DAPT AFTER WATCHMAN FLX PRO IMPLANTATION

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## **Objectives**

- Review candidacy for LAAO with WATCHMAN FLX PRO occluder device
- Identify high-risk patients for OAC postimplant
- Review medical therapy pathways postimplant
- Case study







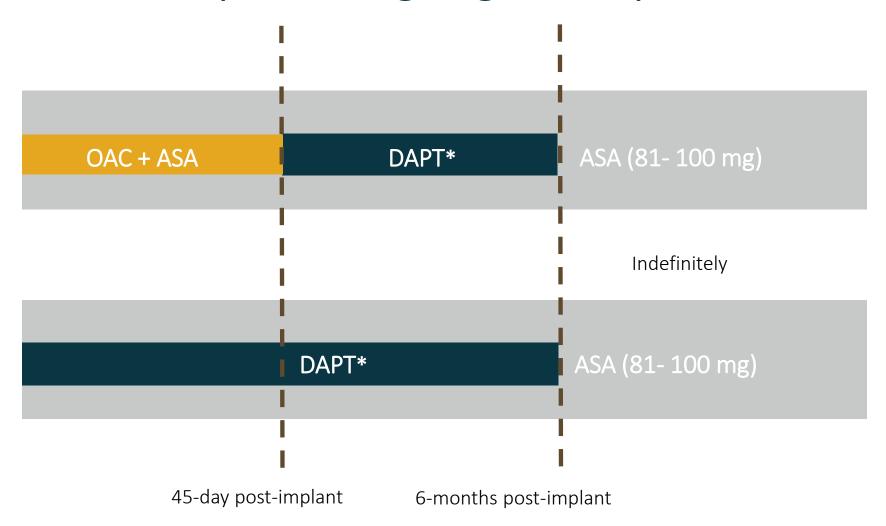


- History of atrial fibrillation
- High risk for future thromboembolic stroke and it is recommended patient be on OAC
- CHA2DS2-VASc Score
  ≥ 2

- Documented reason not eligible for longterm OAC
- Eligible for short-term OAC/antithrombotic therapy



## Post-Implant Drug Regimen Options







Using a standard percutaneous technique, a guidewire and vessel dilator are inserted into the femoral vein. The implant procedure is performed with fluoroscopy and transesophageal echocardiography (TEE).

The interatrial septum is crossed using a standard transseptal access system. The access sheath is advanced over the guidewire into the left atrium and then navigated into the distal portion of the LAA over a pigtail catheter.



The WATCHMAN™ Implant is deployed and released in the LAA



Heart tissue grows over the implant and the LAA is permanently sealed. Patients will then follow the post-implant drug regimen as prescribed by their physician.



The implant is fully endothelialized.



### Case Study

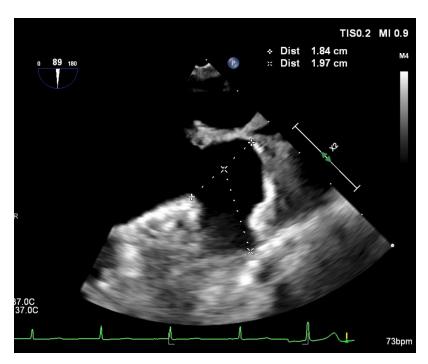
#### 76-yo female

- PMH: PAF anticoagulated on Eliquis, cerebellar ataxia, rheumatoid arthritis, asthma.
- Post 9-day hospitalization for right parietaltemporal intraparenchymal hematoma requiring Eliquis reversal with Kcentra.
- No vascular malformations noted on cerebral angiogram
- Discharged on Keppra until follow-up MRI, which demonstrated improvement of hemorrhage, so recommendation was to restart Eliquis which patient declined.
- Bleed was thought to be secondary to uncontrolled HTN or spontaneous.
- Medications: lisinopril, losartan, albuterol, prednisone
- CHA2DS2-VASc score 5

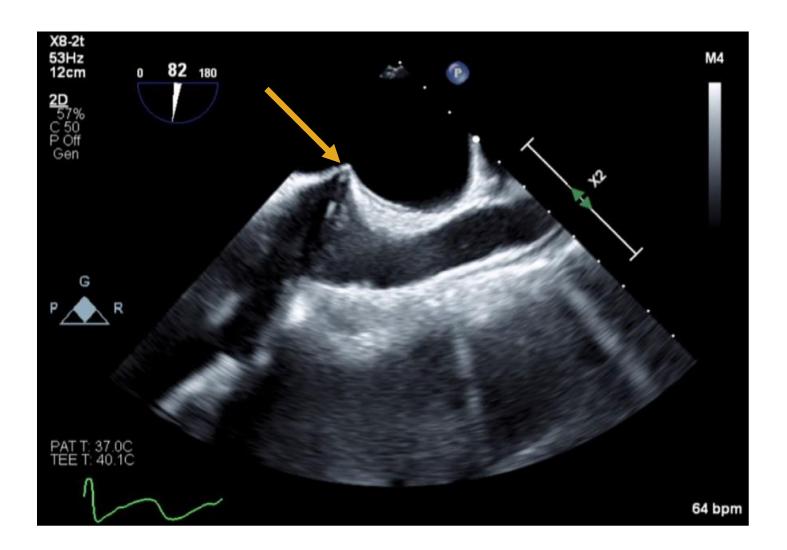




"wind sock" morphology

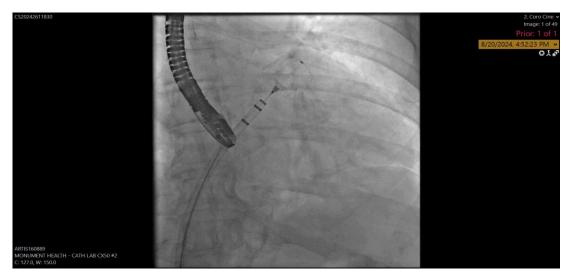










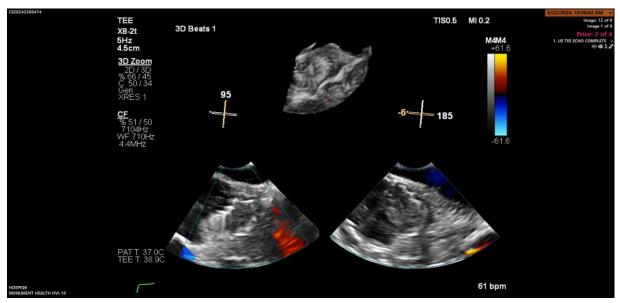


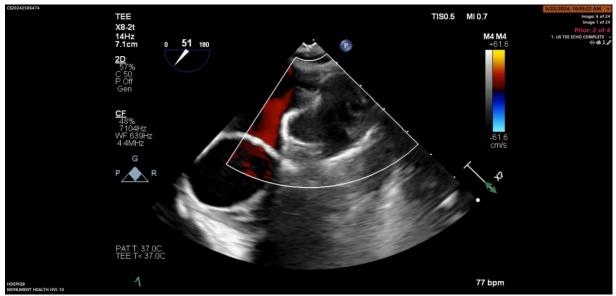


### **Case Study**

76-yo female

Sent home on clopidogrel and 81 mg aspirin for 49 days







# **Questions?**

