Atrial fibrillation (AF) is the most common cardiac arrhythmia, affecting more than 33 million people worldwide. The most serious consequence of AF is ischemic stroke.

Data show that more than 90 percent of clots found in the left atrium are formed in the left atrial appendage (LAA).

Oral anticoagulation is the gold standard for stroke prevention in AF patients who are at increased stroke risk.

However, many patients are not willing or able to take blood-thinning medication due to risk of bleeding, risk of falls and/or patient preference.

Furthermore, lapses or cessation of anticoagulant medication greatly increase the likelihood of stroke during the period of time a patient is not adequately anticoagulated.

Johns Hopkins now has new options for stroke prevention in AF patients at increased risk of stroke who are unwilling or unable to take anticoagulation medication.

To explore if your patients are eligible, call 443-287-3471.
Johns Hopkins Left Atrial Appendage Occlusion Program

Several new, minimally invasive procedures can significantly reduce the risk of stroke in AF patients. At Johns Hopkins, a team of physicians is available to evaluate and care for patients who might benefit from closure of their LAA to reduce stroke risk.

Who is eligible?
Patients diagnosed with atrial fibrillation who:
1. Are at increased stroke risk based on their CHADS2 or CHA2DS2-VASc risk scores.
2. Have reasons to avoid anticoagulant medication due to bleeding risk, risk of falls or patient preference.

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