



Left Atrial Appendage Occlusion (Watchman™ Device)

Patient-Friendly Guide & Timeline

Purpose: The Watchman device helps reduce the risk of stroke in patients with atrial fibrillation when long-term blood thinners are not safe or appropriate.

Who May Benefit from Left Atrial Appendage Occlusion

This procedure may be recommended for patients with atrial fibrillation who have an increased risk of stroke and cannot safely remain on blood thinners long term.

- Recurrent bleeding episodes while taking blood thinners (such as stomach, intestinal, urinary, or frequent nosebleeds)
- Chronic or unexplained anemia related to blood thinner use
- Need for repeated blood transfusions or iron infusions
- High risk of falls due to poor balance, frailty, neurologic disease, or prior fall-related injury
- Prior serious bleeding events, including brain or gastrointestinal bleeding
- Intolerance or complications from blood thinners despite dose adjustments

Watchman Work-Up and Follow-Up Timeline

Approximate Time	Appointment or Test	Why It Is Needed
Week 0	Structural Heart Consultation	Confirms atrial fibrillation type, stroke risk, and suitability for Watchman
Weeks 1–2	TEE or CT Scan	Ensures correct anatomy and confirms no blood clots are present
Weeks 2–3	Non-Invasive Cardiology Visit	Medical clearance and required shared decision-making discussion
Weeks 4–6	Watchman Procedure	Closes the left atrial appendage to reduce stroke risk
1 Week After	Post-Procedure Follow-Up	Checks recovery and medications
45 Days After	Repeat TEE	Confirms device position and allows stopping blood thinners if sealed
6 Months	Cardiology Follow-Up	Reviews long-term progress and medications

**Medicare (CMS) requires a formal shared decision-making visit with an independent, non-interventional physician using an evidence-based decision tool prior to left atrial appendage occlusion. This visit must be documented in the medical record.*