A word from the director

We are pleased to share that OHSU is now offering the WATCHMAN left atrial appendage (LAA) closure device for patients with non-valvular atrial fibrillation. In most patients with atrial fibrillation, the majority of blood clots develop in the LAA. The WATCHMAN implanted device, approved last year by the U.S. Food and Drug Administration, is designed to keep these clots from entering the bloodstream. This alternative to long-term anticoagulation agents is covered by Medicare when patients meet specific conditions.

If you have any questions or would like to consult with our team, please contact us at 800-245-6478.

Sincerely,
Charles Henrikson, M.D.
Who is a candidate?

The WATCHMAN device is indicated to reduce the risk of thromboembolism from the left atrial appendage in patients with non-valvular atrial fibrillation who have:

- Increased risk for stroke and systemic embolism based on CHADS\textsuperscript{2} or CHA\textsubscript{2}DS\textsubscript{2}-VASc scores (> 3).
- An appropriate rationale for seeking a non-pharmacologic alternative to warfarin, such as the inability to maintain a stable INR or high risk of bleeding secondary to trauma.

WATCHMAN and blood thinners

Patients must be able to take short-term warfarin in order to have a WATCHMAN implanted. They begin taking warfarin before the device is implanted and continue for at least 45 days afterward. Then patients have a transesophageal echocardiogram to determine if the device has an effective seal. If the WATCHMAN is working correctly, patients switch from warfarin to an aspirin-clopidogrel combination and then to aspirin alone.

The WATCHMAN procedure

Patients interested in the WATCHMAN closure device meet with one of our electrophysiologists in clinic. They have a transesophageal echocardiogram to confirm anatomy and provide guidance before the procedure. The implant procedure is usually done two to four weeks later. Patients stay in the hospital for one night.

OHSU's electrophysiology physicians

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