

Advancing Health

A CASE STUDY from MedStar Heart & Vascular Institute

Avoiding A-Fib related strokes in high risk patients

Atrial Fibrillation Treated with LAA Closure Device

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Abstract

A patient with atrial fibrillation and an elevated risk of stroke was hospitalized with a GI bleed. Because patient was a poor candidate for long-term oral anticoagulant, he received a Left Atrial Appendage (LAA) closure device (WATCHMAN™), which successfully treated the condition.

CASE STUDY

Atrial Fibrillation Treated with LAA Closure Device

Patient Presentation

- A 76-year old male with asymptomatic persistent atrial fibrillation presented for clinical evaluation after a recent hospitalization for GI bleed. Patient was previously treated with warfarin, and noted to have a therapeutic INR (2.2) at admission.
- Patient was transfused and underwent endoscopy which failed to reveal a clear source of bleeding.
- Patient was discharged on Xarelto 15mg once a day.

Assessment

- Patient has non-valvular atrial fibrillation with a high risk of stroke based upon a CHA2DS2VaSC score of 3.
- Full-dose oral anticoagulation is required, but patient remains a poor candidate for long-term oral anticoagulation.
- Treatment strategies involving aspirin, clopidigrel, or sub-therapeutic dosing of novel oral anticoagulants are insufficient and should be avoided.
- Patients who are poor candidates for long term oral anticoagulants should be considered for left atrial appendage closure with the WATCHMAN™ device.

Diagnosis

- As patient has non-valvular atrial fibrillation with a high risk of

stroke, and is a poor long term candidate for oral anticoagulation, an appropriate alternative treatment had to be identified. Transoesophageal echocardiography (TEE) assessment deemed the patient's left atrial appendage anatomy suitable for implantation of WATCHMAN™ device.

Treatment

- Patient underwent successful placement of a 27mm WATCHMAN™ device via femoral vein access during a 42-minute procedure. No unexpected issues were encountered during surgery.
- Patient was discharged the following morning.

Outcome

- Follow-up TEE revealed excellent device positioning. Patient was placed on lifelong aspirin therapy, avoiding oral anticoagulation and its incumbent bleeding risks. Eliminating blood thinners resolved patient's anemia, further increasing his overall satisfaction with the treatment.

Conclusion

- Left atrial appendage closure with the WATCHMAN™ device is a powerful tool to protect patients with atrial fibrillation from stroke. Patients with bleeding episodes on oral anticoagulation, as well as those at high risk for falls, should be considered for this procedure..



Manish Shah, MD

“The WATCHMAN™ device is transforming how we care for patients with atrial fibrillation. This innovative technology provides long-term protection against strokes without the need for blood thinners, and their associated internal bleeding risks. As a result, patients can lead more normal, confident lives.”

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Atrial fibrillation raises a person's risk for stroke by 500%, and most AFib-related strokes (75%) can be prevented.¹ The WATCHMAN™ device is for people who have A-Fib not caused by heart valve problems, have been prescribed blood thinners and while they can tolerate warfarin, need an alternative to blood thinners.

If you would like to discuss a patient, Dr. Shah can be reached at **202-877-7685**.

To learn more, please visit MedStarHeartInstitute.org.

¹ "Atrial fibrillation (A-Fib) and Stroke" National Stroke Association Fact Sheet March 2016