

YOUR VALUES
YOUR PREFERENCES
YOUR CHOICE

Allina Health 

Atrial Fibrillation and Options to Reduce Your Risk of Blood Clots and Stroke

Anticoagulant Medicine and Left Atrial Appendage Occlusion Device



Understanding Your Heart and Blood Clots

Your Options

You have two treatment options to reduce your risk of blood clots and stroke. Your options will depend on your needs. You may choose to use one or both of the following:

- medicine (see page 4)
- left atrial appendage (LAA) occlusion device (to close the LAA) (see page 4).

Together, you and your cardiology care team will decide which options are safe for you and decide how to best reduce your risk of blood clots. This decision will be based on the benefits and risks of each option and your values and preferences. You can change your mind at any time.

Your Heart

Your heart is a muscle that pumps oxygen-rich blood to your body and brings oxygen-poor blood back to your heart and lungs.

The heart is divided into four chambers:

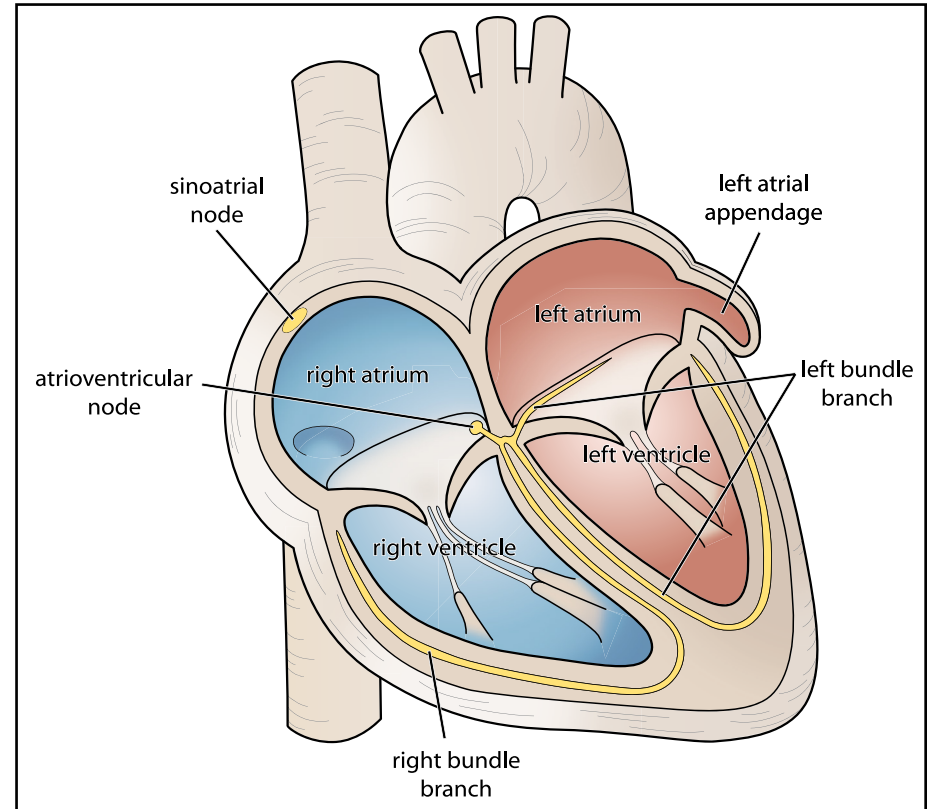
- two upper chambers (atria)
- two lower chambers (ventricles).

Your heart has an electrical system that causes these chambers to contract, or beat.

The wall of your left atrium has a small pouch called the LAA.

Atrial Fibrillation and Blood Clots

You have atrial fibrillation. Atrial fibrillation is one type of abnormal heartbeat that causes your heart to beat in an irregular rhythm.



© Allina Health System

Labeled parts of your heart.

In atrial fibrillation, the upper chambers don't fully contract (squeeze together). This may cause blood to pool in the LAA and blood clots may form.

- If the blood clot travels out of the left atrium to your brain, it can stop the flow of oxygen-rich blood to part of your brain, causing a stroke.
- If a blood clot travels out of the left atrium, it can also cause problems with blood flow in other areas of your body.

Your Risks for Blood Clots and Stroke

Certain risk factors increase your chance of having a blood clot and stroke. Check the box on the left for each risk factor that applies to you. **Count the total points for each check mark.**

	Risk Factor	Points
<input type="checkbox"/>	woman	1
<input type="checkbox"/>	age 65 to 74	1
<input type="checkbox"/>	age 75 or older	2
<input type="checkbox"/>	diabetes	1
<input type="checkbox"/>	high blood pressure	1
<input type="checkbox"/>	heart failure	1
<input type="checkbox"/>	stroke or blood clot	2
<input type="checkbox"/>	vascular disease (heart attack, peripheral arterial disease, aortic plaque)	1

_____ = Total

Use your total number of points to find your possible risk of having a stroke if you don't use treatment to lower your risk.

Your Total	Your Stroke Risk Each Year
0	About 0 out of 100 people will have a stroke.
1	About 1 out of 100 people will have a stroke.
2	About 2 out of 100 people will have a stroke.
3	About 3 out of 100 people will have a stroke.
4	About 4 out of 100 people will have a stroke.
5	About 7 out of 100 people will have a stroke.
6 to 9	About 10 to 15 out of 100 people will have a stroke.

Treatment Options

Anticoagulant Medicine

Your cardiology care team may suggest you take anticoagulant medicine (known as blood thinners). Anticoagulants are used to slow down the clotting of your blood.

This may help prevent blood clots from forming and reduce your risk of stroke.

Anticoagulants increase your risk of bleeding. There are some things that may increase your risk, such as:

- high blood pressure that is not under control
- abnormal kidney problems
- abnormal liver problems
- a high risk for falling or getting injured
- a history of bleeding.

There are many types of anticoagulants, such as warfarin (Jantoven[®]), apixaban (Eliquis[®]), rivaroxaban (Xarelto[®]), dabigatran (Pradaxa[®]) and edoxaban (Savaysa[®]).

Your cardiology care team will help decide what medicine is best for you and monitor this medicine.

Check with your insurance provider about coverage for anticoagulant medicine.

LAA Occlusion Device

Your cardiology care team may suggest you have a procedure to implant a LAA occlusion device. This small device is placed in your left atrium to close the opening of the LAA.

This may help prevent blood clots that form in your LAA from traveling to another part of your body. This may reduce your risk of stroke.

During the procedure, a long, narrow tube (catheter) is inserted through a vein in your groin, neck or both and guided to your heart. The device travels through the catheter and is implanted in your heart. You will receive general anesthesia to block the feeling of pain and put you to sleep during the procedure.

If you are currently taking an anticoagulant, you will need to keep taking it after your surgery. You and your cardiology care team will talk about if it is safe for you to stop taking your anticoagulant.

Do not stop taking your anticoagulant after the procedure without first talking with your cardiology care team.

Check with your insurance provider about coverage for getting a LAA occlusion device.

Benefits and Risks

	Benefits	Risks
Anticoagulant Medicine	<ul style="list-style-type: none"> ■ It helps prevent blood clots from forming. ■ It helps reduce your stroke risk. ■ You will not have a procedure. ■ You will not have a hospital stay. 	<ul style="list-style-type: none"> ■ You will have an increased risk of bleeding. This bleeding can range from mild (barely noticeable) to severe (life threatening). You may bleed from cuts, nosebleeds and brushing your teeth. You may also bruise more easily and have blood in your stool or urine. ■ You may have some food and drink restrictions. This will help make sure your medicine works well. ■ You may need regular tests to make sure you are taking the right amount of medicine. ■ If you are pregnant or may become pregnant, there are risks to your unborn baby. You may need to stop your medicine if you are pregnant or may become pregnant. ■ You risk having an incomplete or conflicting treatment plan if you do not tell your health care providers when you start, stop or change the doses of herbal products and other medicines you take.
LAA Occlusion Device	<ul style="list-style-type: none"> ■ It helps prevent blood clots that form in your LAA from traveling to another part of your body. ■ It helps reduce your stroke risk. ■ You may not need to take anticoagulant medicine if you currently take one. 	<ul style="list-style-type: none"> ■ You will have a procedure. ■ You will be in the hospital for 1 night. ■ There are risks of problems (complications) due to your procedure. Risks include infection, anesthesia problems and blood loss. ■ You will not be able to drive for 24 hours after your procedure. ■ Do not lift anything more than 10 pounds for 3 days after your procedure. (One gallon of milk is about 8 ½ pounds.) ■ You may need to take tests before and after your procedure to look at your heart or implant. ■ You should not have the procedure if you are pregnant. ■ You could still be at risk for blood clots if they form outside of the device. ■ You risk having an incomplete or conflicting treatment plan if you don't tell your health care providers you have this device. <ul style="list-style-type: none"> — It is important you tell your doctor or magnetic resonance imaging (MRI) technologist you have this device before any MRI. They will need to take special steps.

Comparing Your Options

Check the box next to any important items you prefer to help you compare the options. Count the number of boxes you checked. The option(s) with the most checks may be the best option(s) for you.

Anticoagulant Medicine	LAA Occlusion Device
<input type="checkbox"/> take medicine during your everyday routine as directed by your cardiology care team	<input type="checkbox"/> have a procedure to implant the device. If you currently take an anticoagulant, you will need to keep taking it until your cardiology care team tells you to stop taking it.
<input type="checkbox"/> no procedure	<input type="checkbox"/> have a procedure, be in the hospital for 1 night and have risks of problems (complications)
<input type="checkbox"/> can be used short-term or long-term	<input type="checkbox"/> long-term option. The device will be implanted for the rest of your life.
<input type="checkbox"/> increased risk of bleeding and bruising	<input type="checkbox"/> normal risk of bleeding and bruising
<input type="checkbox"/> you may have restrictions for eating, drinking and using tobacco products when taking your anticoagulant	<input type="checkbox"/> you will have driving and lifting restrictions for 1 or more days after your procedure
<input type="checkbox"/> you may need regular tests to make sure you are taking the right amount of medicine	<input type="checkbox"/> you may need to take tests before and after your procedure to look at your heart or implant
<input type="checkbox"/> you may need to stop your medicine if you are pregnant or may become pregnant	<input type="checkbox"/> you should not have the procedure if you are pregnant
<input type="checkbox"/> you need to tell your health care providers when you start, stop or change the doses of herbal products and other medicines you take	<input type="checkbox"/> you need to tell your doctor or magnetic resonance imaging (MRI) technologist you have this device before any MRI
_____ = Total	_____ = Total

Commonly Asked Questions

In general, how long is the hospital stay for the procedure?

Most people are in the hospital for 1 night.

Will I set off metal detectors in airports if I get the device?

No. The device will not set off metal detectors.

Does the device break down over time?

No. The device is not expected to break down or rust. It will not need maintenance.

Will the device need to be replaced?

No. The device will not need to be replaced. The device is intended to stay in your heart.

Can the device get dislocated or move after it is implanted?

The device is intended to stay in place for the rest of your life. It is unlikely that the device would move.

Whom should I call if I have questions or concerns?

Call your cardiology care team if you have any questions or concerns.

- Allina Health Minneapolis Heart Institute – Minneapolis: 1-855-644-4787 or 612-863-6775
- Allina Health Minneapolis Heart Institute – St. Paul: 651-290-0133 or 651-241-2969
- Metropolitan Heart and Vascular Institute at Mercy Hospital: 763-236-7459

Notes

My Preferences

Questions	My Thoughts
As you think about possible risks, what are your fears or concerns?	
As you think about both options, what are your hopes or goals?	
Are you clear about the benefits and risks of each option? What matters most to you?	
Which of these options, at this time, do you feel fits best with your treatment goals?	
Is there anything that may get in the way of you doing this?	
Do you feel you have enough support and information?	

My Preference at This Time

anticoagulant medicine LAA occlusion device

Next Steps

Questions for Your Cardiology Care Team

1. Are these treatments (anticoagulant medicine and the LAA occlusion device) both safe for me?
2. How long will I likely need to keep taking my current anticoagulant if I get the device?
3. What will happen if I need to stop taking my anticoagulant for a reason such as surgery or if I become pregnant?
4. How rare or common are the risks for the treatment I prefer?
5. How likely am I to benefit from the treatment I prefer?
6. When do I need to decide if I want to get the device?
7. How likely am I to have a blood clot or stroke if I do not use these treatment options?
8. What's the next step for me?
9. Other questions: _____

Notes

Next Steps

Questions for Your Insurance Provider

It is important for you to understand your health care benefits as you make your treatment decision.

Please call your insurance provider and find out exactly what is and isn't covered under your plan, and how much you have to pay yourself. Look for the telephone number on your membership card.

1. Will this treatment be covered?
2. Are there specific requirements or criteria that my health care team, hospital or I must meet to receive coverage?
3. How much will I need to pay for this treatment?
4. Does my hospital stay need to be pre-approved? yes no
If yes, who should pre-approve my hospital stay?
What do I need to do to receive the pre-approval?
5. Will more hospital days be covered if there are problems (complications)? yes no
If yes, how many extra days are covered and at what rate of coverage (percentage)?
6. Other questions: _____

Notes

Allina Health Account

Sign up for an Allina Health account online to get:

- better communication with your clinic, hospital and provider
- faster answers
- online access to you and your loved one's health information anytime.

With your account, you can:

- read visit notes and follow-up instructions
- view and pay bills
- refill a prescription
- view immunizations and medicines

- set and track health goals
- receive lab results sooner
- do an online visit for common conditions
- manage another person's care
- write a health care directive
- email your care team*
- schedule appointments*.

Sign up for a secure account online at allinahealth.org.
Your account is a free service of Allina Health.

**Availability varies by location. Ask your clinic or hospital if this service is available.*

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex.

Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-506-4595.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-506-4595.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-506-4595.



allinahealth.org