I'm not a robot

Atrial fibrillation is a common heart rhythm disorder that affects millions of people worldwide, increasing their risk of stroke. For those seeking an alternative to lifelong blood thinners, the WATCHMAN procedure offers a minimally invasive solution. This article will delve into the details of the WATCHMAN procedure, its benefits and potential risks, and help you understand if it may be the right treatment option for you or a loved one. The WATCHMAN procedure is a minimally invasive solution for atrial fibrillation which seals the left atrial appendage to reduce stroke risk. Candidates are patients with non-valvular AFib who desire an alternative to blood thinners Benefits include minimized stroke risk & improved quality of life, potential risks should be discussed before making a decision, and choose provider w/ expertise in WATCHMAN procedures for optimal outcomes. The WATCHMAN left atrial appendage occlusion procedure is a minimally invasive solution for stroke risk reduction in atrial fibrillation. It uses a small, umbrella-shaped device to seal the left atrial appendage, thereby minimizing the risk of blood clots and stroke. Atrial fibrillation, a heart rhythm disorder, is more prevalent in individuals over the age of 65, and particularly those with: hypertension diabetes sleep apnea other cardiac conditions When this condition remains untreated, it can result in harmful blood clots developing in the left atrial appendage. These clots may then travel to other parts of the body, potentially causing a stroke. Patients with atrial fibrillation are 5x more likely to have a stroke then patients without atrial fibrillation. The left atrial appendage (LAA) is a small sac-like extension of the left atrium where blood can accumulate and form clots in patients with atrial fibrillation. It has been observed that blood can coagulate in the left atrial appendage, resulting in the formation of thrombus, which can then increase the risk of stroke or peripheral embolism. It has been estimated that over 95% of strokes due to atrial fibrillation are due to thrombus formation in the left atrial appendage. Left atrial appendage closure is a procedure that aims to reduce this risk by sealing off the LAA. The link between the left atrial appendage and stroke risk highlights the necessity of managing blood clot formation in atrial fibrillation patients to prevent blood clots and reduce risk of stroke. The WATCHMAN device is: a small, parachute-shaped atrial appendage closure device approximately the size of a quarter designed to prevent the formation of blood clots in the left atrial appendage (LAA) implanted into the left atrial appendage, creating a seal that prevents the formation of blood clots that could travel through the blood vessel to the brain. The WATCHMAN device seals the left atrial appendage, offering an effective method to lower stroke risk in patients with atrial fibrillation, reducing the need for strong blood thinning medications. The Watchman Device Completely Seals off the Left Atrial Appendage Patients with non-valvular atrial fibrillation who require an alternative to blood thinners, to lower their risk of stroke, are eligible for the WATCHMAN procedure. This may include those with a history of serious bleeding while taking blood thinners, or patients with a lifestyle or occupation that could present challenges with taking blood thinners. The WATCHMAN procedure is a dependable and effective method to decrease stroke likelihood, especially in individuals unsuited for long-term blood thinning medication. The WATCHMAN procedure has been FDA approved since 2015, and over 300,000 implants have been performed worldwide. The WATCHMAN procedure is usually performed under general anesthesia, the WATCHMAN procedure involves: Inserting a delivery catheter through a small incision in the leg, entering through the femoral vein Guiding it into the heart using x-ray and ultrasound imaging Inserting the device into the left atrial appendage using the delivery catheter Once the WATCHMAN Device is in position in the LAA, its frame and mesh covering expand to accommodate the size of the left atrial appendage opening. Several steps are involved to determine if the expanded watchman device is satisfactorily placed in the LAA prior to release of the device from the catheter delivery system. Ultrasound devices or TEE are typically used during the procedure to ensure the device is well positioned in the LAA prior to device release from the catheter delivery system. The procedure is minimally invasive and needs to be done only once. Many patients are able to go home the same day of the procedure. The WATCHMAN procedure, typically completed in about an hour, offers a quick and minimally invasive strategy for preventing strokes. Learn more about the WATCHMAN Procedure with this video. Following the WATCHMAN Device implantation, patient will usually need to lay in a recovery bed for 2-4 hours post procedure. For my patients, most patients are able to go home the same day of the procedure, although a small number of patients may spend the night in the hospital. The recovery process includes period of limited physical activity. I usually tell patients to take it easy for 3 days, meaning no prolonged standing or walking. After 3 days most normal activities are fine, although I council my patient to refrain from strenuous activities such as heavy lifting or exercise for 1 week. Its essential for patients to attend follow-up appointments with their physician to ensure proper healing and monitor the devices effectiveness in reducing stroke risk. It is advised that patients abstain from strenuous activity for a week post-WATCHMAN procedure to avoid complications and ensure proper healing. Additionally, patients should arrange for a ride home from the hospital following the procedure, as they may still be experiencing the effects of general anesthesia. Following the WATCHMAN procedure, the following medications are typically prescribed: Some patients may still need to take stronger blood thinner (such as Eliquis or Xarelto) for a short period after the watchman procedure, usually around 45 days. Alternatively, many patients can stop stronger blood thinning medications immediately post procedure and switch to dual anti-platelet therapy (recommendation usually involves taking a low dose aspirin and a second medication called clopidogrel) for approximately 6 months. 6 months after a WATCHMAN procedure, most patients require only a low dose daily aspirin. The exact medication regimen should be determined based on the patients individual condition and risk factors, ensuring optimal stroke prevention and recovery. The WATCHMAN procedure offers numerous advantages, including: Minimized risk of stroke Less invasive approach compared to open-heart surgery Improved quality of life for patients with atrial fibrillation Reduced reliance on blood thinners and associated risks However, the WATCHMAN procedure is not without potential risks and complications. Some risks and complications from the WATCHMAN procedure can include: The lining of the LAA is thin, so it is possible for the device to perforate the heart tissue, resulting in emergency heart surgery. This is an uncommon, but very severe complication of the procedure. In a previous study of over 38,000 patients, the risk of perforation requiring correction was 1.39% Because this procedure is done under a general anesthetic, there are risks for reactions to the anesthetic medications. There is a very small risk for infection at the site of the catheter insertion in the leg. Infections can delay healing time. The device can dislodge from its intended position and embolize to other parts of the body. This risk is very low. Reports rates of embolization are far below 1%, usually around 0.3% Choosing a provider with WATCHMAN procedure expertise, assures top-quality care and outcomes for patients opting for this treatment. It is advisable to evaluate factors such as the reputation of the medical center and the qualifications of the healthcare professionals involved in the procedure. Researching medical centers in your area that offer the WATCHMAN Implant procedure and utilizing online resources can help you identify potential medical centers and make an informed decision about your care. Opting for a medical center with a wealth of experience and proficiency in the WATCHMAN procedure guarantees you receive the best care and optimal outcomes. Learn more about WATCHMAN and find an implanting physician near you here In conclusion, the WATCHMAN procedure is a minimally invasive treatment for atrial fibrillation that reduces stroke risk and provides an alternative to long-term blood thinner use. With proper preparation, expert care, and adherence to post-procedure instructions, patients can experience a quick recovery and improved quality of life. If you or a loved one is considering the WATCHMAN procedure, it is crucial to consult with an experienced healthcare provider to ensure the best possible outcome and care. The WATCHMAN procedure is a minimally invasive, one-time implantation designed to close off the left atrial appendage (LAA) in order to reduce the risk of stroke caused by blood clots. The device is inserted into the heart through a delivery catheter placed through a vein in the leg. It is primarily used for patients who are at risk for stroke but also at high risk for bleeding events or complications due to chronic anticoagulation. The watchman procedure is minimally invasive and is not considered a major surgery, as it involves inserting a device through a small incision in the upper leg. Watchman is a permanent treatment option that can reduce stroke in patients with non-valvular atrial fibrillation. It permanently closes off the left atrial appendage, and typically takes one hour or less to implant, making it an effective AFib solution for stroke risk reduction. However, it does not reduce or get rid of AFib. Atrial fibrillation treatment such as medications, procedures, or lifestyle modifications are still needed to improve symptoms of AFib. The WATCHMAN device prevents blood clots from forming in the left atrial appendage, helping to protect against strokes for patients with atrial fibrillation. The WATCHMAN procedure typically takes around an hour to complete. Who should not get a WATCHMAN procedure? Patients should discuss the risks and benefits of the WATCHMAN Implant with their doctor before deciding if it is the right treatment for them. The Watchman Device is a small implant placed in to the heart that can reduce the risk of stroke in patients with atrial fibrillation. Patients with atrial fibrillation are at increased risk of stroke, mainly due to clots that form in a small chamber in the top of the heart known as the left atrial appendage. In the Watchman procedure a small tube is passed up to this appendage through the veins of the leg and the watchman device is deployed, closing off the appendage. For this reason the Watchman procedure with the Watchman Device is known as a form of left atrial appendage occlusion.The Watchman procedure is a structural heart procedure such as the TAVR procedure for aortic stenosis or the Mitraclip procedure for mitral regurgitation.How does the Watchman Device reduce stroke risk?The left atrial appendage is a small sac in the top left chamber of the heart. In people with atrial fibrillation, this sac quivers constantly, the blood in the sac becomes stagnant as a result, and clots can form in it known as left atrial appendage clots. These clots can get loose and travel to the brain leading to strokes. Atrial fibrillation is the most common cause of stroke and the majority of strokes in atrial fibrillation are caused by these appendage clots. Implanting the Watchman Device in to the left atrial appendage basically closes off the appendage and prevents any clots forming inside.The Watchman Procedure Described in Moving PicturesIn this section we will describe the procedure using images as seen below. The images are as obtained from Boston Scientific Original information videos. The goal here is for patients and healthcare providers who arent familiar with the Watchman procedure to be able to understand it more easily.Getting access to the leg vesselThe Watchman Procedure is a minimally invasive procedure performed through the vessels of the leg. Firstly, access to the leg vessel is obtained through a small needle and a wire. The patient will not feel this, as they are asleep. Transseptal PunctureA tube is passed up through the vein of the leg, to the right side of the heart. Remember the left atrial appendage is on the left side of the heart. The tube is passed from the right to the left side of the heart by puncturing the wall between the right and left side of the heart known as the inter-atrial septum. This is called a transseptal puncture.Getting Access to the AppendageThe whole goal of the Watchman Procedure is to close off the left atrial appendage. The appendage is where the clots form that lead to stroke in patients with atrial fibrillation. In this next portion of the procedure, the tube through which we will deliver the Watchman Device is placed in to the appendage. The tube is positioned using a catheter known as a pigtail catheter that is soft and unlikely to cause damage to the heart structures.Deploying the Watchman DeviceThe device is advanced to the appendage through the tube. When in place the tube is slowly pulled backwards and the Watchman Device takes shape in the mouth of the appendage until it is fully expanded in place. At this point a number of checks are performed to ensure the device stability.Ensuring Watchman Device StabilityAs part of the checks to make sure the device is nicely in place and stable the Watchman device is gently tugged on to make sure is stays in place and isnt loose. This is called a tug test. There are small anchors in the device that keep it in place also.Releasing the Device The Watchman Device is still attached to a delivery cord. This cord is removed by gently unscrewing the cord until the device is detached. Of course prior to detaching the device, a number of checks have been performed to ensure that the device is stable and in correct position.Device EndothelializationThe device is nicely in place and over the next weeks to months a process occurs whereby the body covers the device with its own lining known as Endothelialization. This is great for a few reasons. Firstly, this ensures the device will essentially remain stable lifelong. Secondly, this will further act to prevent clot formation in and around the appendage.Who should be considered for a Watchman Device?Historically patients with atrial fibrillation that were considered to be of a high stroke risk were treated with blood thinning medications such as Coumadin / Warfarin to reduce stroke risk. As things stand, use of blood thinner is the preferred treatment for patients with atrial fibrillation. Almost half of patients with atrial fibrillation cannot tolerate the blood thinner. Some of the reasons for this include bleeding issues, concerns for falling, lifestyle issues and inability to tolerate the medication. In such patients, the Watchman Device is felt to be a good alternative to reduce stroke risk.Who is a Watchman Device Candidate?Firstly lets look at the official guidelines then we can discuss this in a little more detail in a way that patients can understand. In order to be a candidate for the Watchman Device, the following criteria need all to be fulfilled.Increased risk for stroke and systemic embolism based on CHADS2 or CHA2DS2-VASc scores and are recommended for anticoagulation therapy.Deemed by their physicians to be suitable for warfarinAppropriate rationale to seek a non-pharmacologic alternative to warfarin, taking into account the safety and effectiveness of the device compared to warfarin.Firstly, patients must be at increased risk for stroke. When we are determining stroke risk for atrial fibrillation patients we use scoring systems known as the CHADS2 score or the CHA2DS2-VASc score. To determine these scores we basically put numbers in to the scoring calculator. Let me take you through an example.Congestive heart failure a history of heart failure is 1 pointHypertension a history of high BP is 1 pointAge 75 age 75 is 1 pointDiabetes a history of diabetes is 1 pointStroke stroke or TIA history is 2 pointsSo, if we had a patient that is 75 years old (1 point), and has a history of high blood pressure (1 point) and diabetes (1 point), this gives us 3 points and therefore a CHADS2 score of 3. In general those with a CHADS2 score 2 or a CHA2DS2-VASc score 3 are considered high risk of stroke and conventionally would be treated with blood thinning medications.Secondly, patients must be deemed suitable candidates for warfarin. You have to at least be able to tolerate warfarin for 45 days after the procedure during the endothelialization process. You will then need to take another type of blood thinner known as Plavix, or clopidogrel, for another 6 months.Thirdly, there must be appropriate rationale to seek a non-pharmacologic alternative to warfarin, taking into account the safety and effectiveness of the Watchman Device compared to warfarin. Now remember the first line treatment for atrial fibrillation patients considered at high risk of stroke is the use of blood thinning medications such as warfarin. The Watchman Device is for those who are felt to be unsuitable for long-term treatment with blood thinners. Later in the section what does a Watchman patient look like we go through some different scenarios. Examples would be patients who have had a bleed or are at high risk for bleed for various reasons. Or a patient who is at high risk of falling or has a history of falls for whom blood thinners aretoo dangerous. Or a patient who has a lifestyle incompatible with the use of daily blood thinning medication. Regardless, there must be an appropriate rationale for the patients not being on long-term blood thinning medication.The Watchman Procedure Does Appendage Type Matter?The Watchman Device is designed to cover and essentially eliminate the appendage, basically preventing clots from forming there and reducing stroke risk. The video belowshows the three main appendage types. Chicken-wing, broccoli and windsock types. Yes these names appear ridiculous when describing anatomy however they accurately describe the shape of the appendage. The easiest to do is the windsock type, as this is easier to deliver. The chicken wing can sometimes be straightforward and sometimes more difficult. The broccoli is felt to be the most difficult. Regardless successful use of the Watchman Device has been described in all these circumstances.The Watchman Procedure Does Appendage Size Matter?There are 2 important things when considering appendage size, the width of the entrance and the length of the whole thing. The width is important, as the chosen device must cover the whole opening to seal off the appendage. The length is important, as it must be long enough to deliver the chosen device. The good thing is the device comes in many sizes. 21mm, 24mm, 27mm, 30mm and 33mm. The length of the appendage must equal the maximum size of the appendage opening to be able to accommodate delivery of the device.Why dont all patients with atrial fibrillation have the Watchman Device implanted?The recommendation for the use of the Watchman device is based on evidence gathered over many years and in thousands and thousands of patients. As things stand, the evidence is there only for patients that dont tolerate blood thinner. There is no good evidence currently that atrial fibrillation who are doing well taking blood thinning medication should have the Watchman Device implanted.Who Should Not Get a Watchman Device?Even in those patients who have already fulfilled the above criteria, the Watchman Device should not be used in the following groups of patients.Intracardiac thrombus is visualized by echocardiographic imaging. This means that patients who have been found to have clots in the heart should not have the device. This is because the Watchman Procedure itself would be associated with a high risk of the clot dislodging and a stroke or other major complication.An atrial septal defect repair or closure device or a patent foramen ovale repair or closure device is present. In patients that have had a history of a hole in the heart and a device already used to close it, the Watchman Procedure is not typically a good idea as the existing device will simply get in the way of the procedure.The LAA anatomy will not accommodate a device. Remember the Watchman Device is designed for placement in the left atrial appendage. Although in most cases the size and shape of the appendage is ok, in some cases it is not able to accommodate the device. This should be known prior to the procedure.Miscellaneous reasons. Reasons may include inability to use a TEE probe for imaging, the presence of active bleeding or infection, anatomy that does not allow catheters to be used appropriately, the patient has a hypersensitivity to the components of the device, etc. Patients should typically be able to use aspirin or Plavix.What are the proposed advantages of the Watchman Device Implant?Patients with the Watchman Device can typically stop strong blood thinning medication such as Coumadin 45 days after the device is implanted therefore decreasing the chance of bleeding complications and the need to take daily medicines. There is the reduced cost associated with not needing to take a lifetime worth of blood thinner.Who performs the Watchman Procedure and where should you have it done?The Watchman Procedure is a unique procedure in that it requires a unique approach called a heart team with structural heart training. A heart team for the Watchman Device typically includes interventional cardiologists, electrophysiologists, imaging specialists and other specialists to work in combination. The procedural selection, planning, and performance rely on these specialists working together. For this reason the Watchman Procedure should only be performed in a place with an established heart team in place and strong individual programs in all these aspects. Every part of the procedure is critical, including the pre-procedural selection and imaging, and all contribute to achieving a positive outcome. The correct team and approach leads to reduced complications and improved outcomes.How long does a Watchman Device last?Thousands and thousands of Watchman Devices have been implanted over the last decade worldwide and data regarding the durability of the Watchman Implant is accumulating. Shortly after placement the bodys own lining covers the device, essentially incorporating it into the body. Essentially if correctly done, the procedure should last lifelong with regards to occlusion of the left atrial appendage.What tests are required for the Watchman Procedure?Initially the Watchman Heart team evaluates each patient with atrial fibrillation and determines the suitability on a case-by-case basis. Once that has been determined then other tests are performed to assess suitability for implantation of the Watchman Device.Typically an ultrasound scan of the heart known as a TEE is performed to assess the left atrial appendage and to help select sizing of the Watchman Device.In many cases CT scanning may be performed to allow assessment of the heart to determine left atrial appendage type and size, and also to assess the approach taken.How long will a Watchman Device patient have to stay in the hospital after Watchman Implantation?As Watchman technology and experience continues to evolve the length of hospital stays are growing shorted and shorter. Typically patients leave the hospital the day after the procedure.What medications need to be taken after a Watchman Device Procedure?The point of the Watchman Device implant is to avoid the need for blood thinning medication. As things stand, the blood thinning medication Coumadin needs to be taken for 45 days after the procedure. This is because it is felt that until this time the device has not been covered by the bodys own lining and so there is still risk of clot formation. In the years to come, the need for strong blood thinner after the procedure may disappear all together.What are limitations After a Watchman Procedure?The limitations are minimal. In terms of activity you may be told to take it easy for a day or so to prevent bleeding issues from the vessels of the leg the device was placed through. There are the usual limitations and care needed for patients that take blood thinner, in that anything with more than an ordinary risk of bleeding should be avoided until the blood thinner can be stopped.What is the Watchman Device made out of?The Watchman Device is made out of a metallic frame that is then covered with a thin layer of fabric. It is extremely lightweight. The frame is made out of a nitinol alloy that is very common with cardiac implants. The fabric is made from Polyethylene Terephthalate (PET) and is attached by tiny sutures.Can patients have MRI scans or go in metal detectors with a Watchman Device?Patients can safely go through metal detectors. Patients can have MRI scans under the conditions listed on their implant cards. If patients are to undergo MRI scans then they should first hand their card to the radiologist and ensure the conditions are met.Important After Procedure DetailsMedicationsRemember one of the key goals of the procedure is to avoid the long-term use of often-undesirable blood thinning medications such as warfarin. As things currently stand patients will need to stay on warfarin for 45 days post procedure. The INR range is between 2-3. Patients will continue to stay on aspirin 81mg during this time. In most cases warfarin can be stopped at the 45-day point. It is possible in the future that there will be no need for warfarin after the procedure at all.In general, after the Warfarin has been stopped, the aspirin dose will be increased to 325 mg and Plavix 75 mg daily is started also until the 6-month point. After 6-months usually aspirin alone is given at 325 mg daily.TestsAt 45 days after the procedure a TEE test is performed; remember this is the small camera inserted in to the food pipe to get close images of the heart. The test is performed to ensure the Watchman device remains well positioned and continues to do its job.Risks of the Watchman ProcedureAs with any invasive procedure there are risks associated. The good news is that the risk of complication is small, and has continued to decrease as the cardiologists performing and planning the procedure have continued to gain experience and make the procedure safer.Damage to the leg vessels Remember the procedure is carried out through the vessels of the leg and there is a small chance of damage here. If there is damage, then this can usually be taken care of without too much difficulty.Infection Antibiotics are given appropriately to minimize any risk. Infection could theoretically occur at the entrance site on the leg or on the device itself; this would be extremely rare, however.Damage to the heart structures The heart structures are often thin and there is always a chance of causing tears in the heart linings and escape of fluid in to the sac around the heart, known as a pericardial effusion. In some cases this would require emergency surgery or at least insertion of a drain in to the sac around the heart. In experienced hands this is a rare complication.Device Embolization The Watchman Device, if not seated properly, could theoretically come loose and essentially float freely until it became trapped in a heart structure. This would typically require cardiac surgery to retrieve the device. The good news is that with an extensive procedural checklist in place to ensure the device is stable, this complication hardly ever occurs.Real Life Experience of the Watchman Procedure in the United StatesAlthough clinical trials gave us important data that led to approval of the Watchman Procedure by the FDA, its important to know the real life experience that can give us important insight into the safety and effectiveness of the procedure.A recent paper was published entitled Post-FDA Approval, Initial US Clinical Experience with Watchman Left Atrial Appendage Closure for Stroke Prevention in Atrial Fibrillation.The paper reported on the outcomes of almost 4000 cases in the United States. The implantation of the Watchman Device was successful 96% of cases. The procedure took around 50 minutes on average. The rate of fluid build up around the heart was 1% and of that 1% one-third required emergency surgery. The rate of the device coming loose was very low at 0.25%. In total there were only 3 procedure related deaths, which is 0.078%.These findings tell us that since FDA approval of the Watchman Procedure, it has in general been performed successfully in an efficient manner and the rate of complication is remarkably low. 4.88/5 (1,068) OverviewIdeal candidatesBenefitsRisksOther treatment optionsTakeawayThe Watchman procedure can reduce your risk of stroke if you have atrial fibrillation and cannot take blood thinners. However, its also associated with some risks that you should be aware of.The effects of AFib can cause blood to pool in your heart, increasing your risk of blood clots that can lead to stroke. In fact, people with AFib have a five-fold increased risk of stroke, according to the Centers for Disease Control and Prevention (CDC). Implantation of a Watchman device is a procedure that can help reduce stroke risk in people with AFib. This article explains what the Watchman procedure is all about, whos a good candidate, and its risks and benefits.Share on PinterestWatchman procedure for atrial fibrillation. Medical illustration by Alexis LiraHowever, in many people with AFib, a healthcare professional does not prescribe blood thinning medications. This may be due to factors like:The Watchman procedure is another approach to reducing the risk of stroke in people with AFib. It uses a catheter to place a small, parachute-shaped device that blocks off the left atrial appendage (LAA).The LAA is a small pouch located in the upper left chamber of your heart. Its estimated to be the source of over 90% of blood clots that lead to stroke in people with AFib. As such, blocking the LAA can greatly lower your risk of stroke.Generally speaking, the Watchman procedure is a treatment option for people with AFib who cannot take blood thinners long term to reduce the risk of stroke.One of the major side effects of blood thinners is bleeding. In many cases, this bleeding is minor. However, serious bleeding events can also occur, such as bleeding within the skull or gastrointestinal tract.Your doctor will assess your risk of bleeding prior to prescribing blood thinners. They often use an assessment tool called the HAS-BLED score, which considers many factors, including:There may also be other reasons that you cannot take blood thinners long term. Some examples include being allergic to one or more blood thinners or taking medications that may interact with blood thinners.If youre at a high risk of bleeding or have another situation that prevents you from taking blood thinners, your doctor may instead recommend the Watchman procedure to reduce your stroke risk.More recent research indicated that LAA occlusion procedures, which include the Watchman procedure, were noninferior to direct oral anticoagulants (DOACs) at preventing major cardiovascular, neurological, or bleeding events related to AFib. DOACs are another type of blood thinner used for AFib.Saying that the procedure is noninferior means that it did not perform worse than blood thinners. This supports the Watchman procedure being an option for people who cannot take blood thinners as a long-term therapy.Further study of the Watchman procedure in the PROTECT-AF and PREVAIL trials found that the procedure success rate was 94%. Compared to no treatment, stroke rates were reduced by 78% and 69% in the PROTECT-AF and PREVAIL trials, respectively.Like any procedure or surgery, the Watchman procedure is associated with a variety of risks. Some of the potential complications of the Watchman procedure include:a reaction to the anesthesia or to the deviceinfectionmajor bleedingblood clots, including those that form around the devicepericardial effusion, which is when fluid builds up around the heartstrokeleaking or displacement of the devicethe need to repeat the procedureThe risk of complications is rare overall. Some studies have estimated that the complication rate for the Watchman procedure is 1.9%. Others have estimated that its higher, noting 5.72%. Complication risk may also be higher in women than in men.Your doctor will go over potential complications with you prior to your procedure. Always be sure to ask any questions that come to mind.The Watchman procedure can help prevent stroke in people with AFib. It may be recommended for people who cannot take blood thinners to reduce stroke risk.Having the Watchman procedure can effectively reduce your risk of stroke if you have AFib. However, its also associated with a variety of potential risks as well.Your doctor will make you aware of the advantages and challenges of having a Watchman device implanted prior to having the procedure. Be sure to ask any questions or discuss any concerns that you may have during this time.Healthline has strict sourcing guidelines and relies on peer-reviewed studies, academic research institutions, and medical journals and associations. We only use quality, credible sources to ensure content accuracy and integrity. You can learn more about how we ensure our content is accurate and current by reading our editorial policy.Alkhouli M, et al. (2022). Left atrial appendage occlusion:Current advances and remaining challenges. Y, et al. (2022). Anatomy, thorax, heart left atrial appendage. fibrillation. 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Also called a left atrial appendage closure, it is done to reduce the risk of stroke in people with non-valvular atrial fibrillation (AFib) and is an alternative to long-term use of blood thinners.Watchman is a device that is about the size of a quarter. The device is implanted into the LAA of the heart in people with non-valvular AFib in order to keep blood clots from escaping and causing a stroke. The procedure is done by a cardiologist, who makes a small incision in the upper leg, inserts a narrow tube, and guides the implant into the LAA. The Watchman is a minimally invasive, permanent, one-time procedure that lasts a lifetime. The Watchman procedure is done under general anesthesia and usually requires an overnight hospital stay. While the procedure is done so that people can stop taking warfarin (blood thinners), the drug will need to continue to be taken for about 45 days after the surgery, or until the LAA is permanently closed off. During that time, heart tissue will grow over the implant to provide a barrier against blood clots. Illustration by Joules Garcia for Verywell Health Watchman is minimally invasive in that it does not require open-heart surgery to place the implant in the heart. While effective, it may not be right for everyone. The decision to implant the device is made on a case-by-case basis between you and your cardiologist and based on the review of the benefits and risks of the treatment. Watchman is contraindicated in those who currently have a blood clot in the heart, those who have had prior surgery to repair atrial septal defect, or those who have a patent foramen ovale repair or closure device present. Some peoples anatomy will not accommodate the Watchman, and the device should not be used on those with a known allergy or sensitivity to nickel or other materials in the device. People who cannot take blood thinners are not candidates for the Watchman. In addition to the general risks associated with any surgery, the Watchman procedure presents its own risks and concerns. Although the procedure is minimally invasive and effective, some people may experience complications during or following the procedure. Risks and complications associated with the Watchman procedure include: People with non-valvular AFib, especially those who want to avoid long-term blood thinners, may consider the Watchman procedure. One study showed that 96% of people who had the Watchman device implanted were able to stop taking blood-thinning medications after 45 days, and more than 92% were able to discontinue blood-thinning medications one year after the procedure. The Watchman may be appropriate in the following circumstances: When AFib is not caused by a heart valve problemIn people who can take warfarin but have a history of bleeding or risk factors for bleeding To determine whether Watchman is appropriate, candidates medical history and stroke risk will be evaluated. In addition, they will undergo a physical exam and a transesophageal echocardiogram (TEE). The images from the TEE will show whether there are any existing clots and if the LAA is compatible with the size and shape of the Watchman. If clots are discovered, they may be treated with blood thinners before proceeding. Watchman is a minimally invasive procedure, but it does require preparation. Watchman is covered for eligible Medicare patients. Other insurers may require pre-approval or pre-authorization. Your healthcare providers office can assist you in communicating with them. The Watchman procedure is performed as an in-patient surgery in a hospital. The procedure is done under general anesthesia, which means you will be asleep for the entire procedure. Implantation takes about an hour, and patients stay one night in the hospital following the procedure. Prior to your surgery, you will be asked to change into a hospital gown and to remove any hairpieces, eyewear, dentures, hearing aids, and tongue or lip piercings. For your hospital stay, you may wish to bring things like toiletries, medications, a comfortable robe and slippers, your cell phone and charger, and socks and underwear. Leave valuables at home. Your healthcare provider will advise you about dietary restrictions, but you should expect to stop eating at midnight the night before your surgery. On the day of the surgery, you may be allowed a few sips of water to take your morning medication, if necessary. It is important to talk to your healthcare provider about any medications and supplements you are taking to avoid complications. Following the surgery, warfarin, a blood-thinning medication, will be prescribed for about 45 days or until the LAA is permanently closed off, and heart tissue has grown over the implant to provide a barrier against blood clots. After 45 days, two antiplatelet medications are often given for a few months. To avoid complications, inform your healthcare provider about any medications, supplements, or herbal remedies you are taking. You will want to bring a drivers license or another form of government ID for registration and your health insurance card. You may want to call in advance to see if any up-front payment is required and to verify which forms of payment the hospital accepts. Watchman is an inpatient procedure. You may want to ask someone to remain at the hospital with you prior to and after your surgery. You will need someone to drive you home after the procedure: you should not drive for at least 24 hours after having the procedure. On the morning of the surgery, wash with an antiseptic wash provided by your healthcare provider. Avoid deodorant, powder, lotions, makeup, nail polish, and fragrances. You will be asked to change into a hospital gown, a cap, and paper slippers and will be given a hospital ID bracelet for your wrist. A nurse will check your blood pressure, heart rate, and oxygen levels. An intravenous (IV) tube, called a catheter, will be inserted into a vein in your arm to deliver fluids and anesthesia. Anesthesia will be administered via the IV inserted into the vein in your arm and will be monitored throughout the procedure. The surgeon will numb the groin area with an anesthetic and then insert a catheter into a blood vessel in the upper leg. The surgeon will then guide the catheter to the heart and into the LAA. A TEE imaging test may be performed before placing the implant to be sure that it is in the appropriate location. Once in place, the surgeon will push the Watchman out of the catheter, where it will open like an umbrella. The procedure generally takes one hour and is done under general anesthesia, which means you will be asleep and will not feel any pain during the procedure. After the procedure, you will be moved to a recovery room, where you will be monitored as the anesthesia wears off. How long you stay in recovery depends on how long it takes you to wake up.Once in your hospital room and overnight during your stay, a nurse will monitor your vitals and pain levels. Your healthcare provider will prescribe warfarin, a blood thinner, for about 45 daysthe time it usually takes for the LAA to permanently close off and for heart tissue to grow over the implant to provide a barrier against blood clots. After 45 days, two antiplatelet medications are often given for a few months. Your practitioner may also prescribe pain medication for any discomfort you might feel from the surgery.Consult with your healthcare provider to determine when it is appropriate to resume normal activity.Follow up with your practitioner as scheduled, usually around 1-2 weeks and then again at 45 days following the procedure. Although the Watchman procedure is minimally invasive, your body will still need time to heal. Follow these precautions: It is normal for there to be some bruising and possibly some bleeding around the groin area where the catheter was inserted. Tell your healthcare provider about any unusual or significant bleeding.You may be advised to abstain from heavy lifting while you heal. Talk to your healthcare provider about when you can expect to resume normal activity.Contact your healthcare provider if you experience increased pain, are nauseous or vomiting, or have redness or pus at the incision site. The Watchman procedure is an alternative to long-term blood-thinning medication. After your LAA permanently closes, you will be able to discontinue taking warfarin. It is important to continue taking warfarin until your healthcare provider advises you that it is safe for you to discontinue it. Watchman is a one-time procedure and does not require further surgery. Watchman procedure is an alternative to long-term blood-thinning medication for people with non-valvular atrial fibrillation (AFib), but it is not right for everyone. If you have a known sensitivity to nickel or other components in the device, or if you are unable to take blood-thinning medication, Watchman may be contraindicated. Your health and circumstances are unique, so whether you are a candidate for the Watchman depends on a number of factors that can only be determined in conversation with your healthcare provider. Delivering meaningful innovation A pioneering alternative to blood thinners. The WATCHMAN FLX Left Atrial Appendage Closure (LAAC) Implant is indicated to reduce the risk of stroke in patients with non-valvular atrial fibrillation (NVAF) who need an alternative to oral anticoagulation therapy by permanently closing off the left atrial appendage the area of the heart where stroke-causing blood clots commonly form. This technology, which is built upon the most studied and implanted LAAC device in the world, features a new, fully rounded design that offers physicians the ability to safely enter, and maneuver within, the left atrial appendage. With20 yearsof clinical trial and real-world experience - including10+clinical trials The WATCHMAN Implant has a proven safety record. The WATCHMAN Implant has a high implant success* rate of99%and a low major complication rate** of 0.5%. In a clinical trial,96%of people were able to stop taking blood thinners45 daysafter getting a WATCHMAN FLX Implant. patients with atrial fibrillation globally.2 patients with atrial fibrillation in the U.S.3 This population is 5x more likely to have a stroke.4 of stroke-causing clots that come from the heart are formed in the LAA.5 Important Safety Information The WATCHMAN FLX and WATCHMAN FLX Pro 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 puncture of the heart causing fluid to collect around the heart possibly leading towards the need for an additional procedure, allergic reaction, anesthesia risks, altered mental status or confusion after procedure, arrhythmias (irregular heartbeats), bleeding or throat pain from the TEE (Trans Esophageal Echo) probe, chest pain/discomfort, congestive heart failure, renal failure, excessive bleeding, gastrointestinal bleeding, groin puncture bleed, bruising at the catheter insertion site, groin pain, anemia (reduced red blood cells requiring transfusion), hypotension, infection/pneumonia (example: in or around your heart or lungs), misplacement of the device, improper seal of the appendage or movement of device from appendage wall, clot formation on the device, blood clot or air bubbles in the lungs or other organs, stroke, transient ischemic attack (temporary stroke-like symptoms), cranial bleed (bleeding in or around your brain), thrombosis (blockage of a blood vessel or vein by a clot) and 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. SH-2109508-AA

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