

Cardiac transplant/VAD evaluation



**Ascension
St. Vincent**



Patient name: _____

Coordinator: _____

Ascension St. Vincent
Cardiac Transplant/VAD Services
8333 Naab Road, Suite 300
Indianapolis, IN 46260
317-338-6499

Table of contents

Evaluation process	1
Team members	
Testing process	3
After the evaluation is complete	5
Ventricular assist device (VAD)	6
VAD components	
Care of VAD	
Waiting for a transplant	7
United Network for Organ Sharing (UNOS) categories	
Accepting a heart offer	8
Surgery	9
Risks of surgery	10
Post-surgical care and recovery	11
Medications for life	12
VAD recipients	
Transplant recipients	
Preparing yourself.....	14
Questions for the Transplant Center and team	15
Transplant candidates	
VAD candidates	
Notes	16

Evaluation process

To make sure a transplant or ventricular assist device (VAD) is the best treatment for you, we must complete an evaluation including tests, procedures, doctor visits and a review of your case by our selection committee. The evaluation process can be very stressful for patients and family members, which is why a coordinator will be assigned to you to help guide you through each step. The transplant/VAD team members will work together with you to determine the right treatment for you. This may include a VAD, a transplant or continued medical management. In some cases, patients may need a VAD before a transplant. Your coordinator and cardiologist will discuss the decision with you, and help you with the next step.

Team members

Cardiac VAD/transplant surgeon

- Meets with you as part of evaluation
- Discusses the risks and benefits of surgery
- Discusses how this decision will affect you and your lifestyle

Advanced heart failure cardiologist

- Provides medical management/guidance of your cardiac disease
- Presents your case to the selection committee to determine if you are a candidate for a VAD or transplant
- Provides your follow-up care

VAD/transplant coordinator

- Assists you with scheduling of appointments and testing
- Provides education to you and your family and/or caregivers
- Assists with communication between doctors, you and your family
- Makes recommendations based on testing results and/or medical records for further testing

"The Ascension St. Vincent Heart Transplant Team performed my heart transplant on 5/7/16. I had spent the previous 3 months in the hospital, and during that time I felt like I became part of the Ascension St. Vincent family. An extended hospital stay of that length can be arduous, but it almost felt as if my wife and I had been adopted by the staff caring for me; from the maintenance folks to the aides, nurses and doctors. Because of their excellent skills and the incredible gift from my donor and his family, I have had the opportunity to see both of my children graduate from college, walk my daughter down the aisle at her wedding, visit Europe for the first time with my wife, serve as a minister at the renewal of the wedding vows of some good friends, and had many other incredible experiences that I would have never had the opportunity to enjoy. I stay in touch with and will always have strong feelings for several of my Ascension St. Vincent family members. They were, are now, and will always be a part of my family."

- **Bob C.**

Heart Transplant - May 2016

You will be assigned a new coordinator once you have surgery.

Post-VAD coordinator

- Specially trained in VAD management
- Provides you with additional education on equipment and medications throughout your hospital stay
- Point of contact after discharge, similar to the role of your pre-coordinator

Post-transplant coordinator

- Specially trained in cardiac transplant management
- Provides you with additional education on medication and lifestyle changes throughout your hospital stay and transplant
- Your point of contact after discharge, similar to the role of your pre or post VAD coordinator

Social worker

- Evaluates your support system. A strong support system is vital to patients for a successful recovery.
- Performs a psychosocial evaluation
- Determines your ability to cope with the stress of VAD/transplant
- Determines your ability to follow your treatment plan
- Performs a home assessment to assure you have everything you need to safely transition home
- Works with the financial coordinator to determine financial needs:
 - How you can best afford the cost of your medical treatment, including medications
 - Assists with paperwork for disability or supplemental insurance

Financial coordinator

- Reviews your insurance and determines your eligibility coverage for VAD/transplant
- Helps you understand your financial obligations and options that may exist for additional insurance coverage
- Helps you understand your current insurance coverage
- You must inform the financial coordinator of any changes to your insurance plan throughout your entire time as a VAD/transplant patient

Pharmacist

- Provides education on your medications and schedule, including side effects and risks
- Reviews your current medications and discusses the importance of maintaining a consistent medication schedule
- Discusses the risk of VAD complications or transplant rejection if you do not follow your medication schedule

Registered dietitian

- Performs a nutritional assessment
- Performs a 24-hour food recall to assess educational needs
- Provides healthy-eating education and requirements to maintain a healthy weight and lifestyle

“On October 10th, 2015 I received my LVAD. I put everything in God’s hands and he took very good care of me. Since then, my wife and I have traveled a lot on our motorcycle. My advice to future VAD patients is to not become a couch potato! Stay active. Whatever your hobby is you can still do it aside from swimming. If you have your head on straight, the pump will work. It may not be easy at first, but it does work! Put your faith and trust in God, and he will take care of you.”

- Jerry C.

LVAD HM3 - October 2015, HM3 - November 2020

Infectious disease specialist consult

- A doctor specially trained in the diagnosis and treatment of infectious disease
- Provides education surrounding infection risk for VAD and/or transplant
- Reviews labs and vaccination history to make recommendations on appropriate vaccinations prior to VAD and/or transplant
- Helps determine your risks for developing infections and appropriately treats you while your immune system is compromised after transplant or in the event you develop an infection while you have a VAD
- Our program requires a 2-step COVID vaccination series be completed in order to be eligible for transplant listing. The Hepatitis B vaccination series is highly recommended for patients who have not received the vaccination series or do not demonstrate immunity through titer/lab testing.

Psychiatrist (provided on an as-needed basis)

- Performs a psychiatric evaluation to determine if you are mentally prepared for the stress of a VAD or transplant
- Provides mental health support as needed

Palliative care specialist

- Provides specialized medical care for patients with serious illnesses
- Provides patients with relief from the symptoms of pain and stress of their illness
- Goal is to improve the quality of life for the patient and family.
- Provides support to you and your family and assists with the treatment options available for you

You may see an additional consultant if a specific need is identified during your evaluation.

Meeting the team

Your coordinator will call you and schedule a “meet the team.” You will meet with members of the VAD/transplant team, including nursing, dietary, social work, pharmacy and finance. Specific education related to your case and care will be discussed at this meeting. The meeting will last approximately 4-5 hours. If evaluation labs have not already been drawn, they will be drawn at the start of your appointment. We recommend you bring snacks and beverages as this is a long day of learning.

Testing process

Blood tests

- Helps to determine any problems in your blood and how well your organs are functioning
- Determines your blood typing for organ matching
- Screens for specific viruses, including HIV and hepatitis

Urine tests

- Screens for urinary tract disease, and drug/tobacco use

Chest X-ray

- Helps identify any problems with your heart or lungs

EKG/echocardiogram

- Shows how well your heart is beating, and assesses your heart’s structure and function

Cardiopulmonary stress test (MVO2)

- Assesses the amount of oxygen used by your heart and helps determine if a VAD/transplant will improve your symptoms

Right and left heart catheterization

- Measures the pressures inside your heart
- Assesses the status of the arteries that supply blood to your heart muscle
- Determines if your heart function necessitates a heart transplant, VAD or other medical options

Pulmonary function test

- Assesses your lung capacity, evidence of lung disease, and lung function

Chest CT

- Assesses the structures within the chest for problems

Colonoscopy (transplant only)

- Assesses for problems in the colon that may increase risks of colon cancer
- Performed in patients older than 45 or with a history of polyps

Carotid and lower extremity ultrasounds

- Assess arteries that provide blood supply to brain and legs to determine risk of stroke or clots

Mammogram and Pap smear (transplant — females only)

- Assess risk of cancer

Dental clearance

- Determines current infections that increase the risk of bacterial endocarditis (infection in your heart)
- All patients must receive clearance from their dentist before surgery

Selection committee

Your case will be presented to the transplant team members at the Cardiac Transplant/VAD Selection Committee meeting. These meetings are held weekly, and your case will be presented after all of the evaluation has been completed and your cardiologist determines you to be a possible candidate. At this meeting, each individual case is presented, reviewed and discussed by the team. Your candidacy for VAD/transplant is based on criteria established by the Ascension St. Vincent Cardiac Transplant/VAD Program. You will be notified by phone of the committee's decision within one business day.

One of the following decisions will be made:

1. You meet transplant criteria and are an acceptable transplant candidate. You will receive a certified letter in the mail, if approved for transplant listing, within 10 days of listing.
2. You are a potential transplant candidate and the final decision will be deferred until additional testing or lifestyle changes are completed. Your coordinator and social worker will work with you to complete these requirements.
3. You are a VAD candidate with potential to become a candidate for transplant with modifications to risk factors.
4. You are a VAD candidate, but do not and will not meet criteria for a transplant due to risk factors that can not be modified.
5. You do **not** meet transplant or VAD criteria and are **not** a candidate for advanced therapies. You will be notified by phone and receive a certified letter. You will continue to receive medical therapy.

Your testing will be scheduled by a coordinator. A complete schedule of testing will be provided to you when possible.

If you have any questions regarding the testing process, please contact your coordinator at **317-338-6499**.

After the evaluation is complete

Ventricular assist device as bridge-to-transplant or destination therapy

There are more people waiting for heart transplants than there are available hearts. Some patients are not transplant candidates because of their age or their current health. For these patients, a VAD or heart pump is an option.

The VAD's purpose is to improve quality of life by helping the heart pump blood to the rest of the body. By increasing blood flow to other organs, the function of these organs may improve. In addition, patients who were not considered transplant candidates before may become transplant candidates after implant.

Healthy lifestyle commitment

- Follow a healthy diet.
- Follow an exercise program.
- Remain free from alcohol, any smoking or tobacco activities, or drugs not prescribed by a doctor. This is required to remain active on the transplant list. If support is required to remain tobacco- or alcohol-free, please speak with your coordinator or social worker to help identify available services for you.
- Take medications as prescribed.
- Attend all of your appointments with the doctors.

In some cases, patients may be asked to sign a behavior contract for agreement of any of the above requirements. If you are found to be in violation of these requirements, your wait-list status can be affected.



"I was diagnosed with Congestive Heart Failure at 31. I thought I could live forever with my old heart. I got married in June of 2020 and my heart declined. I was blessed by Faith to receive a second chance six months later as my heart was very weak. I prayed for a great team, and here at Ascension St. Vincent my prayer was answered. They care about your health and make sure you are doing your best and receiving the best care possible! Things may be rough in the beginning, but just know it will be worth it all! There will be sunshine as you continue to heal! I am now able to be with my family and travel and do the purpose God has for me with my transplant!"

- Sharon C.

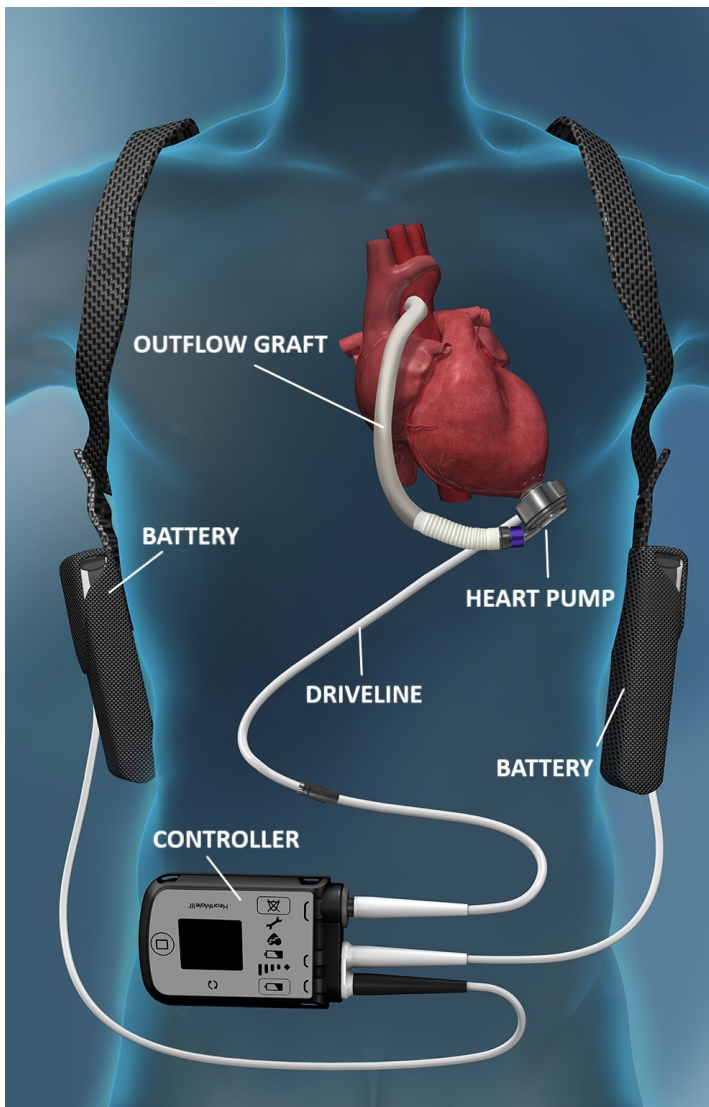
Heart Transplant - October 2020

Ventricular assist device

A ventricular assist device is a pump that helps the heart pump blood to the rest of the body. The pump is implanted behind the ribs and attaches to the heart's left ventricle. This requires open heart surgery and you will remain in the hospital for an extended period of time to recover, learn about the pump, and participate in a rehab program. Patients who are weak going into surgery will have an extended recovery period. The success of surgery is, in part, dependent on your ability to participate in and manage your own care.

The VAD has four components

1. Implantable pump — the pump is attached to the heart and acts as a vacuum to empty the left ventricle and push the blood through the pump into the aorta.
2. Controller — small hand-held computer that controls the speed of the pump and communicates alarms and battery life to the patient.
3. Driveline — provides power to the motor and connects the controller to the motor.
4. Electrical supply — provides a power source, either battery or cord. The patient must be connected to a power source at all times.



Ventricular assist device (VAD)

Care of the VAD and driveline

- Dressing changes: you will be required to change the dressing around your drive-line daily. This requires a sterile technique that you will be taught during your hospital stay.
- Power: you will receive a battery charger and extra batteries. You need to keep a supply of fully-charged batteries with you at all times. You will receive a cable to plug in at night while your batteries recharge. You will need a three-prong grounded outlet in your bedroom to use this cable. You will be required to carry an emergency bag with backup battery and controller with you at all times.
- Assistance in community: your local ER, ambulance, fire department and electric company will be aware you are a VAD patient in their community. They will be provided education to assist you if needed.
- ICD: if you have an implantable cardioverter defibrillator (ICD), the VAD and ICD will not affect one another. You may still receive an electric shock from your ICD if needed.
- Shower: you may shower once your cardiologist gives permission. You will receive a shower bag from your coordinator.
- **Do not:** take a bath, swim or vacuum carpet with a VAD.

Waiting for a transplant

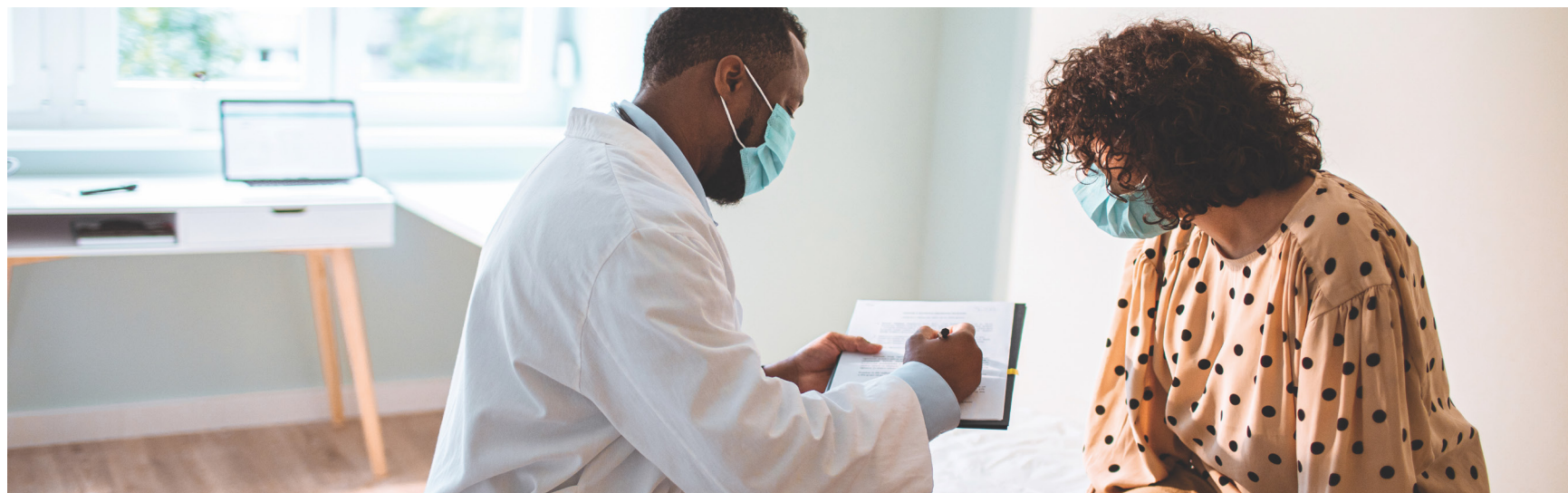
All patients accepted by a transplant program are registered on the National Organ Transplant Waiting List managed by United Network for Organ Sharing (UNOS). This is a national list that is used to match donor organs with transplant candidates. Donor organs are offered according to the policies set forth and governed by UNOS. Adult cardiac transplant patients are prioritized by their clinical status. This means that a heart will be allocated to patients on the wait-list based on their blood type, location, progression of their illness and time on the wait-list. Additional information and UNOS policies are available for review at unos.org.

If it is determined you are a candidate for transplant, you will be listed on the UNOS waiting list. You must remain within the clinical guidelines that the Ascension St. Vincent Transplant Program has established to remain on the list. Your cardiologist and coordinator will follow you closely while you are on the wait-list. You will be required to obtain routine labs, attend regular office visits and notify your coordinator immediately of any changes in your health status, contact information or insurance.

The UNOS categories for heart transplant are based upon the following:

- Disease process has escalated and these patients are highest on the wait-list
- Disease process has progressed and requires assistance such as VAD or continuous inotropes (drugs which make your heart beat stronger)
- Disease process has decreased quality of life and medical therapy is failing
- Inactive on the list

Any medical problem may change your clinical status, which may alter your position on the UNOS waitlist. It is important that you keep your coordinator informed of your clinical condition at all times.



"You're only given one life. The thing people have to remember is that the glass is half full, not half empty. You have to stay positive. I'm fortunate that I still get to do what I can, and I'm fortunate that I have such a great support crew around me. My VAD Coordinator, Laura, has been a ray of positivity, and you need that type of care during the recovery."

- Frank S.

LVAD HM3 - September 2021

Accepting a heart offer

You must remain within four hours of the transplant center and be available by phone at all times. When a heart becomes available, you will be contacted by a coordinator. You will be required to come to Ascension St. Vincent immediately, and a coordinator will meet you at the hospital. The transplant process is stressful and may take several hours after initial contact. Please be prepared for this long wait period. You will have plenty of opportunities to review information and ask questions of your coordinator and surgeon before surgery.

Current UNOS rules permit patients to be listed at more than one transplant center. This allows patients additional opportunities to be matched for a donor heart. There are a few rules and you will be provided with education on multiple listings at the time of your "Meet the Team." Any patient wishing to be listed at multiple centers must notify the Ascension St. Vincent Transplant team. Your coordinator can assist you in managing your personal situation and multiple listings.

When a donor becomes available, the offer will be reviewed by a transplant coordinator, surgeon and a cardiologist. The heart is tested and screened to determine if the organ is an acceptable match for you. You will be notified only if the heart is a match.

In the event the donor meets any risk criteria for an acute infection, you will be notified by a member of our transplant team. They will review the circumstances to assist you in making an informed decision. You will have the opportunity to ask questions to understand and compare risks of accepting the heart offered to you against risks of waiting for the next available donor. You have the right to decline the heart offered to you, and this will not affect your placement on the waiting list. Your cardiologist will discuss donor risk factors with you during your office visits while you are waiting on the list.

"I decided on saying yes to the LVAD when I was in a crisis with a temporary pump in my leg. I was able to take more time learning about what it would mean to get a heart transplant. My doctors and nurses at Ascension St. Vincent answered all my questions with patience and understanding. It was the best decision I could have ever made. After my recovery I felt I had turned back the clock a good ten years because of all the things I could do once again."

- Juliana B.

LVAD HM3 - August 2015

Heart Transplant - December 2016

There is a possibility that surgery will be canceled and you will be discharged without having a transplant. This occurs if you are not medically able to have surgery when you arrive at the hospital or the organ is not acceptable for transplant. A cardiac surgeon and their procuring team will travel to the donor and inspect the heart. In the event the organ is not accepted, you will remain on the waiting list as long as you are medically able.

Before surgery, your surgeon will review the surgical procedure with you, including the risks and benefits. You will be required to sign an informed consent prior to surgery, including permission to receive blood transfusions.

The anesthesiologist will review risks of anesthesia prior to your surgery. During surgery you will be under general anesthesia, meaning you will be given medications to put you to sleep, block pain and paralyze your body. You will have a breathing tube placed to help you breathe.

Surgery

A VAD and/or heart transplant is an open-heart procedure. This means the surgeon will place an incision down the middle of your chest (sternum) and cut through the bone. This will expose your heart and allow the surgeon to transplant the new heart or implant the VAD. The surgeon will place you on a cardiopulmonary bypass machine through an incision in your groin. This machine will provide oxygen and blood flow to your organs during the surgery. A specially-trained member of our team (perfusionist) will monitor you while you are on this machine.

A coordinator will be present in the operating room to help organize the transplant process and assist with communication between your surgeon and the surgeon who is retrieving your new heart. They will provide your family with updates during the transplant surgery. The heart transplant takes approximately 6-8 hours.

A representative from the VAD manufacturer will be present in the operating room to assist the surgeon with adjusting pump settings and to monitor the equipment. The VAD implant takes approximately 4-6 hours.



“Living with an LVAD has truly been a blessing. I enjoy spending time with my family and friends. The highlight of my life is spending time with my grandchildren and great-grandchildren. We usually play games, watch movies, occasionally dine out and go to church. Having an LVAD has allowed me to live and enjoy my life to the fullest. I am so grateful, thank you Lord!”

- **Alice S.**

LVAD HM2 - July 2012, HM3 - March 2020

Risks of surgery

There are risks in all surgeries, especially surgeries conducted under general anesthesia.

- Pain — you will have post-operative pain, with a reduction in pain as you progress through your recovery.
- Blood clots — can develop in the legs, lungs or heart. Blood clots can cause serious issues and even lead to death. In VAD patients, a clot can develop in the pump and cause complications with the pump.
- Bleeding - blood transfusions may be required. Blood products may cause rash, itching, fever, headaches, shock, respiratory distress, systemic infection and exposure to blood-borne viruses such as hepatitis or HIV. In VAD patients, due to the long-term use of blood thinners, the risk of rectal bleeding, stroke and nosebleeds is high.
- Infection — infection is higher after transplant than other surgery because the medications used to prevent rejection make the body less capable of fighting infection. The surgical incision and tube sites are sources of infection. These can lead to pneumonia, blood or local infections. In VAD patients, the drive-line is a constant source for infection and must be maintained with daily sterile dressing changes.
- Nerve damage — weakness, numbness, paralysis and/or pain can occur. In most cases, these symptoms are temporary, but can last for extended periods of time or be permanent.
- Injury to other organs — including lungs, kidneys and/or liver. This could result in a tracheostomy or dialysis (either temporary or permanent), or the need for an additional transplant.
- Psychosocial — stressors associated with VAD/transplant may include body image changes, depression, anxiety, post-traumatic stress, strains on relationships, finances or employment. In transplant recipients, coping with accepting an organ from a donor can be stressful.

Additional risk for transplant recipient:

- Rejection/failure to function — there is a slight possibility that the transplanted heart will not pump. In the rare case that this occurs, you will be placed back on the UNOS waiting list on the highest status for a second heart if you remain medically stable to receive a transplant. You will remain on life-support equipment during this time, including a VAD and/or total artificial heart. If the first transplanted heart fails, there is no guarantee a second heart will be available for you.

Because of the medications needed to prevent organ rejection, transplant recipients are at a higher risk for:

- Cancer — skin cancer is very common among transplant patients; routine checks are required. Patients with family history of cancer will need to maintain routine cancer screens, including colon, breast, cervical/ovarian and prostate.
- Kidney failure — medications can be toxic to the kidneys and need to be monitored with labs routinely.

Post-surgical care and recovery

Immediately after surgery, you will be taken to the Cardiothoracic Vascular Transplant Unit (CVTU) where you will be closely monitored. You will remain on the breathing machine after surgery until you can breathe on your own. You will be on pain medication to manage your pain. Our goal is keep your pain tolerable for you to recover. It is unlikely that you will be completely pain-free.

You will have tubes in your chest to avoid fluid accumulating around the heart. These tubes will be monitored and removed by the surgical team when appropriate.

Your incision will be in the middle of your chest and covered by a gauze dressing. Under the dressing, your incision will be glued on the outside. You will have sutures and wires under the skin to support the bone while it heals. It can take three months for the bone to be completely healed. During this time, you will have lifting restrictions and precautions to follow.

Your bedside nurse and post-coordinator will begin your post-surgical education immediately after surgery. This education will include information regarding medications, infection and follow-up care. It is important to know the side effects of your medications and early signs of infection. Transplant recipients must understand signs of rejection and infection are very similar. It is also very important to understand that medications to suppress your immune system will be necessary for the rest of your life to prevent rejection of your new heart after transplant. You must notify your coordinator if you have financial restrictions, insurance changes or any concerns with getting your medications.



"I had congestive heart failure from genetic inheritance. After a long struggle and lots of time in the hospital, I received a new heart and kidney in April 2016. It was a miracle! Never give up, say your prayers, stay positive and trust in the amazing staff. Life can only get better from here."

- **Tim L.**

LVAD HW - May 2015

Heart Transplant - April 2016

You will remain in the hospital as long as your transplant team feels is medically necessary. You can assist with your discharge and recovery by actively participating in physical therapy, education and care planning with your coordinator and cardiologist.

Once discharged from the hospital, your recovery will continue. You will continue to be monitored closely. It is an expectation that all patients will maintain a healthy lifestyle, take medications as prescribed, have routine labs drawn, and attend office appointments as scheduled.

In addition, transplant recipients will be required to have biopsies in between cardiology appointments. A biopsy is a procedure used to monitor for rejection. A cardiologist will obtain a microscopic piece of the transplanted heart through your neck, similar to the right heart catheterization performed for evaluation.

A specialist will then review this piece under a microscope to determine how well your body is accepting the heart. You will be notified by your post-coordinator of the results of your biopsy and any medication changes, if necessary. Patients who develop complications may need to be seen more often by the transplant team. Rejection does not mean you are losing the organ. You have a team of specialists trained to treat rejection.

Medications for life

VAD recipients

You will be required to take medications while you have the pump to avoid a clot forming inside the pump. The types and doses of medications will be adjusted by your cardiologist based on your condition and health. Listed below are examples of some, but not all, of these medications and potential risks or side effects.

- Warfarin — excessive menstrual bleeding, black or red stool, red or brown urine, increased bruising, stomach or headache pain
- Aspirin — stomach ulcers, bleeding, rash, abdominal pain, and headaches
- Cannot take ibuprofen or naproxen

You will receive further education and be required to take blood thinners as long as you have the pump. You will have routine labs to monitor your levels and your coordinator will contact you for medication adjustments. You will need to take your blood thinner at night so changes can be made during the day.

Transplant recipients

You will be required to take medications for the rest of your life to prevent your body from rejecting the transplanted heart. The types and doses of medications will be determined and adjusted by your doctors based on your condition and health. Listed below are examples of some, but not all, of these medications and potential side effects and risks.

- Tacrolimus — headache, tremors, insomnia, reduced kidney function, numbness and tingling of the extremities, elevated blood sugars, decreased magnesium levels, increased potassium levels and other side effects
- Cyclosporine — tremors, high blood pressure, reduced kidney function, changes in gums, increased hair growth and other serious side effects
- Mycophenolate mofetil — diarrhea, reduced white blood cell count, reduced platelet count and other serious side effects
- Steroids — elevated blood sugar, weight gain, osteoporosis, stomach ulcers, mental status changes, cataracts, muscle weakness, impairment of wound healing and other serious side effects
- Sirolimus — elevated cholesterol and triglycerides, impairment of wound healing, lung problems and other serious side effects

The goal of various medications during and after transplant is to help your body tolerate the donated organ. Other medications may be required for the rest of your life to prevent various infections. Your potential need for these medications will be determined by your doctors.

Preventing infection

- Hand-washing is the most important activity to prevent infections.
- Ask your family and visitors to wash their hands.
- Avoid close contact with an individual who has an active infection, such as flu or a sore throat.
- Maintain good dental hygiene and routine dental visits.
- Lifestyle changes:
 - Absolutely no digging in dirt or exposure to tilling
 - No exposure to construction
 - No exposure to live vaccine
 - Avoid herbal supplements
 - Increased dietary restrictions due to medications — one year travel restriction
 - Yearly well-water testing
 - No grapefruit

Risks involving medical costs and insurance

Having a heart transplant may affect your ability to obtain health insurance in the future. A transplant may be considered a pre-existing condition.

Transplant that is not provided in a Medicare-approved transplant center

If you have a transplant that is NOT in a Medicare-approved center, it could affect your ability to have your medications paid for under Medicare Part B.

Protected health information

If you become a transplant candidate, federal regulations require that some of your personal health information be entered into the UNOS registry to allow you to be listed for an organ.

National and Transplant Center-specific outcomes

Statistics from the Scientific Registry of Transplant Recipients (SRTR) is updated on a regular basis and this information is available at SRTR.org.

Notification of Medicare outcome requirements

Specific outcome requirements need to be met by all transplant centers. Ascension St. Vincent Indianapolis is required to notify you if the requirements are not met. Ascension St. Vincent Indianapolis meets all requirements for transplant centers and has full approval from UNOS.

Right to refuse treatment

You have the choice not to undergo transplantation or VAD. If you choose not to have a transplant or VAD, medical treatment for your cardiac disease will continue. Your condition is likely to worsen and limit your life expectancy. You are free to change your mind and withdraw your consent at any time prior to the transplant or VAD.

“As a 72-year-old person the choice to have an LVAD was difficult. The top-notch facility and expertise offered by Ascension St. Vincent gave me the confidence to proceed. The leadership of Dr. Kathleen Morris, the skill of Dr. Giorgio Zanotti combined with the caring and support of the entire LVAD team was (and is) superb. It all made possible the answer to many prayers - which have come true. After having my LVAD for six months I am blessed to enjoy family, travel, hunting and retirement. Thank you all!”

- Don B.

LVAD HM3 - June 2022

Preparing yourself

Start early. If you need to make lifestyle changes, begin now and continue through surgery.

- Take your prescribed medications. Notify your coordinator if you need financial assistance getting medications and any new prescriptions.
- Keep your scheduled appointments and regular check-ups.
- Follow a heart-healthy diet and exercise program.
- Be available! The coordinator must be able to get hold of you 24/7 while you are listed. After VAD or transplant, a coordinator must be able to reach you for medication adjustments.
- Stay organized! Keep a binder of your records to help manage your medical information.
- Prepare a phone or email tree. This will make it easier for your caregivers to provide updates to your family and friends.
- Organize your personal affairs. Consider filling out an advance directive or living will. Obtain medical leave paperwork, loan deferment or Social Security paperwork early so social work can help you fill these out during your hospitalization.
- Consider dependent care. Find someone you trust who can take care of your children or pets while you are hospitalized.
- Arrange transportation. Make arrangements well in advance. Plan how you will get to the hospital if it's the middle of the night, while your caregiver is at work, or during poor weather.
- You may need to stay close to the hospital while your loved one is in intensive care. A list of local hotels can be provided, or talk with your social worker to discern if you would qualify for the Ascension St. Vincent House.
- Pack your bags. You will need to be ready as soon as you get the call an organ is available. Make sure you have your medications and insurance information in a convenient bag so you can grab it quickly.
- Have a financial plan. Begin by talking with your loved ones about your situation. Discuss with the financial coordinator options for supplemental insurance or assistance.
- Treat your spirit. This is an emotional time. Allow yourself time to think about your beliefs and faith; seek guidance to help you cope; and let others help you if offered.

For the caregiver, preparing for your loved one's surgery

- Maintain your own health. Keep your doctor appointments and ask what precautions you should take to protect your loved one.
- Give yourself time away from the roles of caregiver. Ask a trusted friend or family member to be with your loved one for a few hours.

Remember we are here to assist you

t 317-338-6499

Monday–Thursday 8 a.m.–4 p.m.

Friday 8 a.m.–3 p.m.

- After hours/weekends, call the office for the on-call coordinator.
- Call whenever you are ill or if you have questions. Please remember that it is easier to solve an issue early during workday hours than to let an emergency develop after hours.

Questions for the Transplant Center and team transplant candidates

- Do I have choices other than transplant?
- What are the criteria for accepting organs for transplant?
- How many surgeons are available here to do my type of transplant?
- Is there a special unit for transplant patients in the hospital?
- Where can my loved one stay during my transplant?
- May I tour the transplant center's units?
- What are the organ and patient survival rates for heart transplant?
- How many heart transplants do you perform each year?
- How long has this center been doing them?
- Does your center offer parking or overnight accommodations?
- What should I bring to the evaluation?
- What part of the transplant is covered by my insurance?
- What assistance is available to pay for medications?
- What happens if my insurance changes or my coverage runs out?

VAD candidates

- Do I have choices other than VAD?
- Is there anything I can do to become a transplant candidate?
- Is there anything I need to do to prepare my home for the equipment?
- How do I get dressing supplies delivered to my home?
- How many surgeons are available here to do my type of VAD?
- Is there a special unit for VAD patients in the hospital?
- Can I tour the hospital units?
- Will I be asked to participate in research studies?
- How many types of VAD devices does this hospital place?
- How many VAD implants did this hospital perform last year?
- How long has this hospital been implanting them?
- What are the patient survival rates for this hospital?
- What resources are available to help me manage my VAD?
- Will my local hospital know how to care for my VAD?

Additional information can be found at

- Scientific Registry of Transplant Recipients (<http://www.srtr.org/>)
- Organ Procurement Transplant Network (<http://optn.transplant.hrsa.gov/>)



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To learn more about Ascension St. Vincent Cardiac Transplant/VAD Services, please scan the code below.

