Emory Advanced Heart Failure Therapy Team

EMORY SAINT JOSEPH'S HOSPITAL

Cardiologists Donald E. Jansen, MD David Markham, MD Anand Shah, MD

Cardiac Surgeon Jeffrey Miller, MD

EMORY UNIVERSITY HOSPITAL AND EMORY UNIVERSITY HOSPITAL MIDTOWN

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Cardiac Surgeon J. David Vega, MD, Surgical Director, **Emory Heart Transplantation**

To refer a patient to the Emory Advanced Heart Failure Therapy program, please call **404-778-5050**.

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Emory Heart & Vascular Center Transfer Service 404-778-4930

Emory Physician Consult Line 404-778-5050

Emory HealthConnectionSM 404-778-7777 (Patients)

emoryhealthcare.org/rightdirection

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Acute Heart Failure Patient Gains New Heart, New Life

and Heart Transplant

A 51-year-old male from Savannah, Georgia, with a prior history of myocardial infarction at age 37, required emergency coronary bypass grafting after failed percutaneous intervention due to a coronary dissection. The patient developed cardiogenic shock and was unable to be weaned from cardiopulmonary bypass at the medical center in Savannah. The local team contacted Emory, prompting cardiac surgeon J. David Vega, MD, to consult with the director of the Emory Extracorporeal Membrane Oxygenation (ECMO) Center, James Blum, MD. The Emory ECMO critical care team reached the referring hospital by Life Flight, converted the support to the Emory ECMO device and flew with the patient to Atlanta. Three days later, a Heartmate II Left Ventricular Assist Device (LVAD) was implanted for chronic mechanical circulatory support as life sustaining therapy. The patient was discharged four weeks later.

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HEALTHCARE

Emory Provides Short- and Long-term Solutions with ECMO, VAD



New Heart, New Life continued

Six months after LVAD implantation, the patient developed device dysfunction due to thrombosis of the outflow graft. This was able to be successfully treated by the Emory structural cardiology team through a stent graft procedure. He was later hospitalized briefly due to recurrent shocks for ventricular tachycardia. In addition, a stroke with partial right upper extremity weakness further complicated the patient's condition. Following the structural cardiology team's intervention on the outflow graft, the patient was discharged. The patient was briefly hospitalized due to recurrent shocks due for ventricular tachycardia after a year.

Ventricular Assist Device

Emory cardiac surgeons implanted Georgia's first durable ventricular assist device (VAD) in 2006. Since the number of heart transplantations is limited by donor availability, VAD offers a new and viable option for patients with severe heart failure and can provide a significantly improved quality of life. A patient may be ineligible for transplantation for a variety of reasons, including personal or religious beliefs, cancer, blood clotting problems and other debilitating health conditions.

In this patient, weight and substance use were contraindications that temporarily disqualified him from being listed for heart transplant, but after lifestyle changes, he was added to the cardiac transplant waiting list. During this time, VAD acted as the bridge to heart transplantation.

Heart Transplantation and Follow-Up

The patient was readmitted to Emory University Hospital when a donor heart became available. The patient's LVAD and Implantable Cardioverter Defibrillator (ICD) were explanted and the transplantation was performed by the heart transplant team. The patient went home 16 days after the transplant procedure. Now, almost two years post-transplant, the patient is leading an active life and doing well. He recently returned from a vacation to Disney World.

Refer Your Patient

Our Heart Failure Therapy & Transplantation Team is dedicated to providing unparalleled evaluation and management for adult patients in various stages of heart failure. Those with advanced symptoms may be evaluated for cardiac transplantation, VAD therapy or investigational drug therapy.

If your patient has heart failure and you would like a second opinion or to refer him or her for heart transplantation or VAD therapy, consider referring to our highly specialized team.

Early referrals before a patient becomes critically ill help facilitate planning for optimal outcomes.

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Emory HealthConnection [™] (patients):	404-778-7777
For urgent patient transfers, please call the	
Emory Transfer Service:	404-778-4930.

Emory Acute Heart Failure Capabilities

Emory can provide your patients with complete, collaborative care for acute heart failure:

• Extracorporeal Membrane Oxygenation (ECMO). Emory's ECMO team manages cardiogenic shock at our hospitals or can travel to other medical centers. Within two hours of a referral, the team is activated and can facilitate a patient's transfer to Emory by Life Flight or ambulance from another hospital. The Emory ECMO Center uses a collaborative, multidisciplinary, team of advanced practitioners, nurses, perfusionists, and respiratory therapists in the management of patients that have profoundly complex critical illness.

We have also used ECMO in situations of acute heart failure as a bridge to recovery. Patients have been successfully transported from as far away as Las Vegas, some able to walk out of the hospital after recovery from acute cardiac failure.

• Ventricular Assist Device (VAD). Emory offers VAD as both a bridge to transplant and a destination therapy that extends a patient with heart failure's life expectancy. Emory was the first to use VAD as a "destination therapy" in Georgia. Destination therapy provides long-term support in patients who are not candidates for transplant. In 2017, Emory implanted 53 cardiac VADs. Emory's VAD program has received the "Gold Seal of Approval" from The Joint Commission. It is two of only four certified programs of its kind in Georgia – and one of approximately 140 centers in the United States.

• Heart Transplantation. Emory surgeons have performed more than 825 adult heart transplants, with 39 in 2017, and more than 360 pediatric heart transplants*. Data available at srtr.org indicates most recent one-year survival rate at 92.90 percent and the three-year survival rate at 81 percent.

*Data available at unos.org