WATCHMAN™
INTEGRATED LAAC SOLUTIONS

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2023 ACC/AHA/ACCP/HRS Guidelines for the Diagnosis and Management of Atrial Fibrillation

Left Atrial Appendage Occlusion Devices Upgraded to a 2a Class of Recommendation for patients with a contraindication to long-term OACs.

This upgrade in recommended indication is based on additional safety and efficacy data for left atrial appendage occlusion devices, which includes the WATCHMAN™ Left Atrial Appendage Closure (LAAC) Implant.

A 2b Class of Recommendation was added for patients with a high risk of major bleeding.

Guideline changes for broader LAA management including surgery and cardioversion recommendations were also updated considering new data.

Scan QR code for the full updated guidelines. (See section 6.5)

6.5.1. Percutaneous Approaches to Occlude the LAA

COR	LOE	Recommendations
2a	B-NR	1. In patients with AF, a moderate to high risk of stroke (CHA_2DS_2-VASc score ≥2), and a contraindication (Table 14) to long-term oral anticoagulation due to a nonreversible cause, percutaneous LAAO (pLAAO) is reasonable.[1-4]
2b	B-R	2. In patients with AF and a moderate to high risk of stroke and a high risk of major bleeding on oral anti-coagulation, pLAAO may be a reasonable alternative to oral anticoagulation based on patient preference, with careful consideration of procedural risk and with the understanding that the evidence for oral anticoagulation is more extensive.[1-3,5,6]

The WATCHMAN Implant has changed the lives of over 400,000 patients and is suitable for a broad range of patient types.

The three leading cardiology and cardiovascular societies in the US recognize 12 potential patient rationales for seeking an alternative to anticoagulation.[7]

1. History of intracranial bleeding (intracerebral or subdural) where benefits of LAAC outweigh risks
2. History of spontaneous bleeding other than intracranial (e.g. retroperitoneal bleeding)
3. Increased bleeding risk based on HAS-BLED score or other factors (e.g. thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
4. History or risk of falls
5. Documented poor compliance with OAC therapy
6. Inability or difficulty maintaining therapeutic range
7. Occupation that puts patient at an increased bleeding risk
8. Lifestyle or hobby that puts patient at an increased bleeding risk
9. Severe renal failure – medical condition for which OAC is inappropriate
10. Avoidance of triple therapy after PCI or TAVR
11. Other situations for which OAC is inappropriate
12. Drug or medication regimen not compatible with OAC

Visit watchman.com/HCP to learn more.
View WATCHMAN FLX Device Brief Summary: https://www.watchman.com/en-us-hcp/brief-summary.html

Percutaneous Approaches to Occlude the LAA

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7. ACC, HRS, SCAI LAAC NCD consensus memo to CMS. https://www.cms.gov/medicare-coverage-database/staticpages/public-comment.aspx?commentID=29406&ReportType=nca