Dad needed to get off his blood thinner. His doctor told us about an alternative. It’s called WATCHMAN™ LEFT ATRIAL APPENDAGE CLOSURE IMPLANT.

A one-time procedure that may reduce stroke risk for a lifetime in people with AFib not caused by a heart valve problem.
It’s a one-time procedure that effectively reduces the risk of stroke.

The WATCHMAN Difference

WATCHMAN reduces stroke risk in people with atrial fibrillation not caused by a heart valve problem. It works differently from blood thinners like warfarin. WATCHMAN is a permanent implant that closes off a part of the heart where blood clots commonly form.

In a clinical trial, 9 out of 10 people were able to stop taking warfarin just 45 days after getting WATCHMAN. At one year, 99 out of 100 people were able to stop taking warfarin.¹ This can lower the risk of bleeding associated with the long-term use of blood thinners like warfarin.

In a clinical trial, **9 OUT OF 10 PEOPLE WERE ABLE TO STOP TAKING WARFARIN** just 45 days after getting WATCHMAN.¹
WATCHMAN Safety

WATCHMAN has a proven record of safety. Worldwide, more than 50,000 people have received the WATCHMAN Implant.

WATCHMAN has been clinically studied for more than 10 years in the United States. It’s the only implant of its kind approved by the FDA.

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See back cover for important safety information, and talk to your doctor so you fully understand all the benefits and risks of WATCHMAN.

WATCHMAN fits into a part of your heart called the left atrial appendage (LAA).

90% of stroke-causing blood clots that come from the heart are formed in the LAA.¹

WATCHMAN permanently closes off this part of your heart to keep those blood clots from escaping.
The WATCHMAN Procedure

The WATCHMAN Implant is about the size of a quarter, and it doesn’t require open-heart surgery. Here’s what happens during the procedure.

1. To implant WATCHMAN, your doctor makes a small cut in your upper leg and inserts a narrow tube.

2. Your doctor then guides WATCHMAN through the tube, into your left atrial appendage (LAA).

3. The procedure is done under general anesthesia and typically takes about an hour. People who get the WATCHMAN Implant usually stay in the hospital overnight and go home the next day.
4. After the procedure, you’ll take warfarin until your LAA is permanently closed off—usually just 45 days.

5. During that time, heart tissue grows over the WATCHMAN Implant to form a barrier against blood clots.

Watch a 4-minute video about how WATCHMAN works at WATCHMAN.com/video

As with any medical procedure, there are risks associated with WATCHMAN. See back cover for important safety information.

AFib and Stroke Risk

You probably already know that atrial fibrillation increases your risk of having a stroke. In fact, on average, a person with AFib is 5 times more likely to suffer a stroke than someone with a regular heartbeat.

That’s because AFib causes your heart to beat irregularly, which affects its ability to pump blood normally. And when the heart doesn’t pump as it should, blood can collect and form clots. If a clot escapes, it can cut off the blood supply to the brain—causing a stroke.

*A person with AFib is 5 times more likely to suffer a stroke than someone with a regular heartbeat.*
You may be a candidate for WATCHMAN if you can answer yes to the following questions:

1. Do you have atrial fibrillation not caused by a heart valve problem?
2. Has your doctor recommended that you take a blood thinner for your AFib?
3. Can you take warfarin but need an alternative to long-term blood thinners for one of the reasons below?
   - You have a history of serious bleeding while taking blood thinners
   - You have a lifestyle, occupation, or condition that puts you at risk for serious bleeding
   - You’re taking warfarin and having trouble with your treatment plan, and a different type of blood thinner isn’t an option for you

If you think this describes you, then talk to your cardiologist about WATCHMAN. Get a customized guide that can help you ask the right questions at WATCHMAN.com/guide.
People who **SHOULD NOT** receive the WATCHMAN Implant include but are not limited to those who:

- Cannot take warfarin (Coumadin®), aspirin, or clopidogrel (Plavix®)
- Should not or cannot undergo heart catheterization procedures
- Have an allergy or sensitivity to nitinol (nickel and titanium)
- Have a left atrial appendage that does not fit the WATCHMAN Implant
- Are taking blood thinners for a condition other than atrial fibrillation

Ask your doctor if any of these conditions apply to you.

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

**Cost and Coverage**

WATCHMAN is covered for eligible Medicare patients who meet certain national coverage criteria. It’s also covered by an increasing number of commercial insurers.
IMPORTANT SAFETY INFORMATION

The WATCHMAN Device is a permanent implant 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 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.

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.