**Joey Wahler:** Well, the average person with atrial fibrillation and irregular heartbeat, also called AFib, is far more likely to have a stroke than someone with irregular heartbeat. But now, there's an implant that helps reduce AFib stroke risk, which has benefited many. So we're discussing that implant called the Watchman.

The Memorial Health System is proud to feature our doctors and staff in this important podcast series. It's Memorial Health Radio. Here's Joey Wahler.

**Joey Wahler:** This is Memorial Health Radio sponsored by Memorial Health System Ohio. I'm Joey Wahler. Our guest, Dr. Maninder Bedi, a clinical cardiac electrophysiologist for Memorial Health. Dr. Bedi, thanks for joining us.

**Dr. Maninder Bedi:** Thanks, Joey. Thank you for having me.

**Joey Wahler:** So first, simply put, how or why exactly does AFib increase risk of stroke?

**Dr. Maninder Bedi:** That's a good question, Joey. Atrial fibrillation in simplistic terms is an irregular heartbeat that comes from the top left chamber of your heart. And when the heart becomes irregular, there's a specific part of the heart, which is called the left atrial appendage, starts to form clots. So the more irregular your heart becomes, the blood in simplistic terms starts shaking. And with the shaking and stirring effect, clots start happening in that part of the heart, which I just told you, that appendage. So the goal is to keep your heart in rhythm, which is your normal sinus rhythm as much as we can. And the longer you stay in atrial fibrillation and more atrial fibrillation you have because of the stirring and shaking phenomenon, the risk of clot increases. And once there's a clot in the heart, if it dislodges, which is most likely to happen, it can cause a stroke.

**Joey Wahler:** Now, from what I understand for some patients at risk of stroke, because of AFib, blood thinners can be effective, but those can cause bleeding, so they're not for everyone, right?

**Dr. Maninder Bedi:** And that's correct, Joey. If you have atrial fibrillation and we look at patients on a case to case basis, we look at every individual patient and most of them will need a blood thinner if they have atrial fibrillation. And as of now, the standard of care is to use blood thinners on people who have atrial fibrillation. However, there are some patients like you described who cannot take a blood thinner because they bleed. And that's a significant amount of patients, usually 2% to 5%, maybe sometimes more, who will have bleeding with blood thinners. In these patients, you know, even if we stop the blood thinner, historically we've stopped the blood thinners in them, but then the risk of stroke increases. So now, we have this device called the Watchman, which we use in these patients. It's an implantable device. So once we implant this device, it decreases their stroke from atrial fibrillation.

**Joey Wahler:** So you led me beautifully into my next question. As an alternative, there is the Watchman, one-time implant. From what I understand, it's about the size of a quarter. Who's a candidate for this and how does this work?

**Dr. Maninder Bedi:** So the Watchman, like you described, I call it an acorn-like device. And what we do is we go through the groin in patients. And then we go into the part of the heart, which I had previously mentioned called the left atrial appendage. And we put this acorn-like device in that appendage and it basically plugs up the appendage. So once the appendage is plugged up, it takes around three to six months for the device to heal, the heart kind of grows over it. And once the heart grows over it, then we stop the blood thinners in these patients. So currently, the device is approved by the FDA. I think we've started doing them in Marietta. We've done, I think, 12 or 13 devices, as of now. I'm not sure of the count. We use it for patients who are unable to take a blood thinner for any risk of bleeding or potential bleeding. So the Watchman is reserved for people who cannot take a blood thinner currently, but there are also a lot of studies going on to see if patients can have the device implanted like a one-time implant and not take the blood thinners on a regular basis. But those studies are ongoing. From what I understand, the results are promising, but nothing has been officially released.

So to answer your question, the Watchman, it's a very simple procedure. It takes probably an hour to do. A lot of patients can go home the same day or stay the same night. And then we monitor them. And within three to six months, we stop their blood thinners and we usually reserve it only for patients who cannot take blood thinners for any reason currently.

**Joey Wahler:** And so what do patients after having this implant done typically do during the course of those several months you mentioned before it completely takes effect?

**Dr. Maninder Bedi:** So they go back on the blood thinner that they were on and usually for three months. And after three months, we do a test called a transesophageal echocardiogram where we put a probe down through your throat into your mouth. And we look at the heart from the back and to make sure that this Watchman device is healed properly. And once it's healed, then we'll stop the blood thinners. And we still leave them on aspirin and another blood thinner called Plavix for a few more months, and then repeat the test again. And usually within six months, if everything is healed, we stop all the blood thinners and leave them on aspirin.

**Joey Wahler:** And you alluded to it a moment ago, but expand a little bit, if you would, on the fact that the vast majority of patients that were on blood thinners and have had the Watchman procedure are then able to get off of them entirely, right?

**Dr. Maninder Bedi:** That is correct. Yeah. So I think when I was reviewing the literature a few days ago, almost 95% to 97% of people will be able to get off blood thinners within six months. For some patients, we may leave them on a baby aspirin for long-term, but a lot of these patients have been taking aspirin for a long time, but the other stronger blood thinners will pretty much be stopped within six months. That's correct.

**Joey Wahler:** How about, is there any one that isn't a candidate for this implant?

**Dr. Maninder Bedi:** Technically, everybody can be a candidate if they have bleeding, but sometimes if the risk is a little too high and, you know, the question is, will they be able to tolerate the surgery? If they can tolerate the surgery, which is what we have in Marietta, we do a clinic called the Watchman Clinic. And then we have Dr. Jones who sees all our patients in the Watchman Clinic. And if they're a candidate, or if any of the doctors think that a patient may benefit from a Watchman, they usually go to this Watchman Clinic and then Dr. Jones who's our non Nunez cardiologist sees the patients and then kind of there's a checklist she goes through to make sure that you will be able to tolerate the surgery, that you are a candidate for Watchman. And then she does, what we call shared decision-making with the patient. And then they decide that the patient is a candidate. And then we go in and do the Watchman procedure.

Most people, to answer your question, will be candidates for Watchman if they cannot take blood thinners. But on a case by case basis, sometimes we do say no, because we don't think they may tolerate it. But also at the same time, it's just we are taking in consideration that risk of the procedure, because even though it's a simple procedure and it's a same-day procedure most of the time, there are also certain risks involved. And I think the rejection rate, maybe around 20% of people may not be able to get it done because the risk of surgery is maybe too high.

**Joey Wahler:** And speaking of surgery, doctor, how about some of the concerns that people often have with most surgery? What about the amount of pain, scarring, recovery time, things like that?

**Dr. Maninder Bedi:** When I was saying the surgery is minimally invasive, it's like a heart catheterization. A lot of the patients who get Watchman devices have pretty much had a heart catheterization sometime in their lifetime. The procedure is very simple. They come to the hospital. We get into your vein, through the groin. Then we track the catheters up into your heart, and then we deal with the device into your heart. And then we stitch the way in back up. So usually once the patients are back to their room, within an hour, they're up and about and talking. And after two hours, we make them walk. And if they do well, they can go home later in the day.

So the procedure, what we define as minimally invasive, the risks are actually very low, I think it's almost less than 1% of anything happening in these patients And the pain that we talked about, there's minimal pain, that the pain is only from the little bit of access we take from the groin. The pain is very minimal. Usually most people, we do give them pain medicines, but I think over 70%, 80% patients will never even take any pain medicines. A couple of days of Tylenol takes care them.

**Joey Wahler:** And recovery time after the procedure?

**Dr. Maninder Bedi:** Like I said, they're may be sore for a few days in the groin. By standards, we tell them to take it easy for a week. But pretty much when they go home, the device is going to heal on its own and they'll be sore in their groin for a few days. But I suspect within a week, they'll be back to normal.

**Joey Wahler:** Now, risk of stroke aside, because we've covered that, people with irregular heartbeat often have their lifestyle affected in various ways when it comes to activities and such. So what are some of the things that can be adversely effective if you have that condition, doc? And then how are they regained by virtue of Watchman?

**Dr. Maninder Bedi:** The commonest cause of atrial fibrillation is age. And as you age, the risk of atrial fibrillation and amount of atrial fibrillation you have starts increasing. And we've noticed as people's atrial fibrillation increases, most people get very short of breath. They get very tired. The heart rate is not controlled. Sometimes they may require pacemakers because the heart does get very slow. But then we have to put them on strong medicines to control their atrial fibrillation. And if these medicines don't work, we have procedures called ablations. We can go out and do an ablation for atrial fibrillation to get the patients back in rhythm. Sometimes we use stronger medicines. A lot of times, we do a lot of ablations in these patients to get them back in rhythm, which we do at Marietta Hospital. I'm sure if any of your listeners are hearing this, there will be some patients who have had these ablations at Marietta and we get their heart back into rhythm. If the atrial fibrillation continues for a long time, a lot of the quality of life is severely impacted in these patients. Also, the heart muscle can get very weak. You can develop congestive heart failure. We've always talked about strokes. A lot of them will end up with pacemakers. So ignoring atrial fibrillation, there a lot of long-term side effects, which happens with the heart that we try to prevent by keeping them in rhythm.

**Joey Wahler:** And so by getting this procedure, just to sum up here, some of the things that people were able to do before in terms of stamina, maybe walking as you get older, other activities, I would imagine improve significantly, especially over time after this procedure, right? And that's got to, I would guess, also improve someone's confidence as well to go out and do their thing, right?

**Dr. Maninder Bedi:** You're absolutely right. I mean, the quality of life after these procedures significantly improves in patients and we tell people, you know, my role is two-fold. Number one, I want you to live longer, but I also want you to feel much better while you're living. And so the procedures we've talked about will make you feel better. There's also so much data out there that it will make you live longer. So I think for atrial fibrillation patients, that kind of becomes the holy grail, that it makes you feel better and live longer.

**Joey Wahler:** The holy grail. Well put as we wrap things up, doctor. So to improve your quality of life and reduce your risk of stroke from an irregular heartbeat, the Watchman could be a great option for you. Dr. Maninder Bedi. Thanks so much again.

**Dr. Maninder Bedi:** Thank you very much. Thanks for having me.

**Joey Wahler:** And for more information, as well as to connect with one of the Memorial Health System's providers, please visit mhsystem.org. Please remember as well to subscribe, rate, and review this podcast and all the other Memorial Health System podcasts. And if you found this program helpful, please do share it on your social media. And thanks for listening to Memorial Health Radio sponsored by Memorial Health System Ohio. Hoping your health is good health, I'm Joey Wahler.