

# Women with Atrial Fibrillation (AFIB)



Millions of women in the U.S. suffer from AFib, the most common heart rhythm disorder.



Women with AFib are more likely to have a stroke than men<sup>1</sup>.

## Women with AFib:



Are at a 2x risk of death compared to men.<sup>1</sup>



Often suffer from atypical symptoms, which may result in misdiagnosis or delayed diagnosis.<sup>1</sup>



Report worse quality of life and more frequent depression than men.<sup>1</sup>

## Ask your doctor about the best treatment option for your AFib

If medications don't work or give you negative side effects, ask your doctor about **catheter ablation**. Catheter ablation is a minimally invasive, outpatient procedure that may:



Improve quality of life<sup>1</sup>



Provide symptom relief<sup>1</sup>



Reduce risk of stroke<sup>2</sup>

1. Darae Ko, Faisal Rahman, Renate B. Schnabel, et al. Atrial fibrillation in women: epidemiology, pathophysiology, presentation, and prognosis. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5579870/#SD1>. Published April 7, 2016. Accessed February 2021. 2. Hugh Calkins, Gerhard Hindricks, Ricardo Cappato, et al. 2017 HRS/EHRA/ECAS/APHS/SOLAECE expert consensus statement on catheter ablation and surgical ablation of atrial fibrillation. 2017. 3. De Greef Y, Schwagten B, Chierchia GB, De Asmundis C, Stockman D, Buyschaert I. Diagnosis-to-ablation time as a predictor of success: Early choice for pulmonary vein isolation and long-term outcome in atrial fibrillation: Results from the Middelheim-PVI Registry (2019).1275-1285.

As with any medical treatment, individual results may vary. Only a cardiologist or electrophysiologist can determine whether ablation is an appropriate course of treatment. There are potential risks including bleeding, swelling or bruising at the catheter insertion site, and infection. More serious complications are rare, which can include damage to the heart or blood vessels; blood clots (which may lead to stroke); heart attack, or death. These risks need to be discussed with your doctor and recovery takes time. The success of this procedure depends on many factors, including your physical condition and your body's ability to tolerate the procedure. Use care in the selection of your doctors and hospital, based on their skill and experience.

THERMOCOOL® Navigation Catheters are indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® 3 Systems (excluding NAVISTAR® RMT THERMOCOOL® Catheter). The THERMOCOOL SMARTOUCH® SF Catheter is indicated for drug refractory recurrent symptomatic persistent atrial fibrillation (AF) (continuous AF > 7 days but < 1 year), refractory or intolerant to at least I Class I or III AAD, when used with the CARTO® 3 System. Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, warnings and precautions. Caution: US law restricts this device to sale by or on the order of a physician.

Biosense Webster, Inc., 31 Technology Drive, Suite 200, Irvine, CA 92618 USA | Tel: +1-909-839-8500 | Tel: +1-800-729-9010 | [www.biosensewebster.com](http://www.biosensewebster.com)  
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