Prevention of adverse ischemic events with Watchman device in non-valvular patients with atrial fibrillation and contraindications for long-term anticoagulation therapy

Kochkina KV[1], Protopopov AV[2]

Regional State Clinical Hospital, Medical University by the name of prof. V.F. Voyno-Yasenetckiy, Krasnoyarsk, Russian Federation

[1]Kochkina KV, Invasive Cardiology Department, Krasnoyarsk State Clinical Hospital, 660022, Krasnoyarsk

[2]Protopopov AV, PhD, Krasnoyarsk Medical University by the name of prof. V.F. Voyno-Yasenetckiy 660022, Krasnoyarsk, P. Zheleznyaka street, 3A. aprotopopov@yandex.ru

Aims. To evaluate efficacy and safety of endovascular occlusion of left atrial appendage (LAA) with Watchman device in patients, contraindicated for long-term anticoagulant therapy

Methods and Results. Watchman device implantation performed in 37 patients with non-valvular AF, CHA2DS2VASc score >2 (mean 4.73±1.15), HAS-BLED>3 (mean 3.84±0.76), with contraindications for long-term anticoagulation therapy, with > 6 months follow-up period. Technical success was achieved in 94.6% (35 patients). Periprocedural complications were device embolization in 1 patient and pericardial effusion, requiring treatment. During 14.8±6.7 months follow-up neither haemorrhagic/ischemic stokes or TIA were observed.

Conclusion. The LAA occlusion with Watchman device can be safely performed in selected patients with contraindications to oral anticoagulation (OAC). Conclusion. In selected patients with intermediate surgical risk TAVR procedure with the use of CoreValve system have good clinical outcomes in hospitalisation period and long-term follow-up.

Keywords: Atrial fibrillation, Left atrial appendage closure, Watchman device.