

MEETING ABSTRACT

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Destination Therapy with the magnetically levitated HVAD

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From World Society of Cardiothoracic Surgeons 25th Anniversary Congress, Edinburgh
Edinburgh, UK. 19-22 September 2015

Background/Introduction

Destination therapy (DT) with mechanical circulatory support (MCS) for advanced-stage heart failure patients is an alternative therapy when there is no option of eventually providing the patient with heart transplantation. New generation magnetically levitated pumps encourage a broader use of DT.

Aims/Objectives

Aim of this study was to analyze follow up complications and survival after DT with MCS.

Method

13 consecutive patients at our hospital were included in this study. Only adult patients with magnetically levitated HeartWare® LVADs were included in this study. We analyzed the indication and outcome of LVAD destination therapy assessing risk profile, INTERMACS classification, complication rates, and survival after LVAD implantation (cut-off 30/06/2014).

Results

Our data show preoperative values including age [67.1 y+5.0 y] and INTERMACS classification [range 2-4]. The indication for DT includes old age, compliance problems, and severe comorbidities. Outcome data demonstrate a low 30-day mortality in elective DT patients (100% survival). Mean follow up after permanent HeartWare implantation was in average 544 days (range, 160-1512). 1 year survival after DT with HeartWare was 83.3%. Most frequent complications include bleeding and stroke (1 GI-bleeding, 1 permanent stroke, 1 recovered from SAB, 1 sternal wound infection). Using HeartWare as DT LVAD

lead to reduction of required INR and hereby reduction of complication rate.

Discussion/Conclusion

Destination therapy with magnetically levitated HeartWare LVAD is associated with lower in-hospital mortality compared to heart transplant patients. Long-term survival after destination therapy is possible. Especially new magnetically levitated pumps with lower INR required might help to further reduce LVAD complications

Published: 16 December 2015

doi:10.1186/1749-8090-10-S1-A287

Cite this article as: Heim et al.: Destination Therapy with the magnetically levitated HVAD. *Journal of Cardiothoracic Surgery* 2015 10(Suppl 1):A287.

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