

PERF HERE

### Every person with atrial fibrillation has different needs.

If you've been diagnosed with AF, talk with your doctor about treatment options available to you. Your doctor will help you understand the risks associated with each option. Together you can choose the treatment that is right for you.

People who have non-valvular atrial fibrillation who require treatment for potential blood clots may be eligible to receive the WATCHMAN™ Implant.



Visit [www.watchmanimplant.com](http://www.watchmanimplant.com) for more information on atrial fibrillation, stroke risk and the WATCHMAN Implant.

#### Watchman Left Atrial Appendage Closure Device from Boston Scientific

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, arrhythmias, AV (Arteriovenous) fistula, bleeding or throat pain from the TEE (TransEsophageal 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. In rare cases device failure or 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 this system.

#### Sources:

- <sup>1</sup>Holmes D. Atrial Fibrillation and Stroke Management: Present and Future. Semin Neurol 2010, 30:528-536.
- <sup>2</sup>Brass L. Stroke. Yale University School of Medical Heart Book.
- <sup>3</sup>McGrath ER, Neurology. 2013
- <sup>4</sup>Tu HT, Int J Stroke. 2013
- <sup>5</sup>Blackshear J. and Odell J., Annals of Thoracic Surgery. 1996;61:755-759.
- <sup>6</sup>World Health Organization. World Health Report 2002, Reducing Risk and Promoting Health. [www.who.int/whr/2002/en/](http://www.who.int/whr/2002/en/)



**Rhythm Management**  
One Boston Scientific Place  
Natick, MA 01760-1537 USA  
[www.bostonscientific.com](http://www.bostonscientific.com)

ANZ\_PSST\_14106, Rev AA, Aug 2014  
© 2014 Boston Scientific Corporation  
or its affiliates. All rights reserved.

SCORE HERE



## What Everyone Needs To Know About Atrial Fibrillation & Stroke

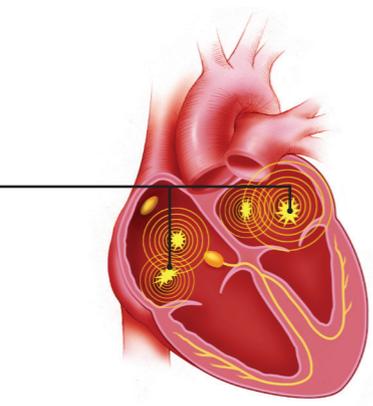
Stroke. Are you at risk?





Increase your knowledge.  
 Understand your risk for stroke.  
 Others could be depending on you.

Abnormally fast and chaotic heart rate; atria quiver rather than beat



**What is Atrial Fibrillation?**

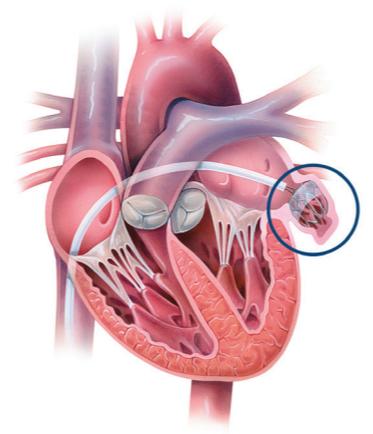
Atrial fibrillation is a heart condition in which the upper chambers of your heart beat too fast. This condition can cause blood to pool and form clots in an area of your heart called the Left Atrial Appendage (LAA). Everyone has a Left Atrial Appendage. It is approximately the size of your thumb and looks like a small pouch on the top of your heart. If a clot forms, it can increase your chances of having a stroke or other related problems.

**Did you know?**

- People with untreated AF may be at greater risk for stroke than people with normal heart rhythms.<sup>1</sup>
- About one third of people with atrial fibrillation will have a stroke<sup>2</sup>
- Atrial fibrillation-related strokes are more frequently fatal and disabling<sup>3,4</sup>
- In non-valvular AF, the left atrial appendage (LAA), a small pouch on the top of the heart, is believed to be the source of a majority of stroke-causing blood clots<sup>5</sup>

SCORE HERE

**How is WATCHMAN implanted?**



A WATCHMAN Implant is a one-time implant. Similar to a stent procedure, your doctor will guide the WATCHMAN Implant into your heart through a flexible tube (catheter) inserted through a vein in your upper leg. The implant does not require open heart surgery.

Once the catheter is in the correct position, your doctor will take pictures of your heart in order to measure your Left Atrial Appendage. These measurements will determine which size WATCHMAN Implant will be used. After the implant is put into place, additional measurements and pictures will be taken to make sure it is in the correct position.

Once the position is confirmed, your doctor will release the implant to leave it permanently fixed in your heart. You would then need to stay in the hospital overnight and recovery typically takes about twenty-four hours. After a few months, you may be able to stop anticoagulant medicines.

The WATCHMAN™ LAA Closure Implant offers a life-changing treatment option which can free you from the long-term burden of traditional anticoagulants, empowering you to reduce your stroke risk on your own terms.

**Study Results**

In the PROTECT AF trial, more than 90% of patients discontinued warfarin use 6 months after implant and patients with a WATCHMAN Implant had a lower stroke rate and a lower mortality rate, compared to those taking warfarin. Ask your doctor for more information on WATCHMAN's clinical trial results.



FOLD AND TEAR ALONG PERFORATED LINE PERF HERE

Here are a few questions you can ask your doctor:

- What is the cause of my atrial fibrillation?
- What is my risk of having a stroke?
- What kinds of tests will I need?
- What treatment options can help reduce my stroke risk?
- What medicines should I take to control my heart rate?
- Do I need blood thinners to avoid a stroke? What kind (e.g. aspirin, warfarin)?
- What are some of the possible risks and side effects of these treatment options?
- Are there alternative treatment options, besides blood thinners, to help reduce my stroke risk?
- Since I am at greater risk of stroke because I have atrial fibrillation, what should I do to reduce my risk?
- What is the long term effect of AF on my heart?

My current medication: (remember to list all prescriptions and non-prescription medications, as well as vitamins and herbal supplements)

---



---



---



---

My symptoms and concerns since the last visit to my doctor (list any new, or continuing, symptoms).

---



---



---



---

15 million people suffer stroke worldwide each year. Of these, 5 million die and another 5 million are permanently disabled.<sup>3</sup>

### Alternative Treatments to Reduce Stroke Risk

Recently, alternative treatment options to anticoagulant therapy have been developed. The WATCHMAN™ Left Atrial Appendage Closure Therapy has been designed to be implanted in the Left Atrial Appendage of your heart to permanently close off this small pouch & reduce stroke risk.

### What is the WATCHMAN™ LAA Closure Implant?

The WATCHMAN Implant is designed to keep harmful blood clots from entering your blood stream, potentially causing a stroke. It is made of materials that are common to many medical devices and cannot be seen outside the body.

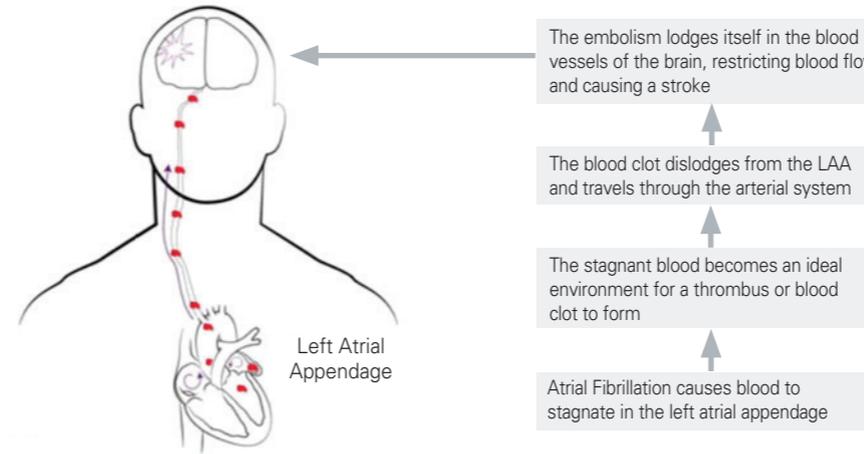
By closing off the left atrial appendage, the source of more than 90% of stroke-causing blood clots that come from the heart in people with non-valvular AF, the risk of stroke and bleeding may be reduced and, over time, you may be able to stop anticoagulant medicines.



## WATCHMAN Clinical

The WATCHMAN Implant was studied in two randomized clinical trials and several clinical registries that include more than 2,000 patients. It has been implanted in more than 7,000 patients in more than 55 countries around the world.

SCORE HERE



### How can you tell if you are at risk for stroke?

Anyone can have a stroke no matter your age, race, or gender. But the chances of having a stroke increase if you have certain risk factors:

- Atrial fibrillation (AF)
- Coronary artery disease
- Diabetes
- High blood pressure
- High cholesterol
- Sleep Apnea

Most strokes – 85% – are the result of a blood clot or fatty material that moves through the blood vessels and blocks blood flow to the brain.<sup>1</sup>

### Knowing your personal risk for stroke and bleeding.

CHADS<sub>2</sub> & HAS-BLED are simple scoring systems to quickly plot your known risk factors for stroke and bleeding. CHADS<sub>2</sub> can help your doctor know your adjusted risk of stroke per year and offer recommendations for medical treatment. HAS-BLED can estimate your bleeding risk based on clinical characteristics.

**For each risk factor you have, your overall risk of stroke or bleeding goes up.**

Aging, physical inactivity, smoking, and poor nutrition contribute to the growing worldwide problem of stroke.<sup>3</sup>

FOLD AND TEAR ALONG PERFORATED LINE PERF HERE

### Calculate your Stroke Risk

Work out your CHADS<sub>2</sub> score in the table below. You can then take the scorecard with you to talk to your doctor about your stroke risk.

You may have information for most of the risk factors listed. Your doctor can also help fill in medical details.

Place the point value in your score column if you agree with the question. For example, if you have been diagnosed with heart failure, Your Score is 1 for that row.

	CHADS <sub>2</sub> Risk Assessment	Points	Your score
C	Have you been diagnosed with heart failure (or left ventricular ejection fraction < 40%)?	1	
H	Is your blood pressure consistently above 140/90 mmHg (or treated hypertension on medication)?	1	
A	Are you 75 years or older?	1	
D	Do you have diabetes mellitus?	1	
S <sub>2</sub>	Have you had a stroke or transient ischemic attack (TIA) or thromboembolism?	2	
	Total Points*		

**For each risk factor you answered “yes” to, your overall risk of stroke goes up.**

## Calculate your Bleeding Risk

You can estimate your bleeding risk based on clinical characteristics by calculating your HAS-BLED score using the table below. You can then take the scorecard with you to talk to your doctor about your bleeding risk.

You may have information for most of the risk factors listed. Your doctor can also help fill in medical details.

Place the point value in your score column if you agree with the question. For example, if you have had prior major bleeding, Your Score is 1 for that row.

	HAS-BLED Risk Assessment	Points	Your Score
H	Is your blood pressure consistently above 140/90 mmHg (or treated hypertension on medication)?	1	
A	Have you been diagnosed with renal disease (abnormal renal function)? Have you been diagnosed with liver disease (abnormal liver function)?	1 or 2	
S	Have you had a stroke or transient ischemic attack (TIA) or thromboembolism?	1	
B	Have you had prior major bleeding or do you have a predisposition to bleeding?	1	
L	Have you been diagnosed with unstable or high INRs or a poor time in therapeutic range (<60%)?	1	
E	Are you 65 years or older?	1	
D	Are you taking medications that put you at risk for bleeding (e.g. antiplatelet medications, anticoagulant medications)? Do you frequently drink alcohol?	1 or 2	
	<b>Total Points</b>		

For each risk factor you answered "yes" to, your overall risk of bleeding goes up.

PERF HERE

FOLD AND TEAR ALONG PERFORATED LINE

## Terms you need to know.

**Thromboembolism** is a blood clot

**Cerebrovascular accident** is the rapid loss of brain function due to disturbance in the blood supply to the brain

**Left atrial appendage (LAA)** is a small pouch on the top of your heart that is believed to be the source of a majority of stroke-causing blood clots in people with non-valvular AF<sup>5</sup>

## What stroke risks are associated with AF?

Atrial fibrillation can decrease the heart's pumping efficiency by as much as 30 percent. Poor pumping increases the risk of clots forming in the heart chambers. Blood clots can break loose and travel in the blood stream to the brain, lungs, and other parts of the body.

Stroke is the most common and perhaps the most feared complication of AF.<sup>1</sup>

- Stroke is a medical emergency
- Stroke spares no age, ethnic origin, sex, or country
- Stroke is rising globally

Risk of Stroke without AF



< 5 X

Risk of Stroke with AF

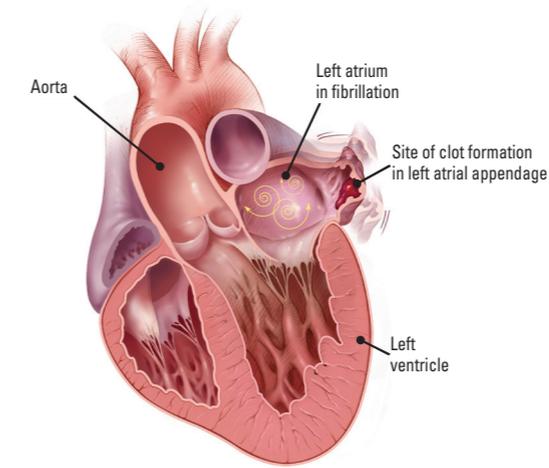


AF increases the risk of embolic stroke fivefold, and accounts for almost half of fatal cerebrovascular events.<sup>2</sup>

## What are the symptoms of stroke?

Signs of a stroke may include:

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Sudden confusion, trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination
- Sudden severe headache with no known cause



## Where do clots come from?

Atrial fibrillation can cause blood to stagnate and form clots in an area of your heart called the Left Atrial Appendage (LAA). The LAA is about the size of your thumb and looks like a small pouch on the top of your heart.

SCORE HERE

If a clot forms, it can increase your risk of having a stroke or other related problems.

- Atrial fibrillation is common among people with coronary heart disease, valve disease, or who have had a heart attack, congestive heart failure, or recent heart surgery
- AF can also be found in people with high blood pressure or diabetes
- While both men and women develop AF, women are more likely to die prematurely from it

As you age, your risk of AF increases.

## How can stroke be prevented?

Today, a number of treatments are available to protect you from stroke or related complications from blood clots. Your doctor will help you choose a treatment based on your heart's rhythm, your symptoms, your stroke risk, and any other medical conditions you may have.

## Anticoagulants (Blood Thinners)

Medications can reduce the risk of blood clots that could lead to stroke and other medical conditions.

- Anti-platelet medicines, including aspirin, keep platelets in the blood from sticking together and forming clots
- Anti-clotting medicines, such as warfarin, also help prevent clots from forming in your blood

Blood thinners such as warfarin have been available for more than 50 years to reduce the risk of stroke in people with AF. These medications have undesirable effects, such as bleeding and severe bruising, and require lifestyle changes and a new diet for many people. Additionally, the effectiveness of warfarin varies because of interactions with certain foods and medications, thus requiring frequent blood tests (INR monitoring) to verify the dose of medication is working properly, which can be inconvenient.