



WATCHMAN™ FLX LAA Closure Device Implantation Technique and Tips

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Caution: The WATCHMAN FLX™ Left Atrial Appendage Closure Device is an investigational device and is not available for sale in the U.S. or Europe.

***i*MPACT YOUR PRACTICE**



Manish Shah, MD

Disclosure

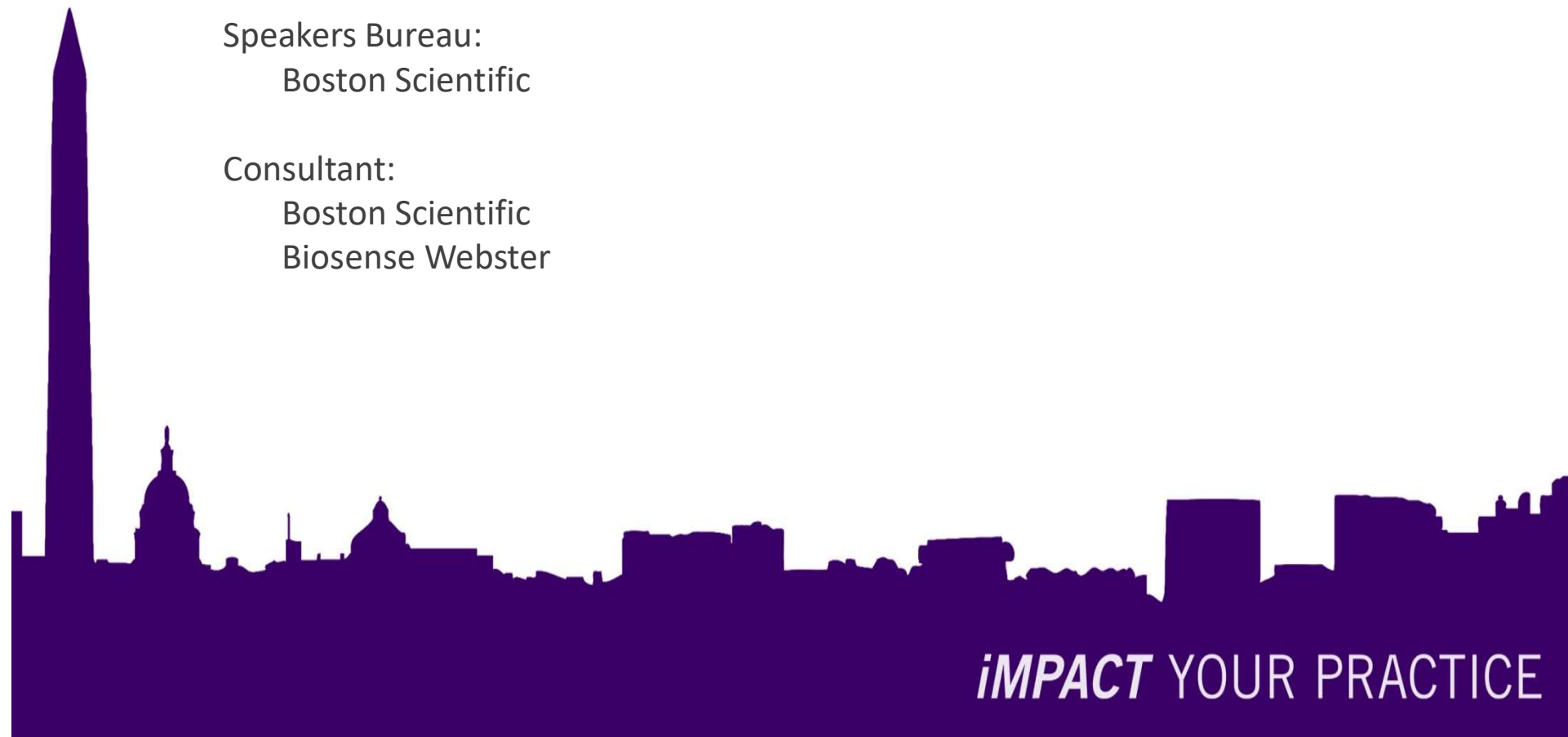
Speakers Bureau:

Boston Scientific

Consultant:

Boston Scientific

Biosense Webster



PINNACLE FLX



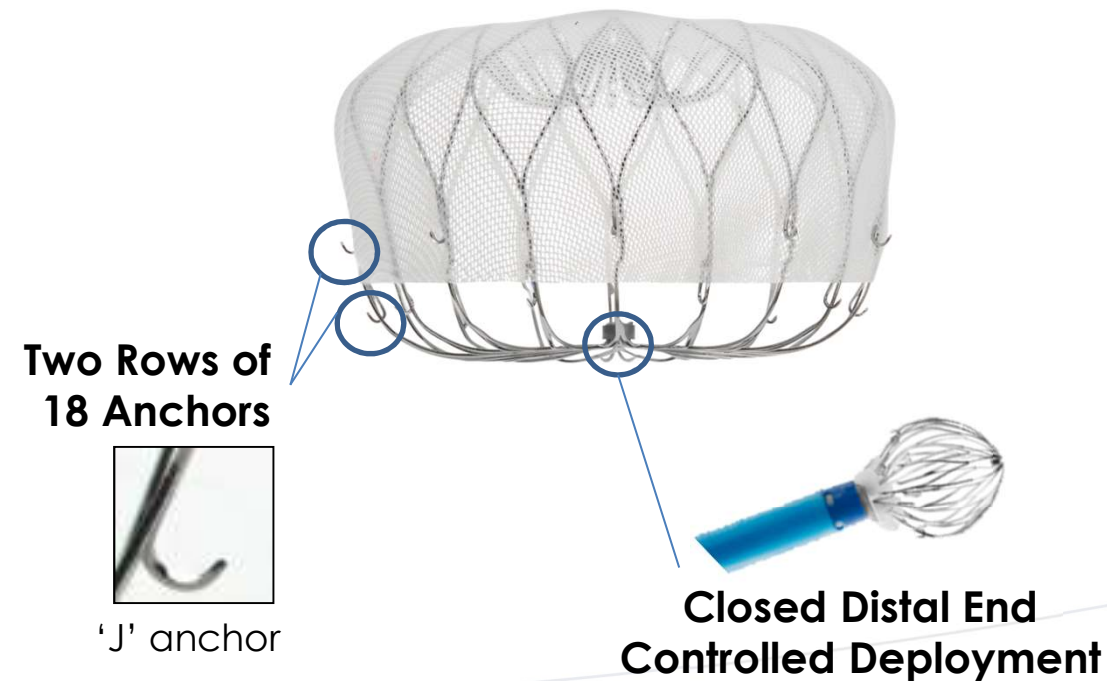
458 enrollments

400 main cohort

29 enrolling sites

18 Strut Frame
Full or Partial Recapture
Minimum LAA Depth = ½ Device Size

WATCHMAN FLX™



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MedStar Heart &
Vascular Institute


Cleveland Clinic
Heart and Vascular Institute

Knowledge and Compassion **Focused on You**

WATCHMAN™ FLX LAA Closure Device

Sizing Tips

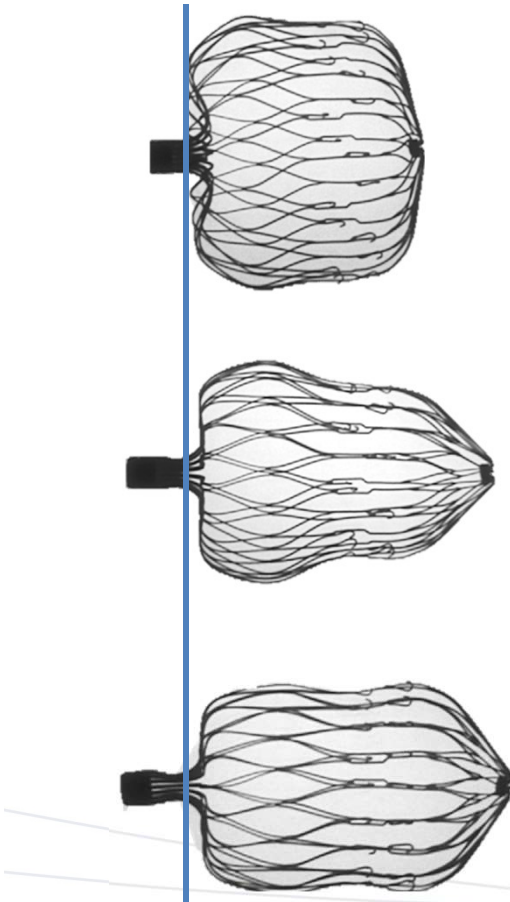


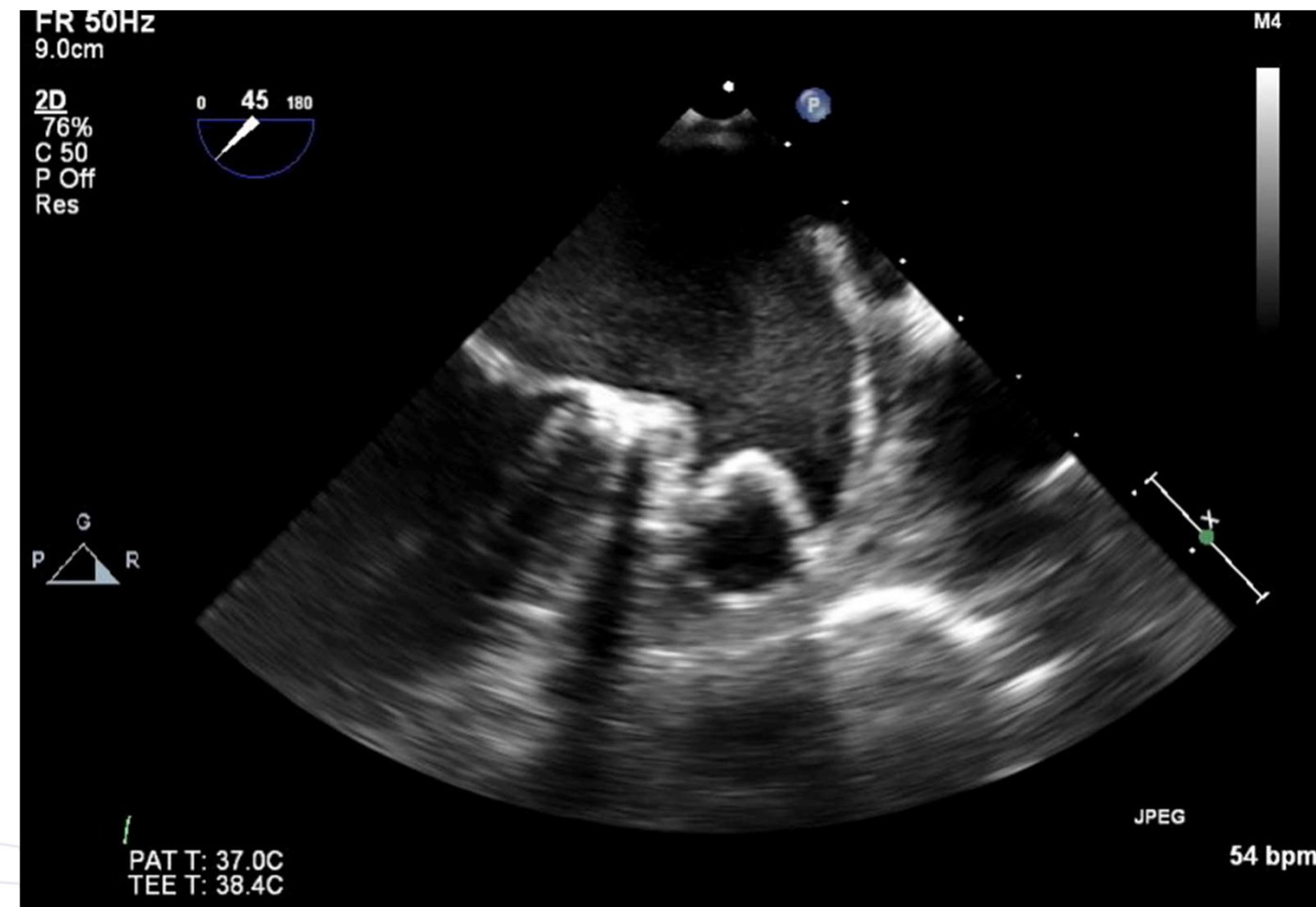
Table 1: FLX Sizing Table		Table 2: Length Ref. Values	
Max Diameter Range (LAA Os & Device)	Device Size	Approx. Min LAA Length	Implant Length* Range @ (10% - 30%)
14.0 - 18.0	20	10	14-18
16.8 - 21.6	24	12	14-19
18.9 - 24.3	27	13.5	15-20
21.7 - 27.9	31	15.5	16-23
24.5 - 31.5	35	17.5	18-26

Compression affects length of device

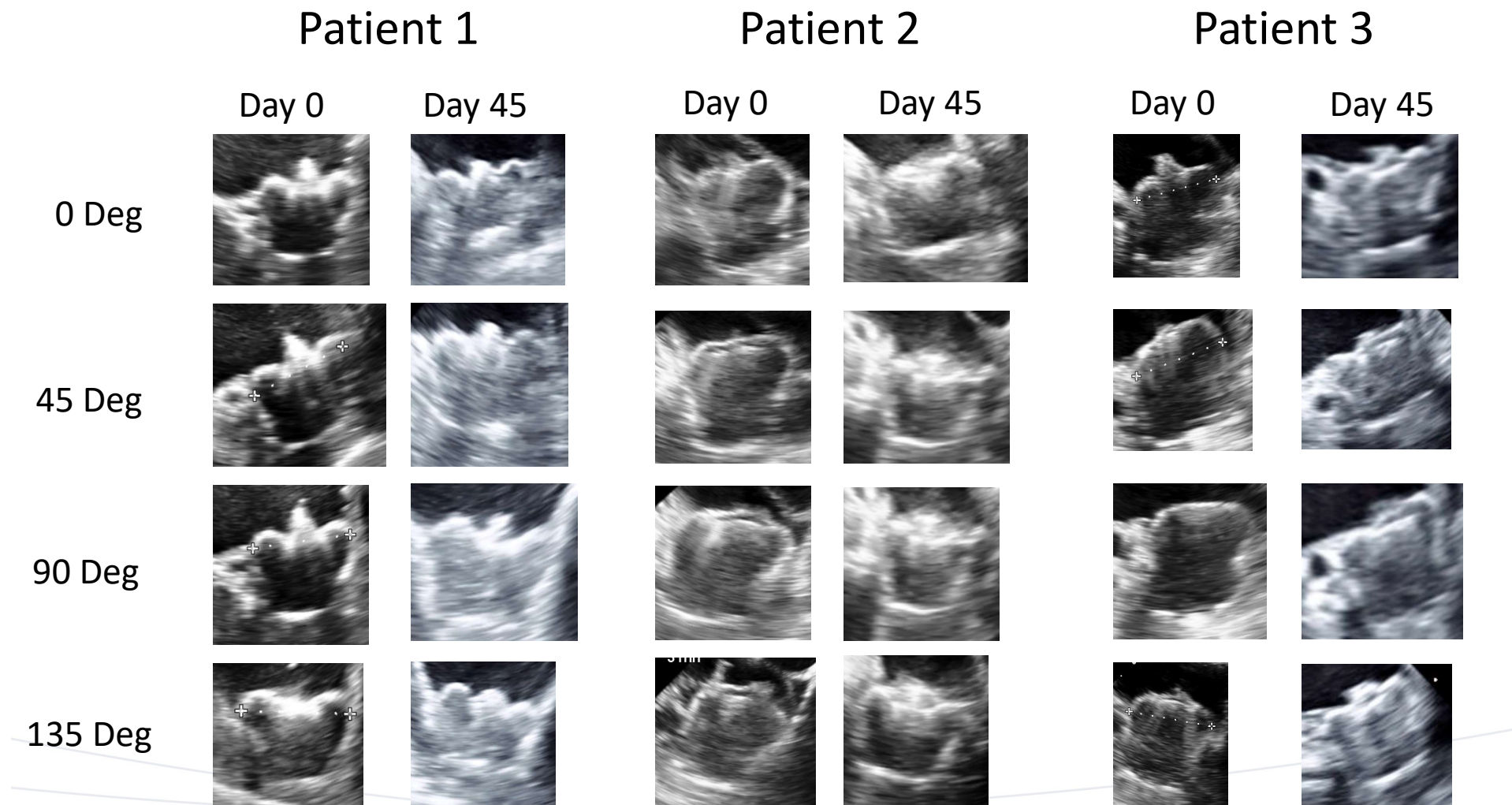
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Device Deployment – TEE guided

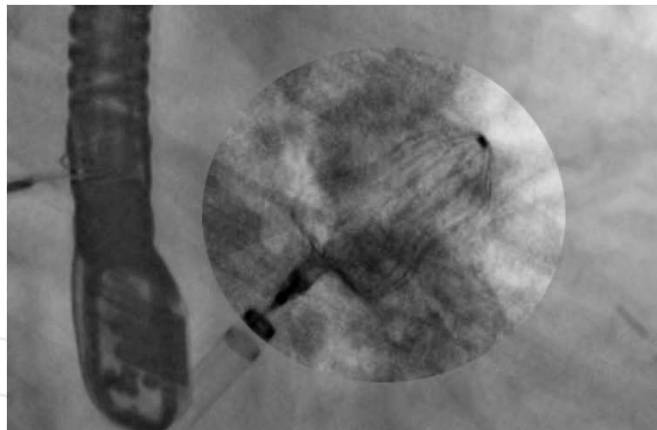
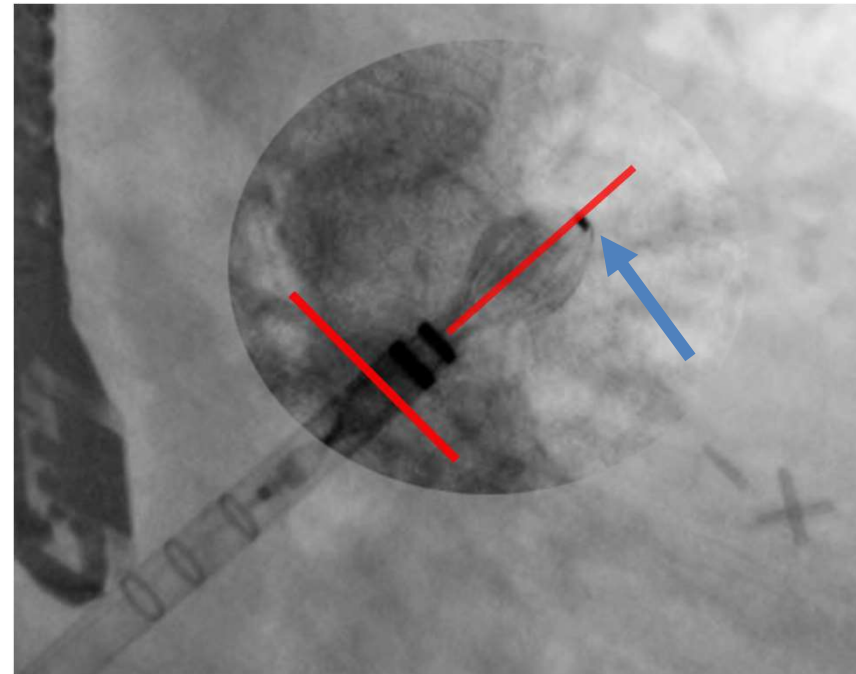
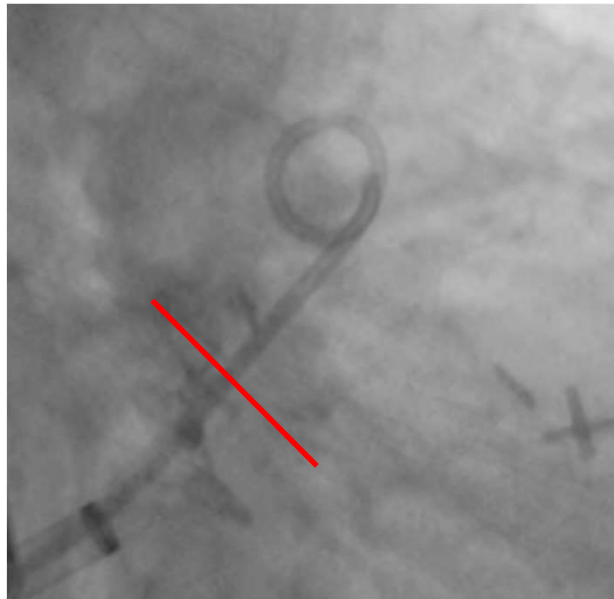
Smooth release of shoulders



45 Day TEE: No Proximal Shift



Coaxial Deployment is Key

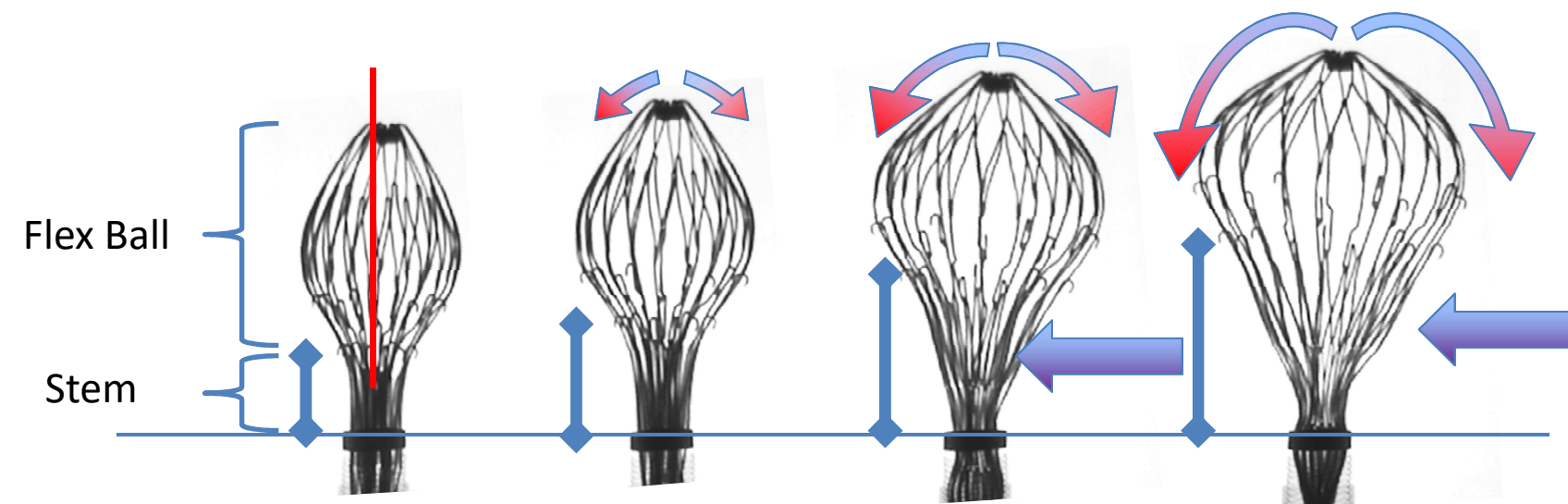


1) Distal Marker band should not come proximal to Landing Zone

2) Coaxial deployment

WATCHMAN™ FLX LAA Closure Device

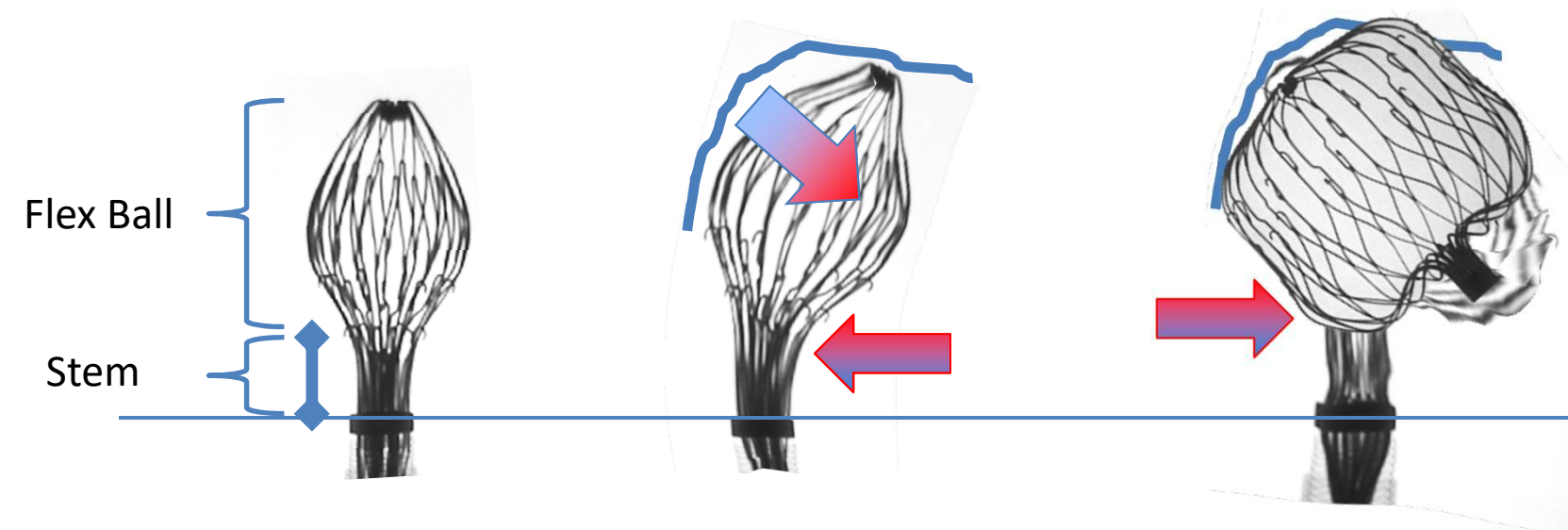
Basic Principles



Advancing Core Knob (sheath position fixed)

WATCHMAN™ FLX LAA Closure Device

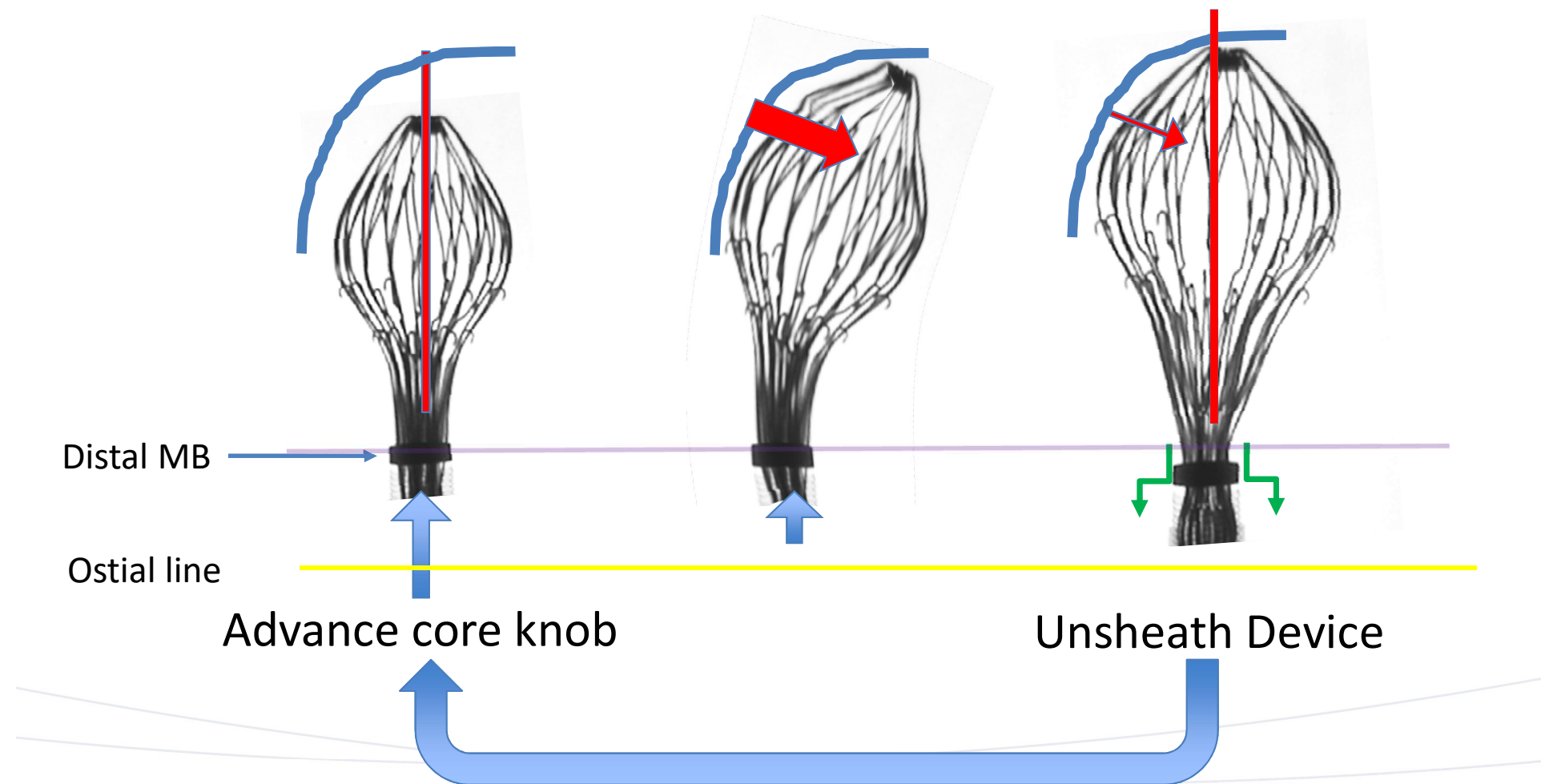
Basic Principles: Flex Ball Encounters Tissue



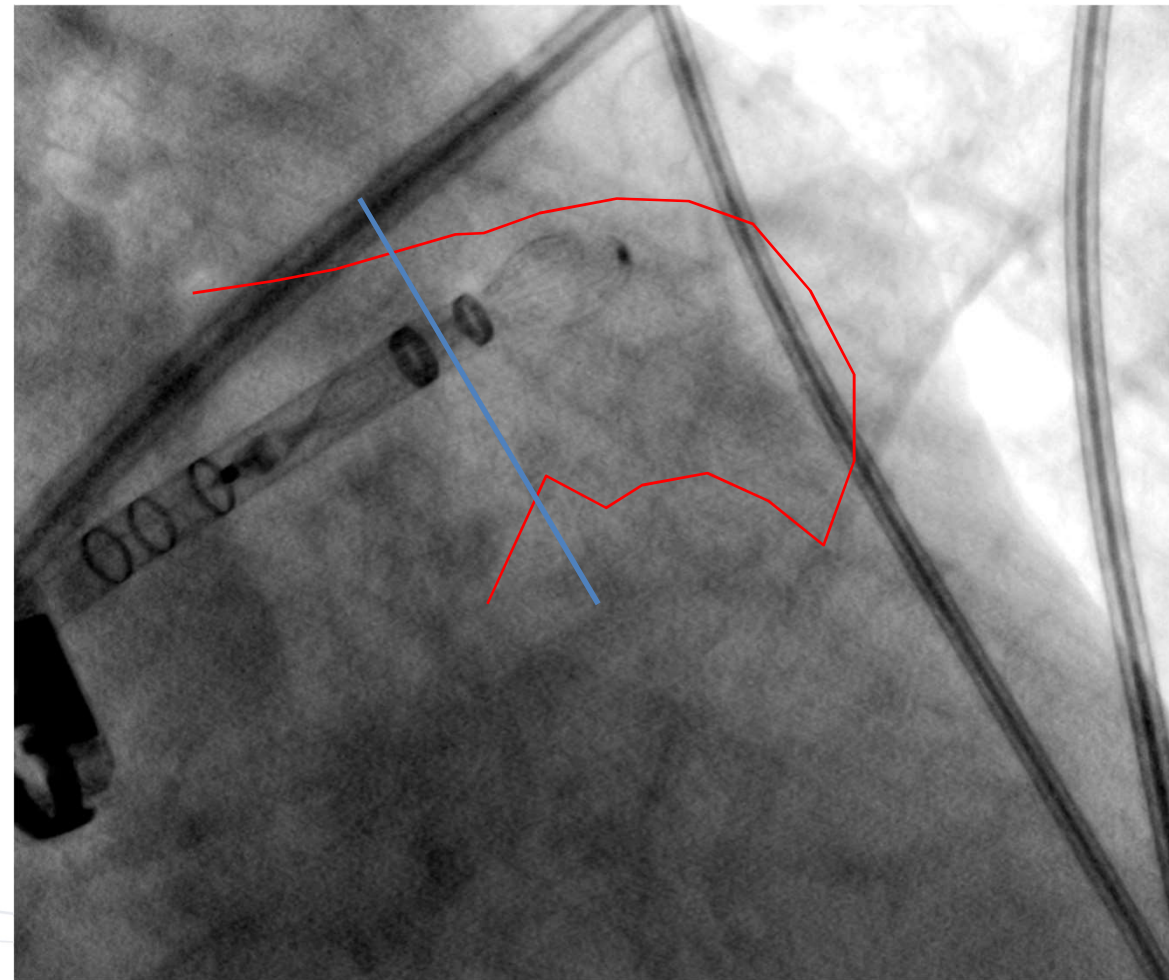
Advancing Core Knob (sheath position fixed)

Basic Principles

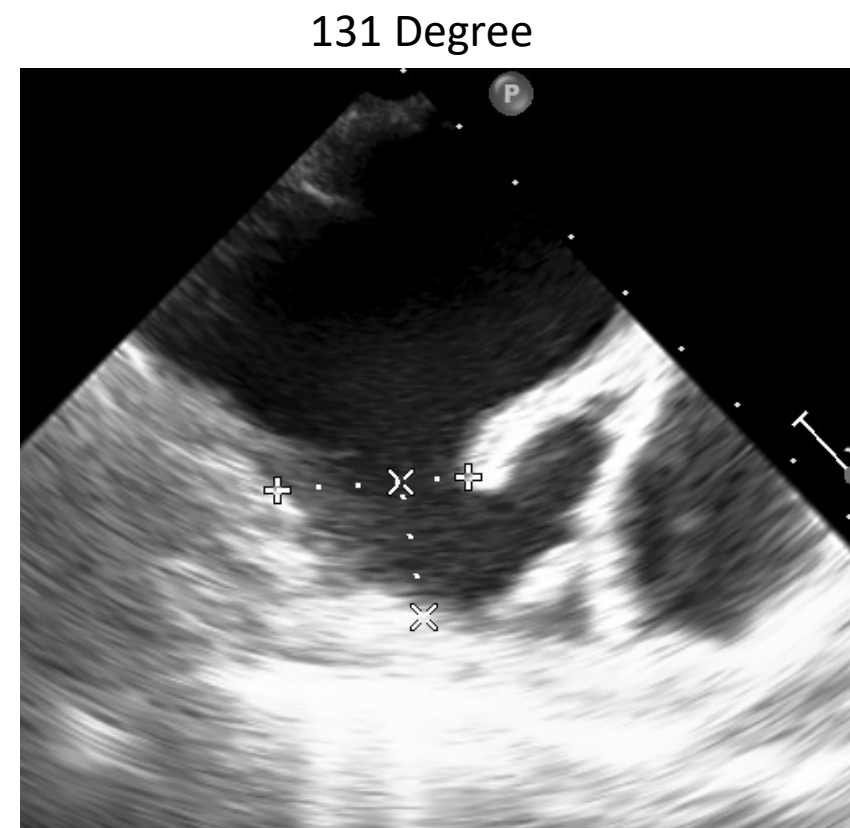
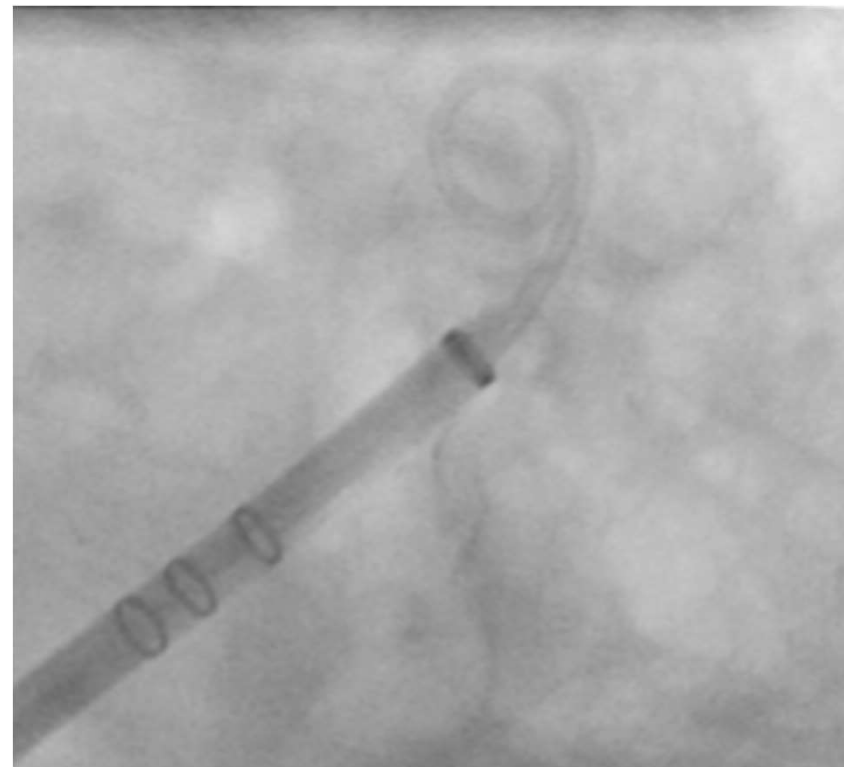
How to Achieve Coaxial Deployment



Deployment, Partial Recapture, Redeployment



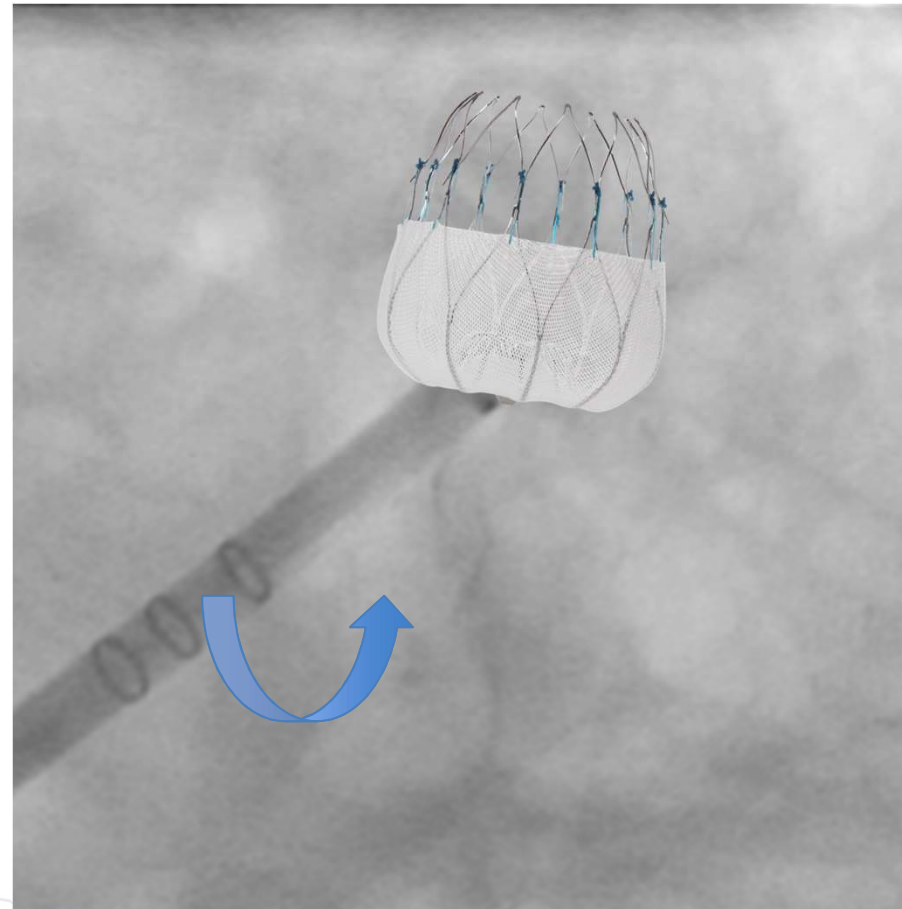
Anterior Chicken Wing



Ostium: 2.43

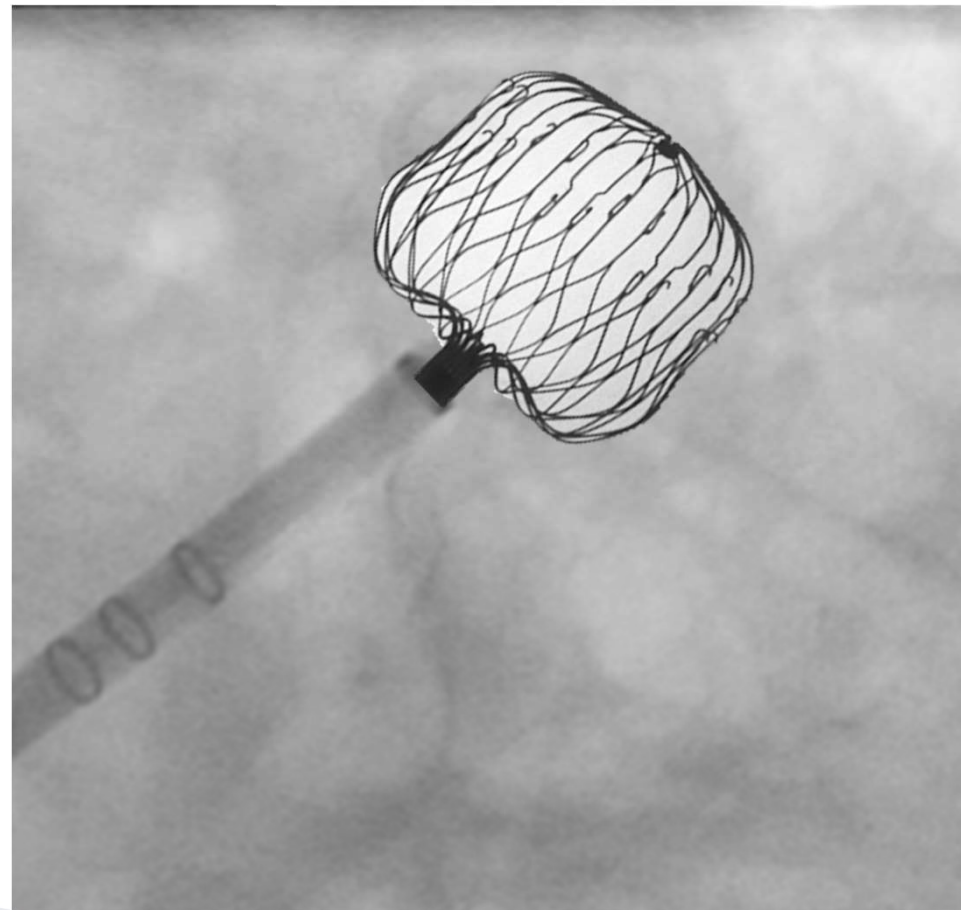
Depth: 1.74

Approach with Watchman 2.5



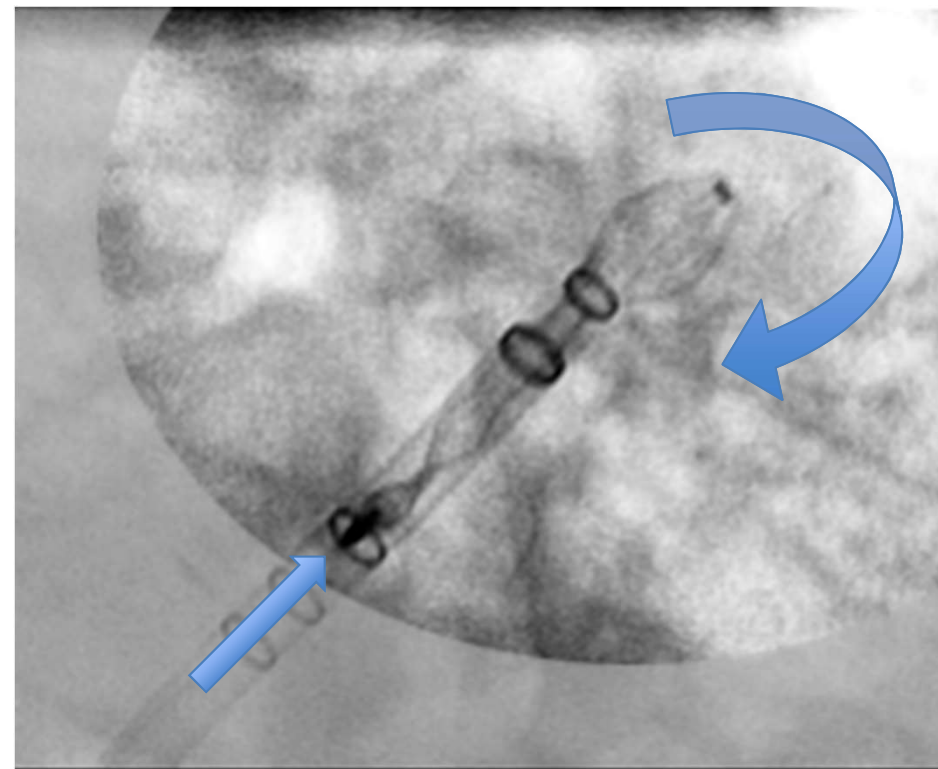
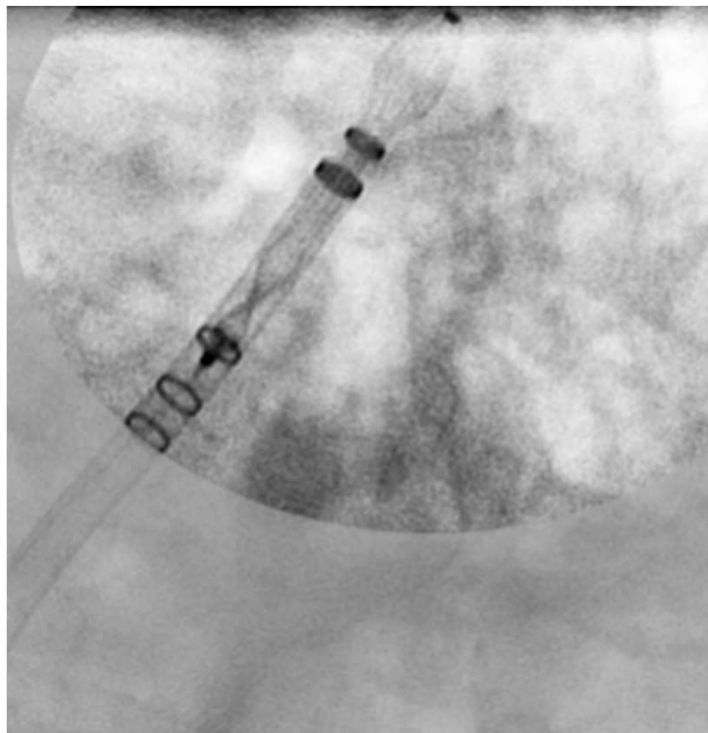
- 1) Significant CCW torque
- 2) Attempt to access wing
- 3) Gain maximal depth

Orientation of Sheath for FLX

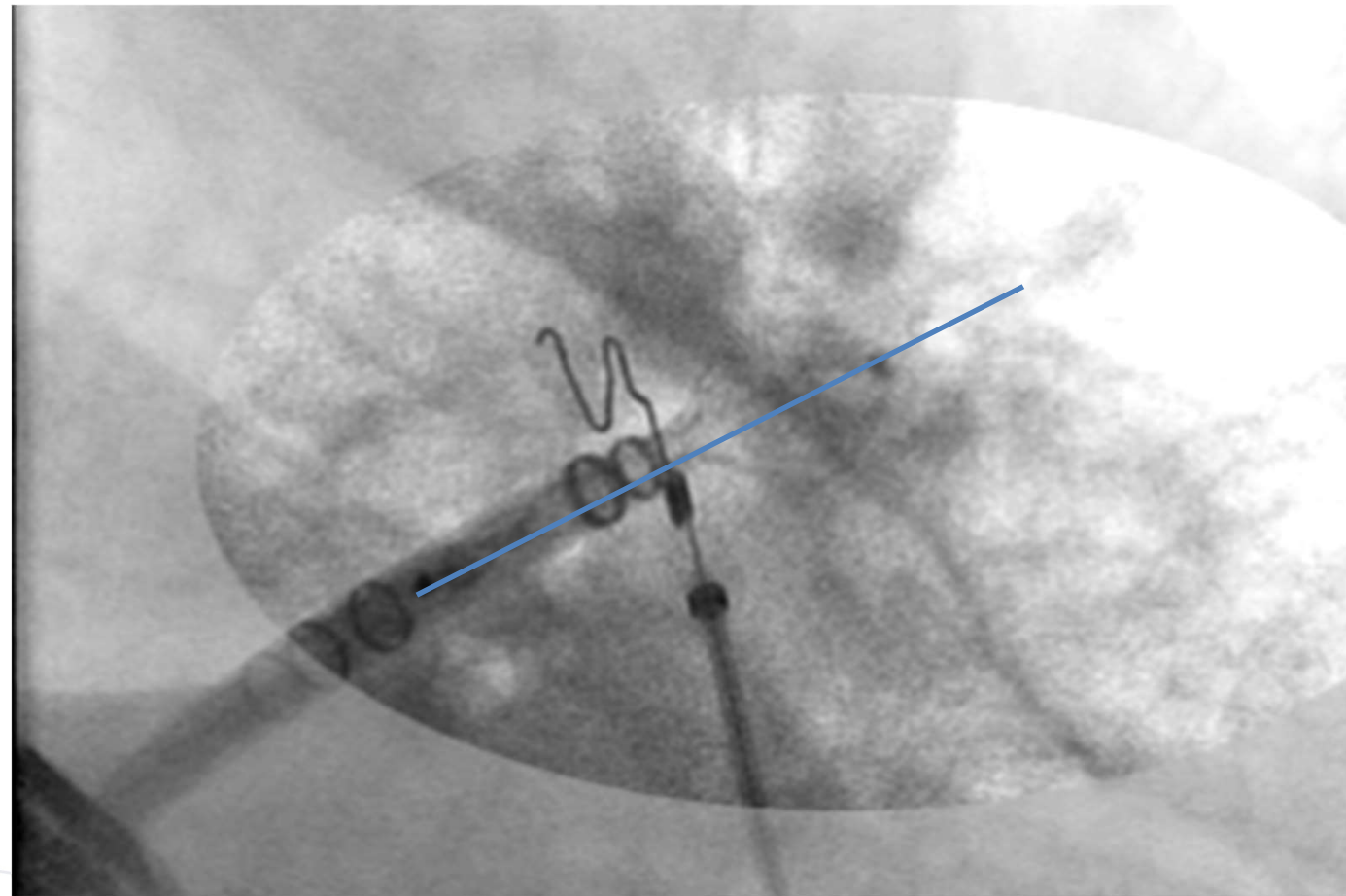


- 1) Neutral orientation of Sheath
- 2) Mid to Anterior Stick
- 3) Aim for Shoulder (not wing)
- 4) Size device to achieve compression of 10-15 %

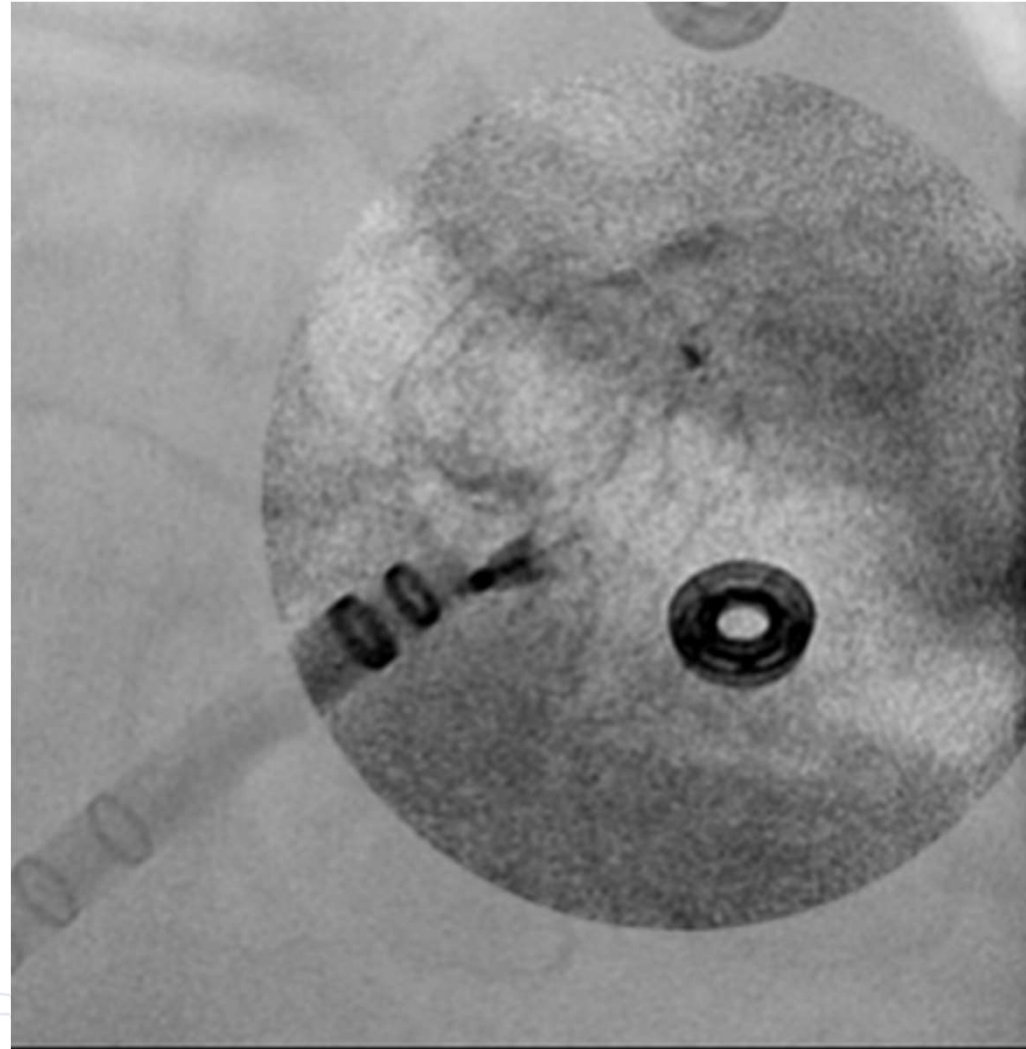
Anteriorly Directed Sheath Placement and Deployment



Sheath in a Neutral Orientation – Aimed at Shoulder



Final Position



Key Tips to Remember

- During deployment observe FLX ball (nose)
- Advance core knob for compression
- Unsheath to maintain coaxial delivery
- Distal marker band should not come proximal to the ostial line
- Anterior chicken wing morphologies – Aim for the shoulder

WATCHMAN™ FLX LAA Closure Device Implanter Experience

Improved Handling and Greater Control

- Smooth partial and full recaptures
- Rapid adjustment of device position in FLX ball configuration
- Challenging anatomies (chicken wings, whale tails, broccoli) with shallow depths
- Ability to push the device into tight spaces

Conforming design

- Conforming design of device – fewer gaps at time of deployment

Less Stress

- Manipulation of Flex Ball is atraumatic and allows for controlled deployment of device
- Double row of anchors readily fixates device

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