

How long do I need to follow-up with a cardiology provider?

Six weeks after the procedure, you will be scheduled for a follow-up visit. Following this, you will be scheduled for telephone check-ins at six and 12 months. You will have a TEE or CT 45 days from the date of your procedure, and you may have a TEE six months from your procedure date if the 45-day test shows that the opening is not completely closed.

Do I need to take antibiotics prior to dental procedures?

For six months after implantation, we do recommend antibiotics prior to dental procedures. It is not needed prior to other procedures or operations. Your cardiologist or primary care provider can provide a prescription for this.

Do I need to let people at the airport know that I have this device? Does it interact with MRI or other radiologic testing?

The device will not be picked up at the airport. When you do go for cardiac MRI, it is reasonable to tell them that you have had an LAA closure device. There is no interaction with CT scans or other X-rays.

Can I tell you what matters most to me?

After discussing these questions, consider what matters most to you and be sure to tell your doctor. Expressing your goals and preferences will help you and your doctor make the best treatment choice for you together.

How can I learn more?

Visit the following websites for more information:

- Cardiosmart.org
Click on "Decisions" and then "Shared Decisions" and look to right under "Tools to Help You Decide"
- Watchman.com
- HealthDecision.org/tool#/tool/afib



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For more information, or to schedule an appointment, call **423-778-5661** or visit us at erlanger.org/cardio.

Left Atrial Appendage Closure Device

What should I ask my doctor?



Atrial fibrillation & your left atrial appendage

You have atrial fibrillation, or AFib, a condition where your heartbeat is irregular, and many people cannot feel when they have it. AFib increases the risk of blood clotting and puts you at a higher risk of having a stroke. Studies show that about 90% of blood clots form in a small pouch in the heart called the left atrial appendage (LAA). Your doctor referred you to us to see if you're eligible for a device that blocks these blood clots in your heart.

What are my choices to reduce the risk of stroke?

When it comes to AFib, the choices to reduce stroke are either a long term blood thinner (called an anticoagulant, like warfarin or Coumadin) or a device to close the spot where clots form. There are several kinds of blood thinners, and some do not require monitoring or interact with food, such as Eliquis. These can be used in all patients, except those with a mechanical valve or a disease called severe mitral stenosis. Ask your doctor more about blood thinner options.

Increased risk of stroke due to AFib is why your doctor has recommended or prescribed a blood thinner. There may be reasons why you choose not to take a blood thinning medication, such as interaction with food or risk of bleeding. Some patients choose to have a device procedure rather than taking blood thinners.

How do I decide what is right for me?

Shared decision making (SDM) is a process in which you and your doctor discuss each reasonable option available to treat your increased risk of stroke and how these options match your goals and preferences before finalizing a treatment plan. This process helps you take an active role in your healthcare.

What are my options?

Ask your doctor to discuss whether you are a candidate for an LAA closure device or medical management (taking blood thinners to help manage stroke risk) as well as the risks and benefits of each option.

Is this a surgery?

Implanting an LAA closure device is not a surgery. It is a percutaneous procedure: this means that we place a small, flexible catheter (or tube) in the femoral vein (just below the hip) to access the heart. Afterwards, there is a small cut in the skin where the tube was placed that can be covered with a Band-Aid.

What device will you use to close my LAA?

If you are a candidate for an LAA closure device, there is currently only one option available in the United States—a WATCHMAN™. Ask your doctor if this option is right for you.

Will I be under anesthesia?

The procedure can be done either with light sedation or under general anesthesia. Talk with your doctor and anesthesiologist to learn more about which is right for you.

How long will I stay in the hospital?

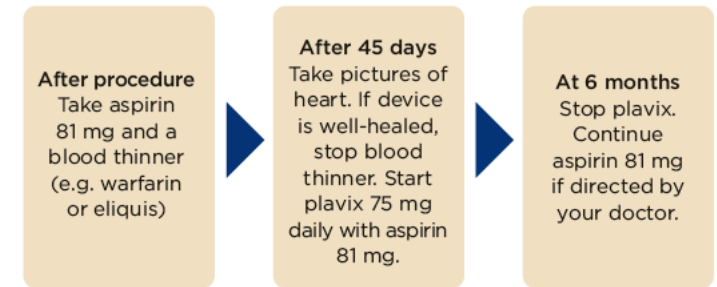
Typically, patients stay in the hospital overnight after an LAA closure procedure. It is very unlikely someone would need inpatient rehab after the procedure, as there are no surgical incisions. For some patients, same day discharge may be considered after six hours of observation.

What medications will I have to take after my procedure?

If you choose to have an LAA closure device, you will take a blood thinner and a baby aspirin after your procedure. About 45 days after the procedure, you will return to your doctor's office and have pictures of your heart taken via either a CT scan or a transesophageal echocardiogram (TEE) to determine if the device has healed well.

If the implant has closed the opening of the LAA at 45 days and your doctor stops your

blood thinner, your doctor will prescribe a new blood thinning medication called Plavix (a 'super' aspirin) in addition to aspirin. At six months, you will only need aspirin 81 mg.



What if I can't take a blood thinner like Warfarin? Can I still have the WATCHMAN™ procedure?

The WATCHMAN™ procedure is currently approved for people who can take a short course of blood thinner for six weeks to allow the device time to heal. If you have questions or you aren't able to take blood thinner, talk with your doctor to learn more.

Will this device ever need to be replaced?

The device is a one-time implant that does not need to be replaced. After about six weeks, your skin will heal over the device and provide the final closure.

What kind of activity restrictions will I have after LAA closure?

Restrictions are recommended to help protect the IV sites in the groin (top of the hip area). For four days, we recommend no heavy lifting and no baths or hot tubs. You can shower immediately following the procedure. Most people go back to work after four days, depending upon the physical nature of the work. For 14 days, we recommend no strenuous activity, such as running, shoveling, or horseback riding. Following this, there are no restrictions on activities including exercising and moderate weight lifting. For the first six weeks, extreme activities such as four-wheeling or competitive hockey are not recommended.