

WHAT THE TRIALS SHOW

Versus modern blood thinners	In CHAMPION AF, 3,000 people able to take a blood thinner were followed for three years. Heart-related death, stroke or a clot elsewhere hit 5.7% with the device vs. 4.8% with DOACs, judged close enough, with less bleeding. Clot-related strokes ran about 1 point higher. Five-year results are pending, and the device maker ran the trial.
After an ablation	In OPTION, with 1,600 patients, stroke, clots and unexplained deaths combined were 5.4% vs. 5.8%, and bleeding 8.5% vs. 18.1%, compared with staying on a blood thinner.

ONCE YOU'VE HEALED

The device is permanent and needs no special maintenance. You can have MRI scans (it's MRI-conditional), and there are generally no limits on daily activity.

READ THE FULL ARTICLE

damianrasch.com/watchman

For education only, and not a substitute for advice from your own physician. Sources include the PROTECT AF, PREVAIL, CHAMPION AF and OPTION trials, the NCDR LAAO Registry, the 2023 ACC/AHA/ACCP/HRS atrial fibrillation guideline, the 2023 SCAI/HRS closure consensus and the 2026 ACC DOAC statement.

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