



Petr Fila

## CARDIAC SURGERY

- heart transplantation
- mechanical circulatory support



**CKTC**

Center of Cardiovasc  
Surgery & Transplantation



# **Heart transplantation**

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## **Indications**

**terminal heart failure**

**(coronary artery disease, valve disease, cardiomyopathy)**

## **Contraindications**

**fixed pulmonary hypertension**

**neoplasms**

**active alcohol or drug abuse**

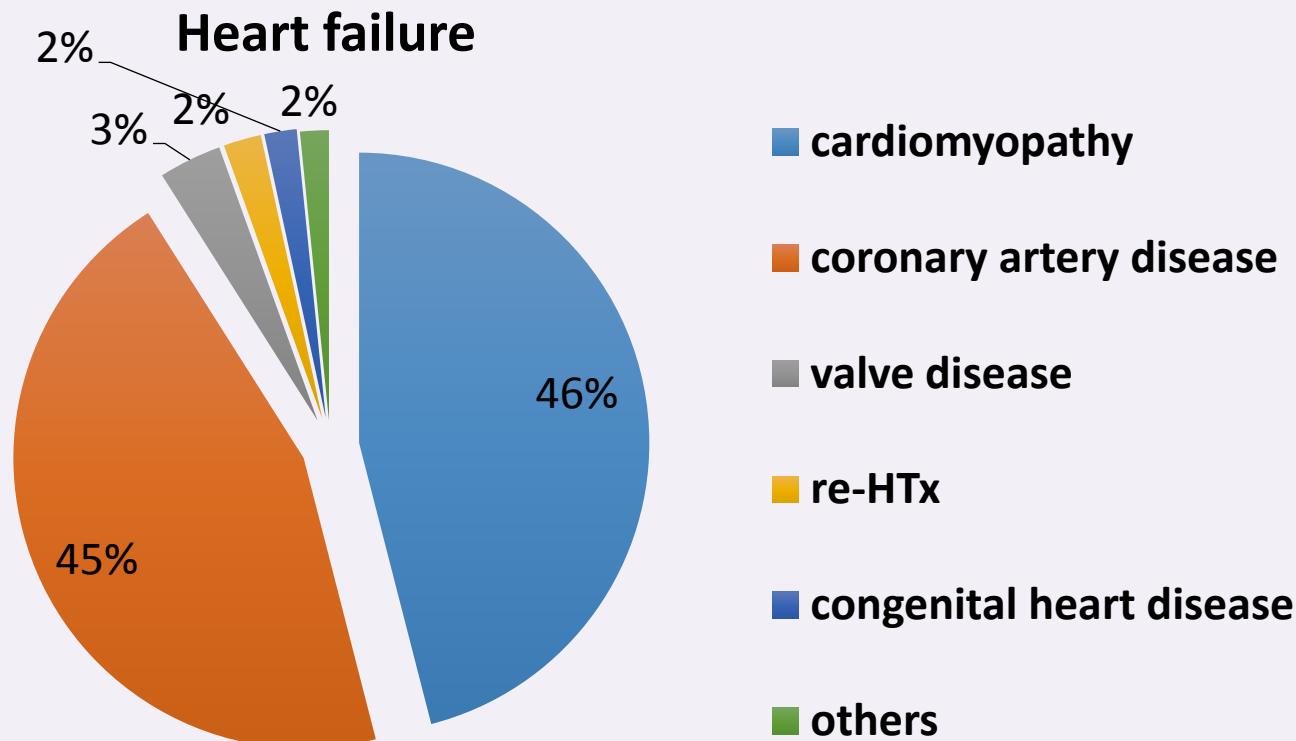
**age over 65 years (individual assessment),**

## **Potential relative contraindications**

**active infection, pulmonary embolism, active peptic ulcer disease**

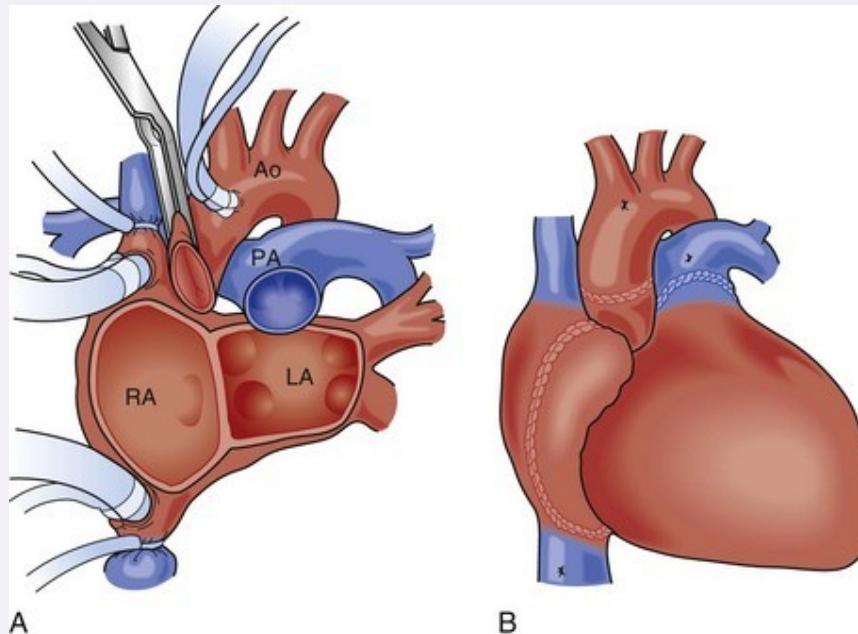
**liver, kidney failure – 2 or 3 organs transplantation**

# Heart failure - etiology

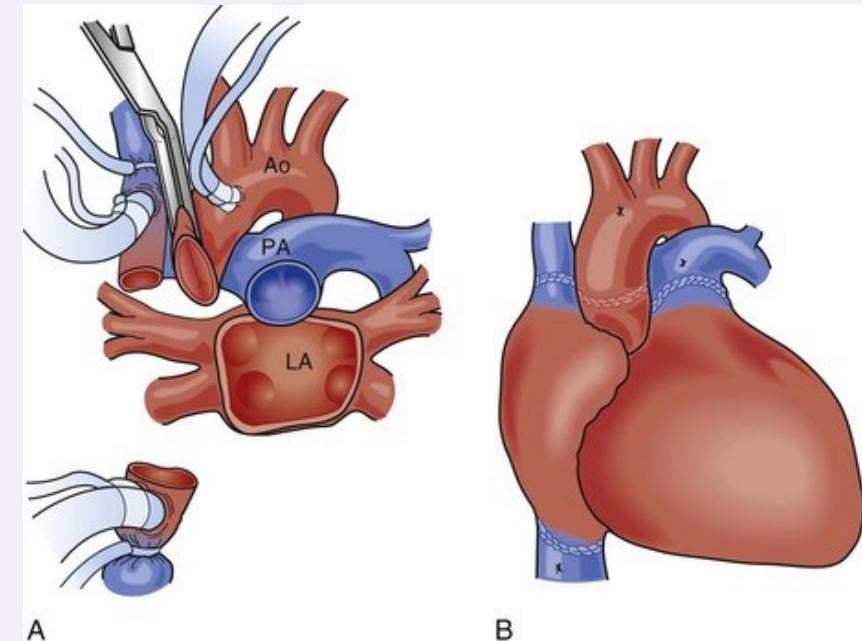


# Heart transplantation - surgical technique

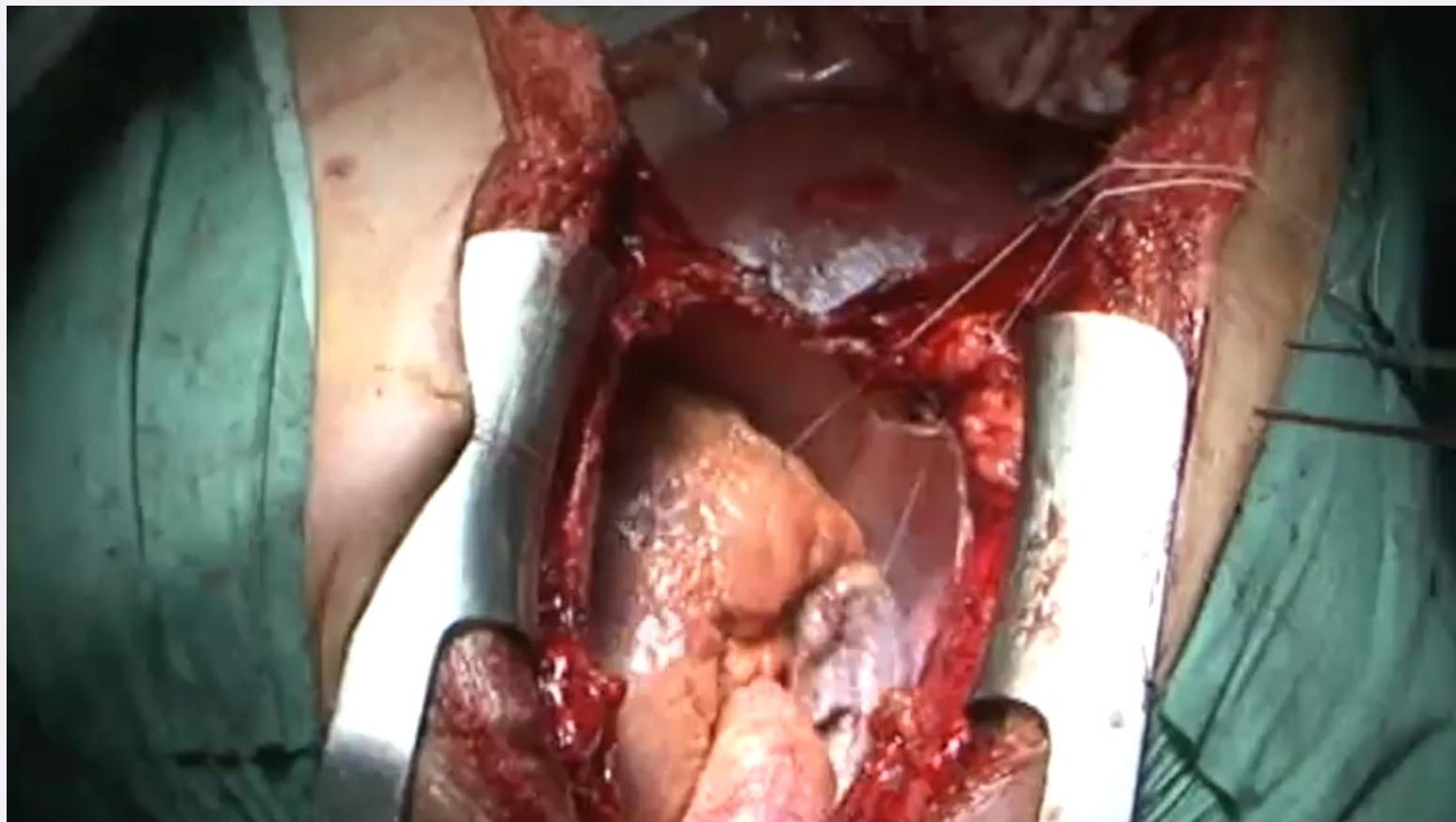
biatrial (Lower-Shumway)



bicaval



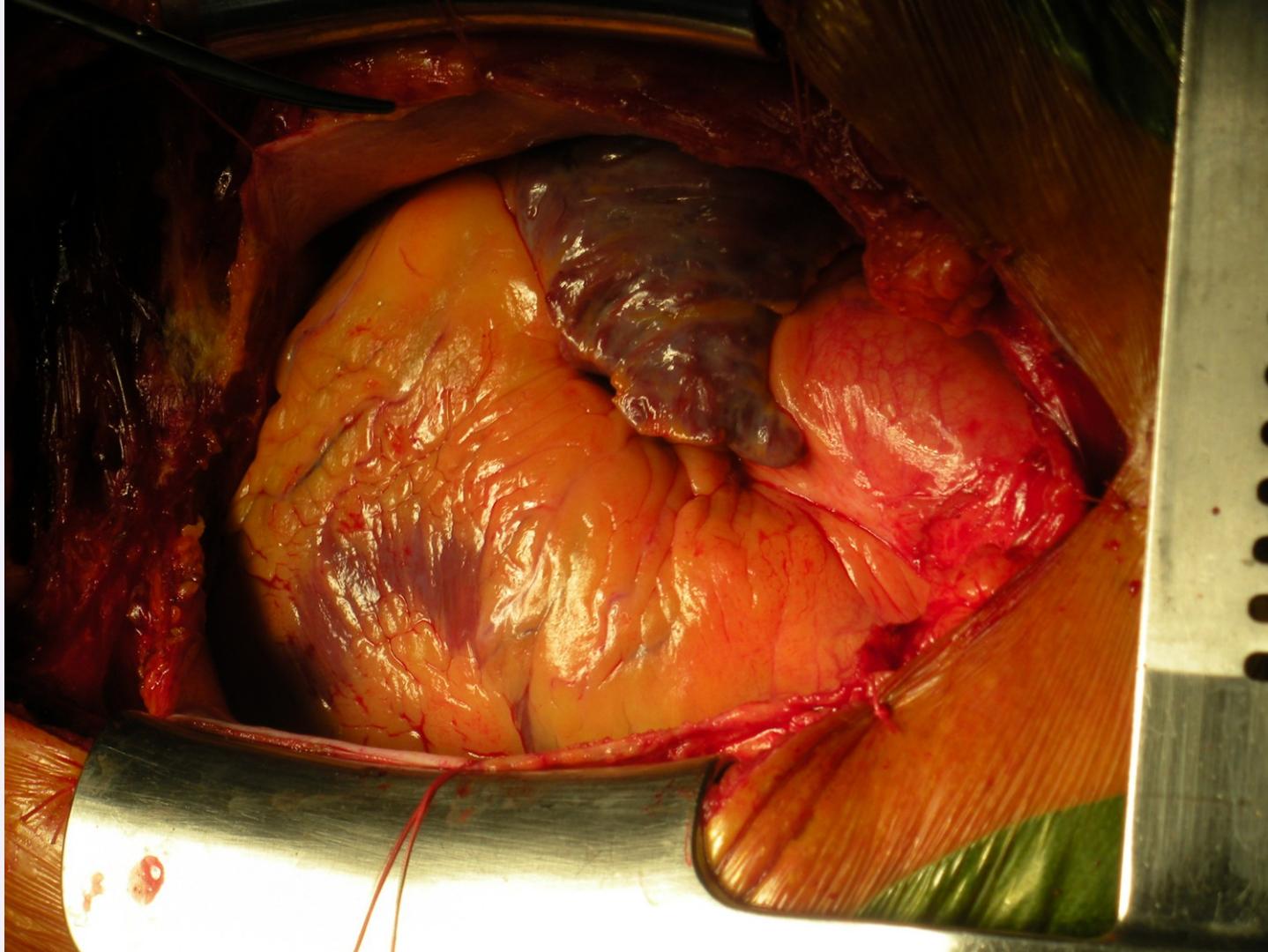
# Heart transplantation - video

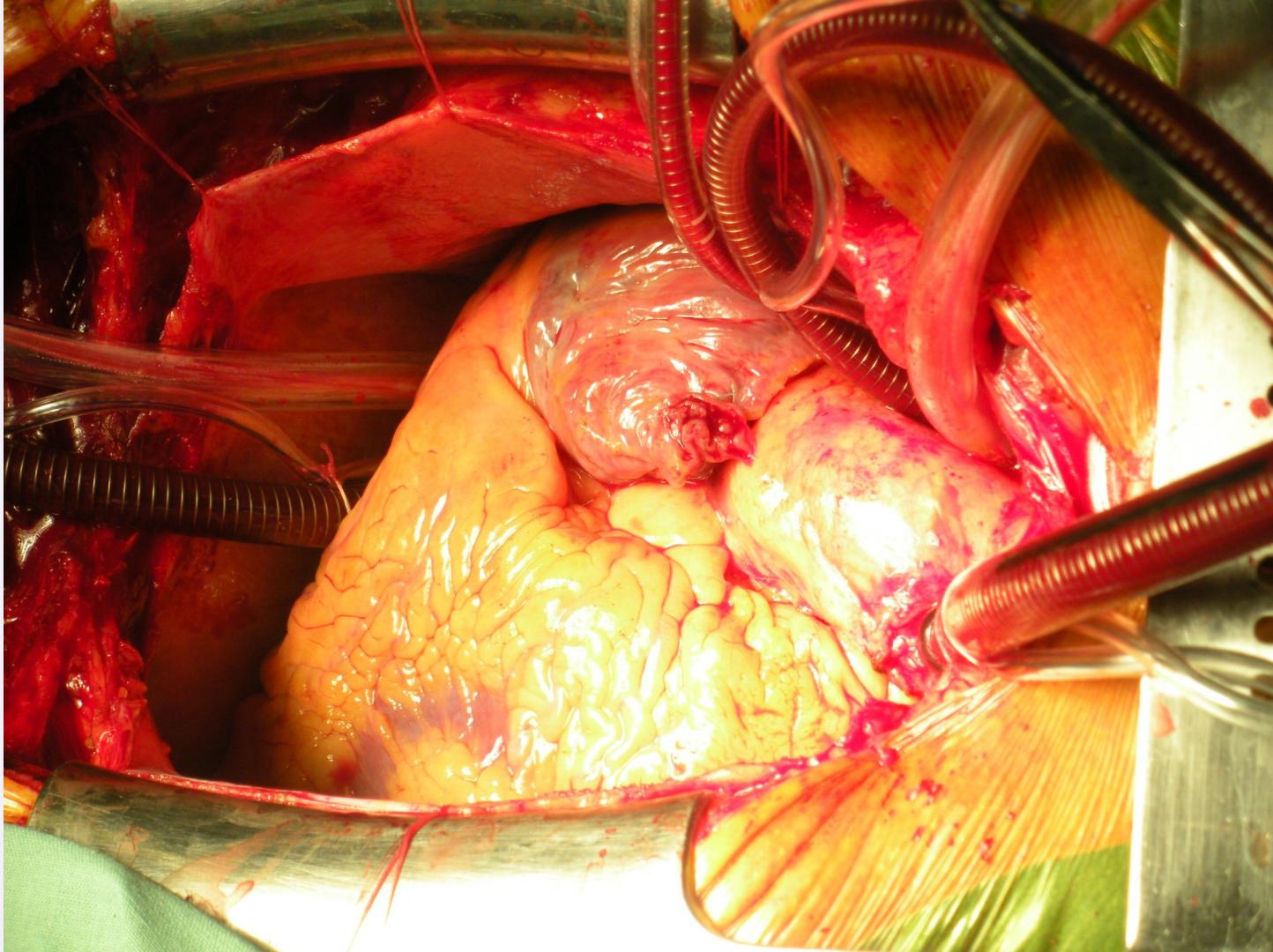


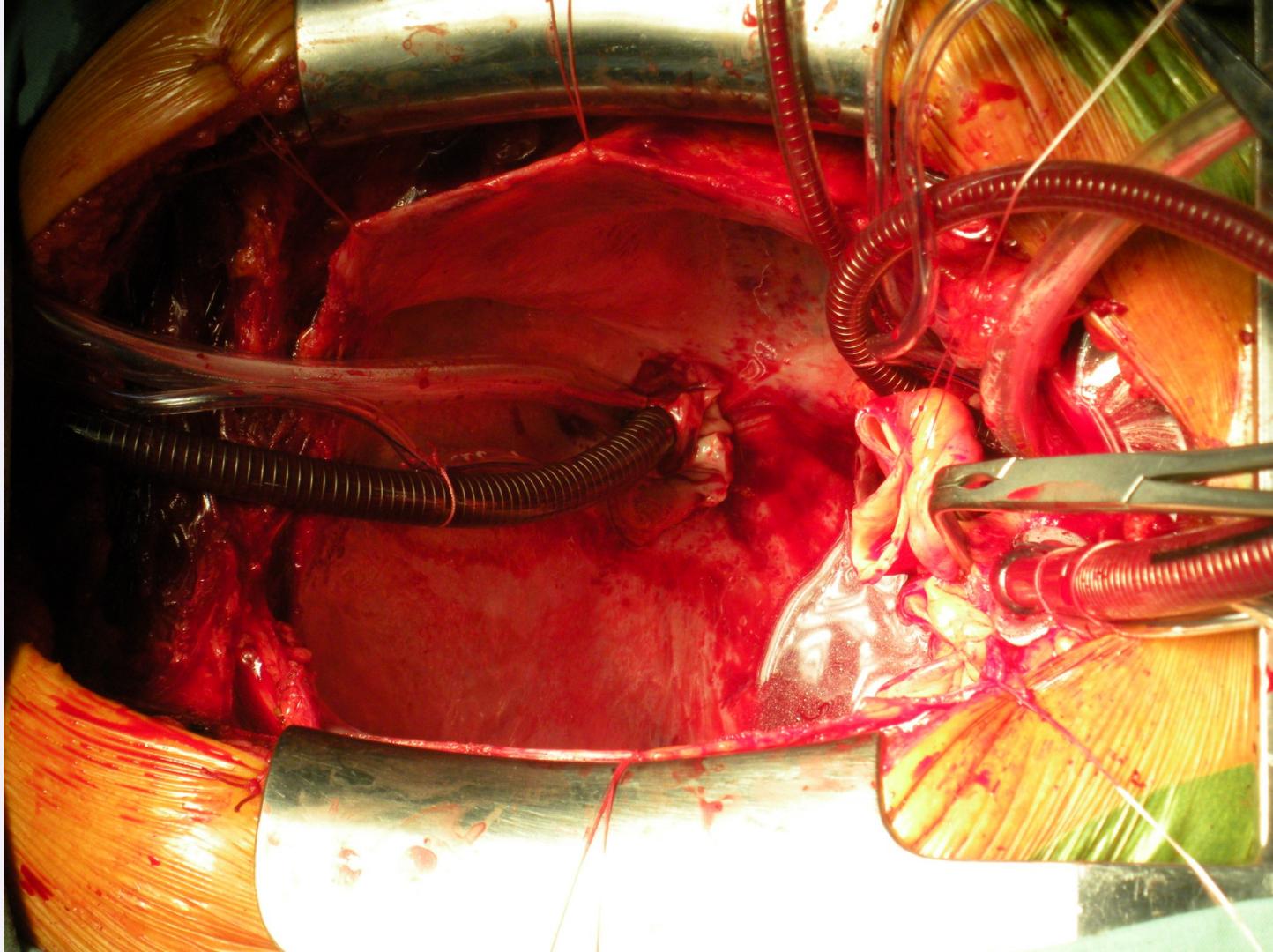
**CKTC**

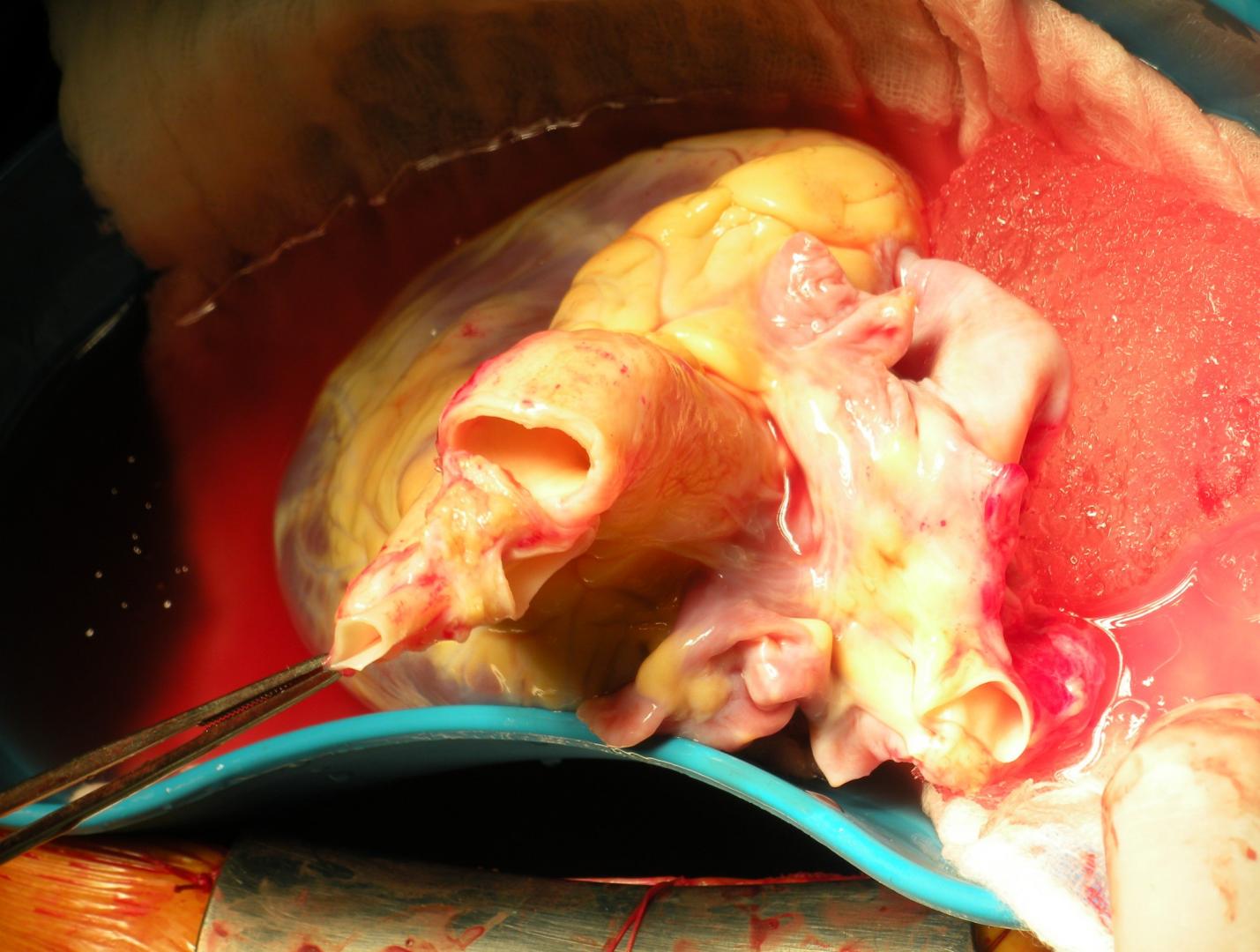
Centrum kardiovaskulární  
a transplantační chirurgie

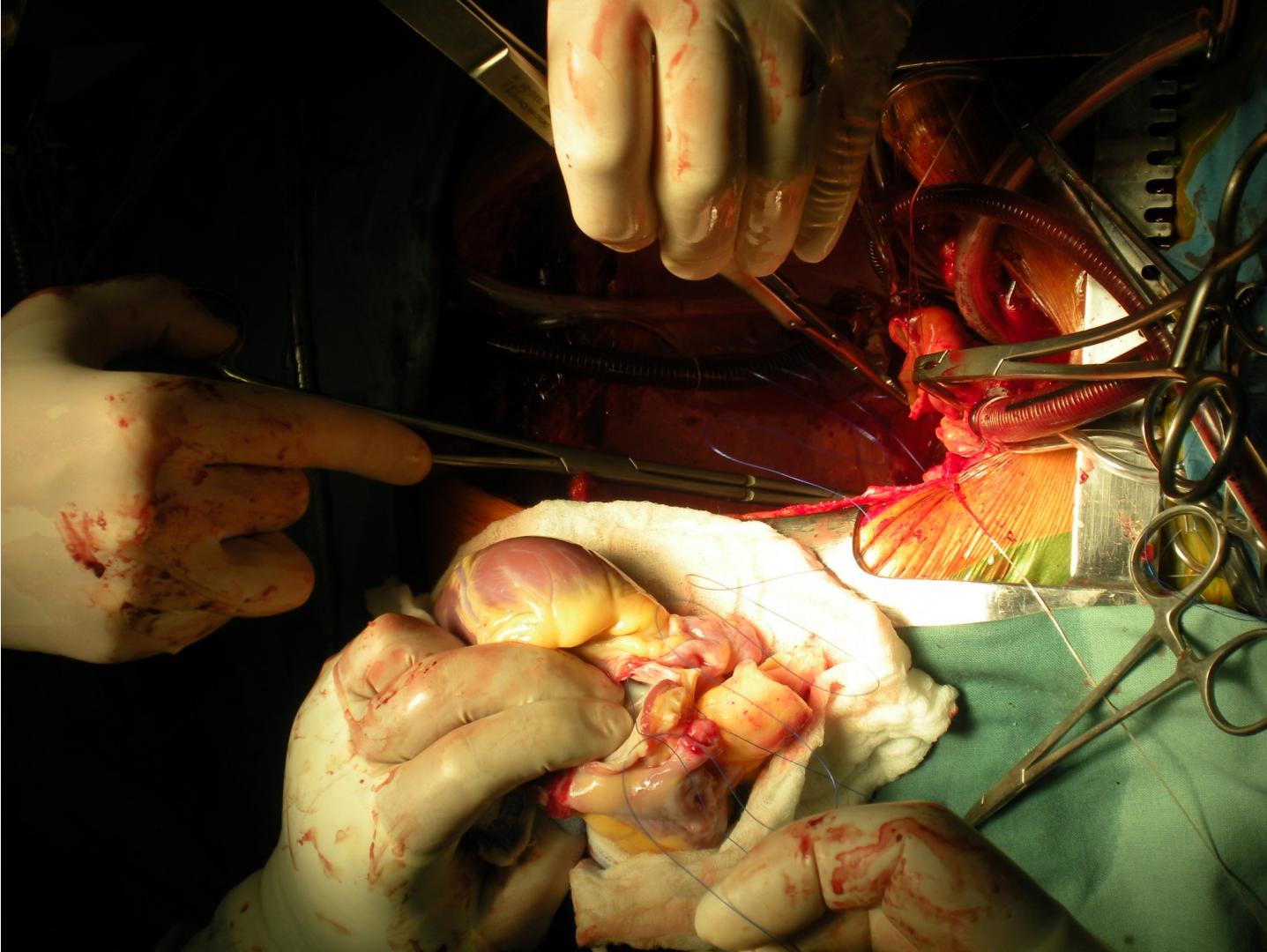


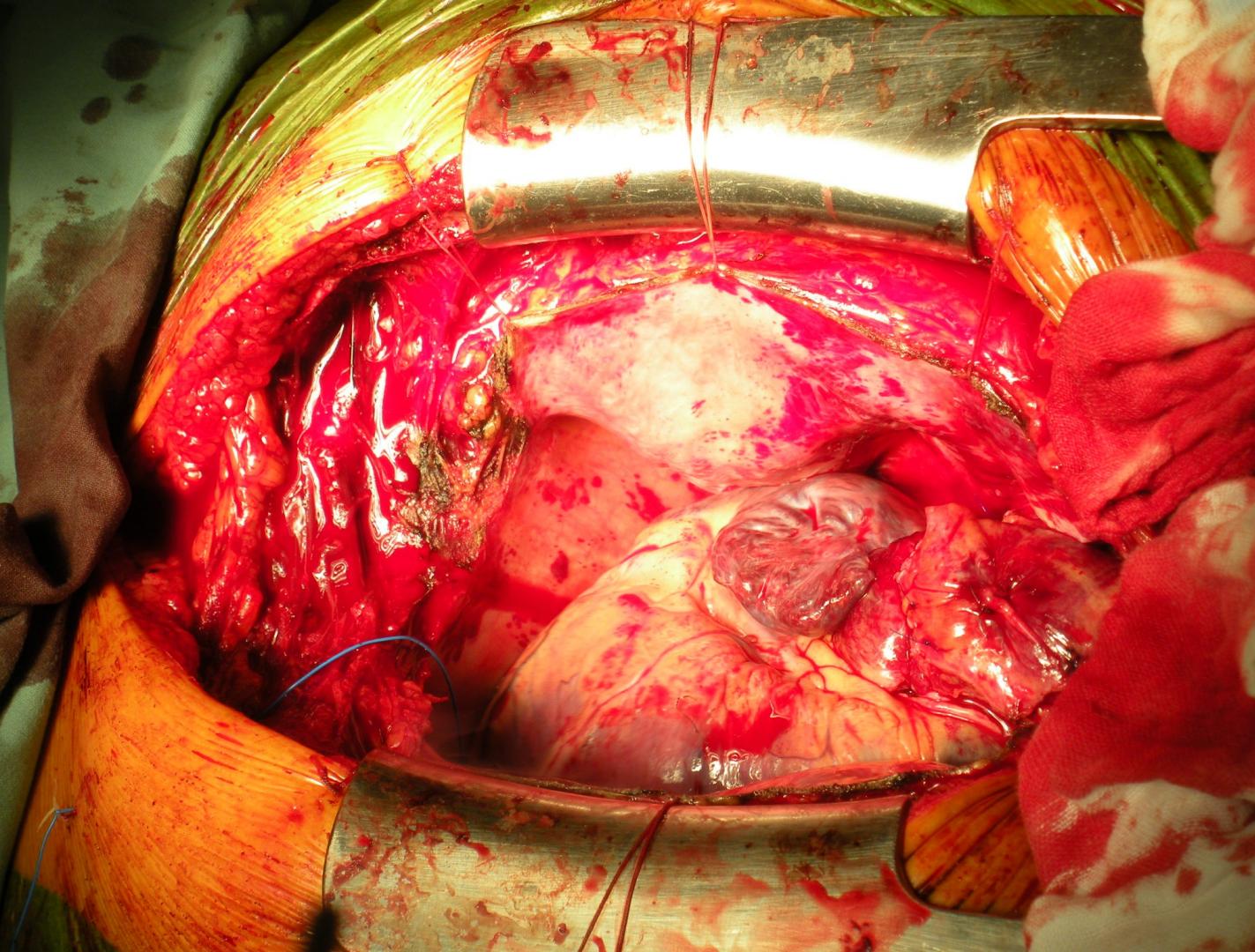


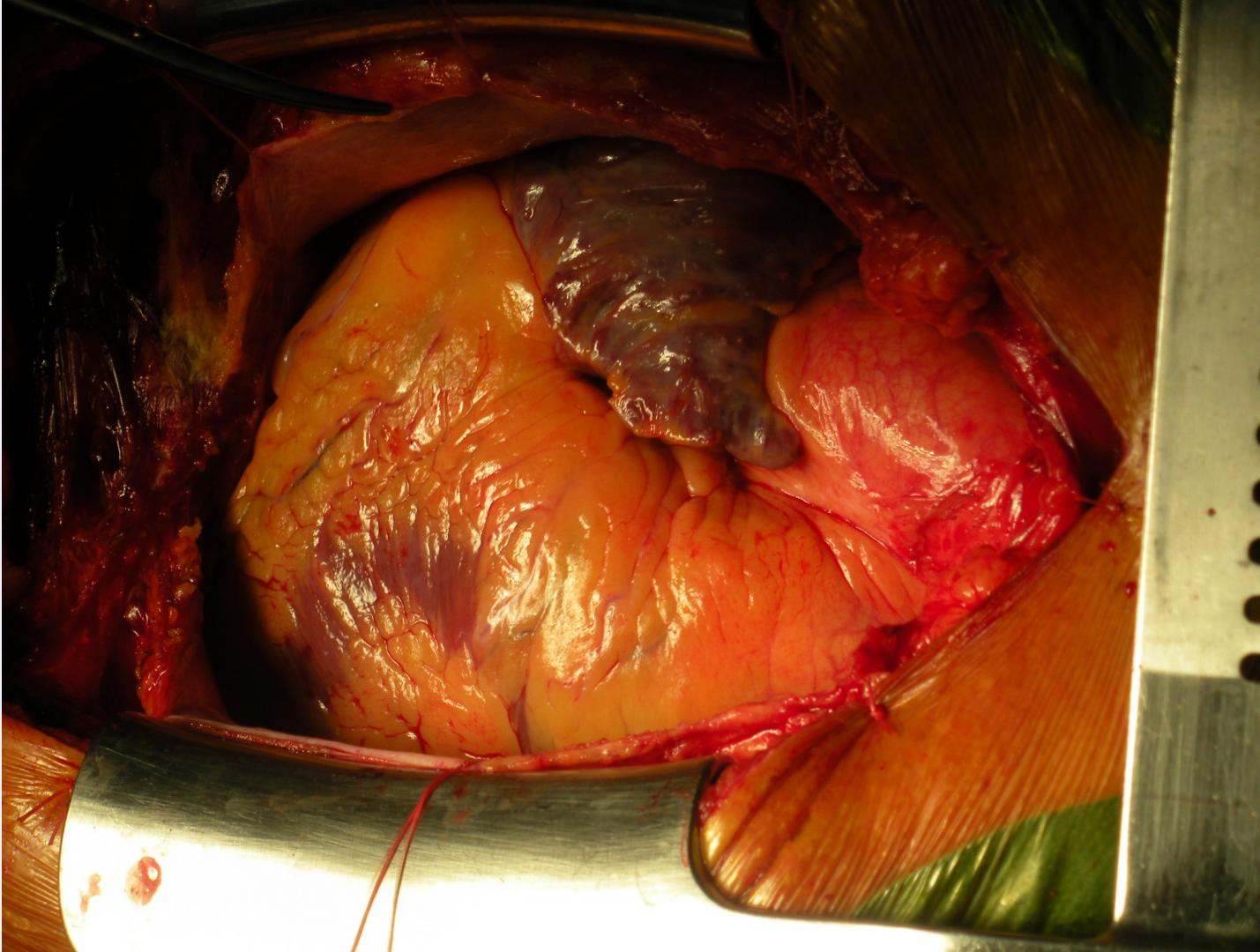












# Mechanical circulatory support

Duration of support	Type of support needed	Localization	Flow
<ul style="list-style-type: none"><li>▪ <b>short-term</b> reversible damage</li><li>▪ <b>long-term</b> „bridge-to- transplantation“</li><li>▪ <b>permanent</b> contraindications for heart transplantation</li></ul>	<ul style="list-style-type: none"><li>▪ <b>left-side</b></li><li>▪ <b>right-side</b></li><li>▪ <b>biventricular</b></li></ul>	<ul style="list-style-type: none"><li>▪ <b>paracorporeal</b></li><li>▪ <b>implantable</b></li></ul>	<ul style="list-style-type: none"><li>▪ <b>Pulsatile</b><ul style="list-style-type: none"><li>• pneumatic</li><li>• electromechanic</li></ul></li><li>▪ <b>Non-pulsatile</b><ul style="list-style-type: none"><li>• axial</li><li>• centrifugal</li></ul></li></ul>

# Mechanical circulatory support - indication

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## **Postcardiotomy cardiogenic shock**

unsuccessful weaning from extracorporeal circulation  
malignant ventricular arrhythmias  
low cardiac output syndrom

## **Other etiology of cardiogenic shock**

after acute myocardial infarction, after PCI, myocarditis...

## **Chronic heart failure**

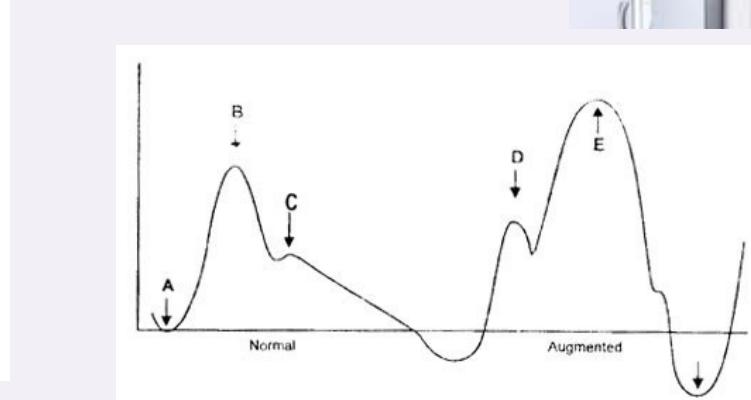
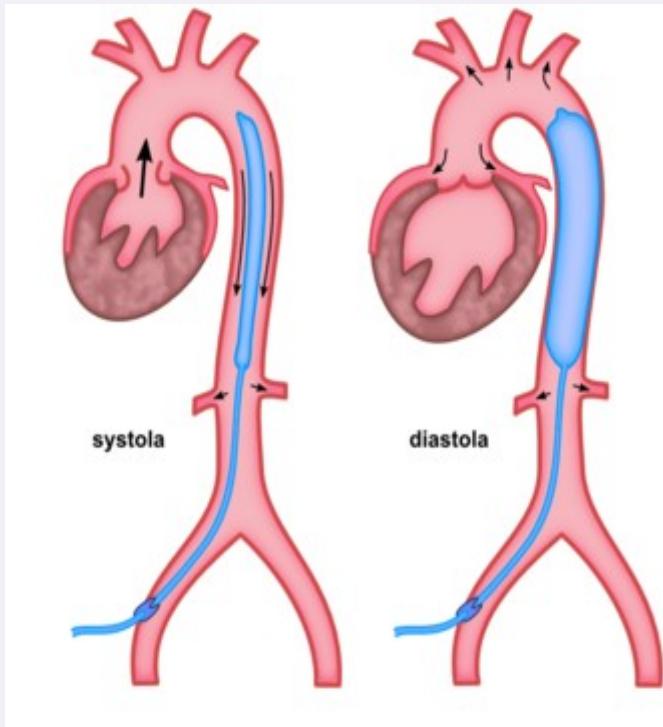
pts on waiting list for heart transplantation

## **Acute rejection after HTx**

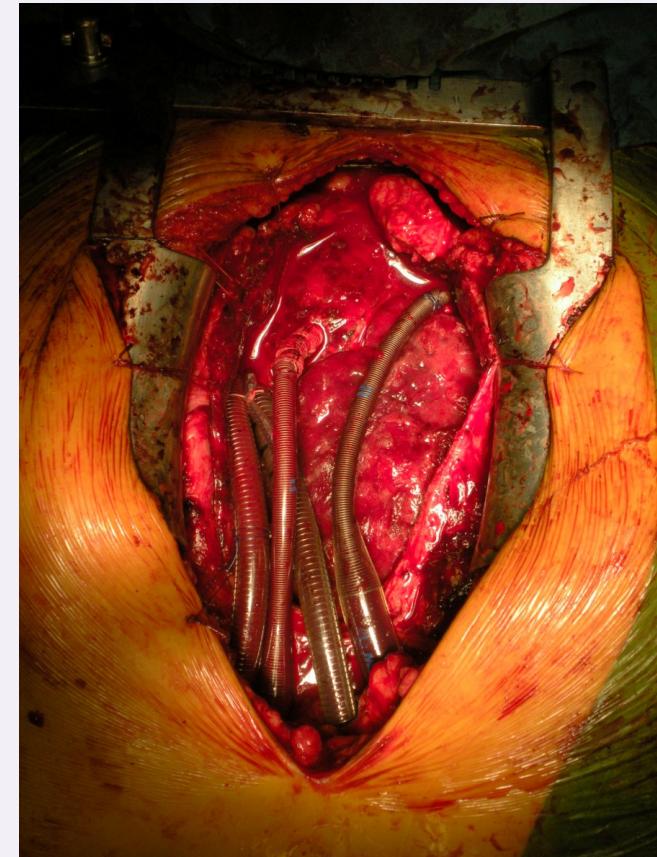
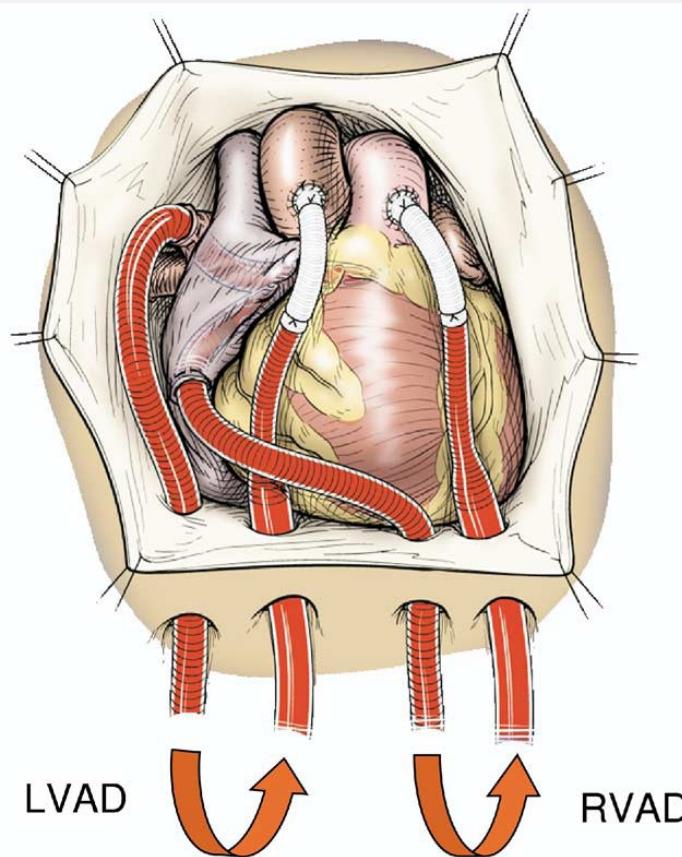
## **Heart failure (primary graft non-function) after HTx**

## **Patients with contraindications for heart transplantation**

# Intraaortic balloon counterpulsation



# Short-term MCS - Centrimag



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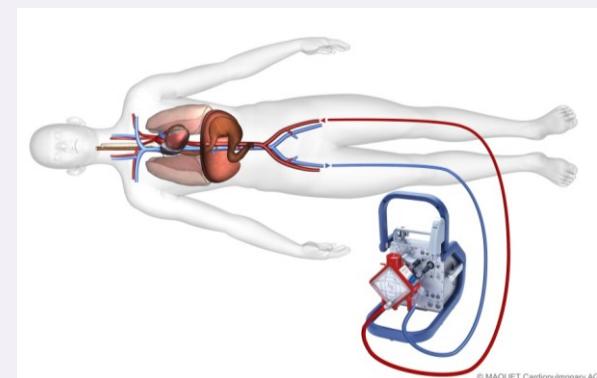
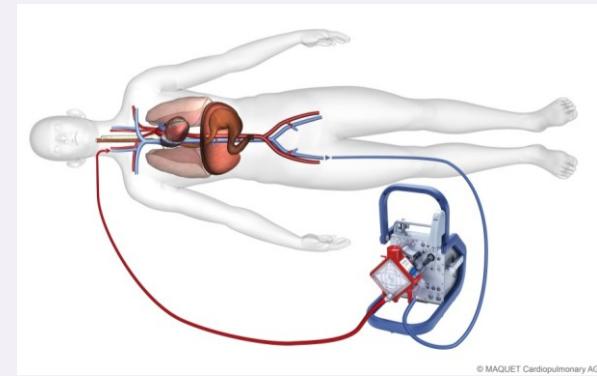


# Short-term MCS - Centrimag



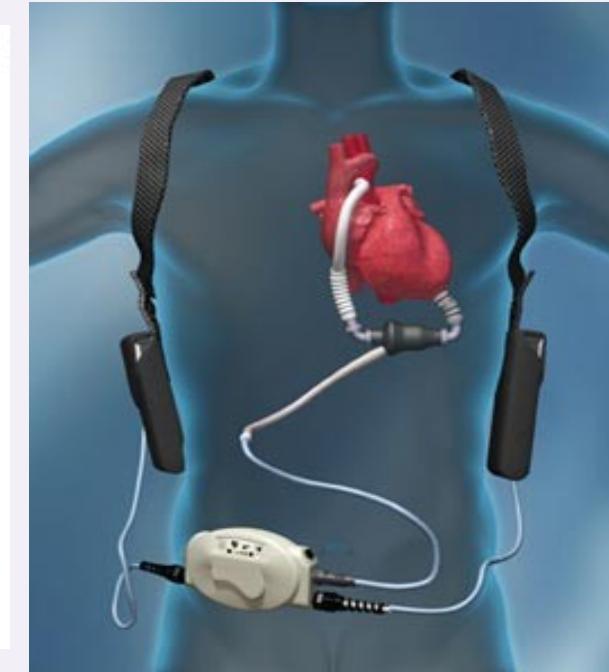
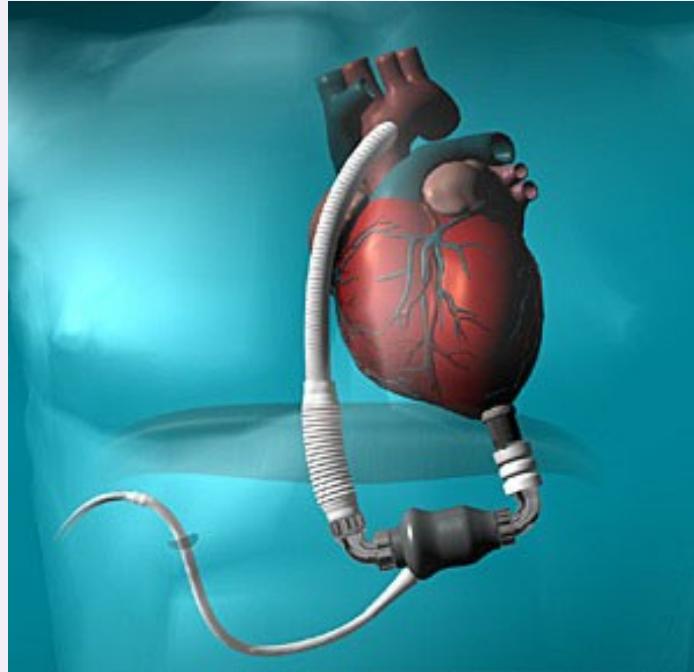
# Short-term MCS - ECMO

## extracorporeal membrane oxygenation



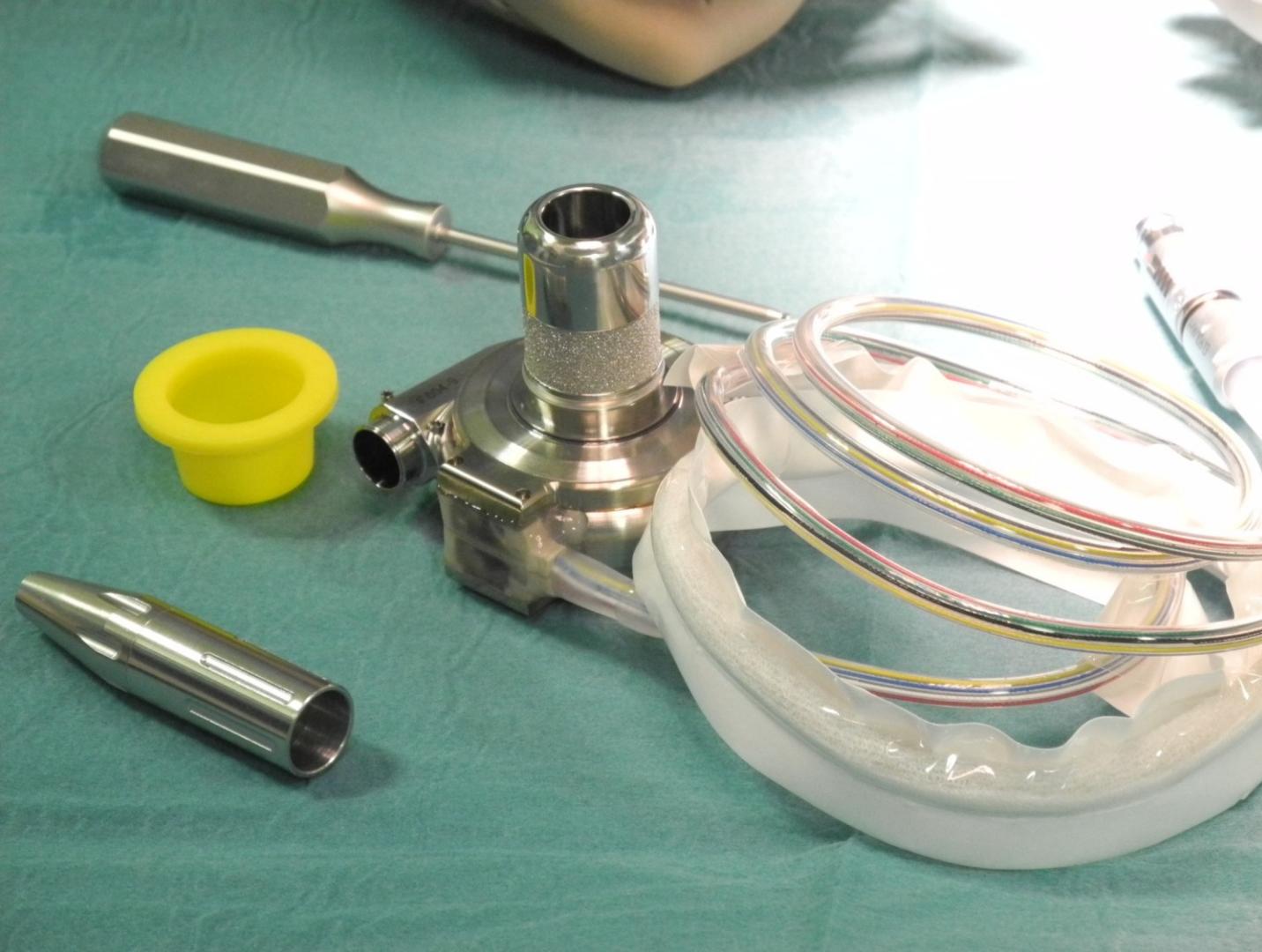
# Long-term MCS – Heartmate II

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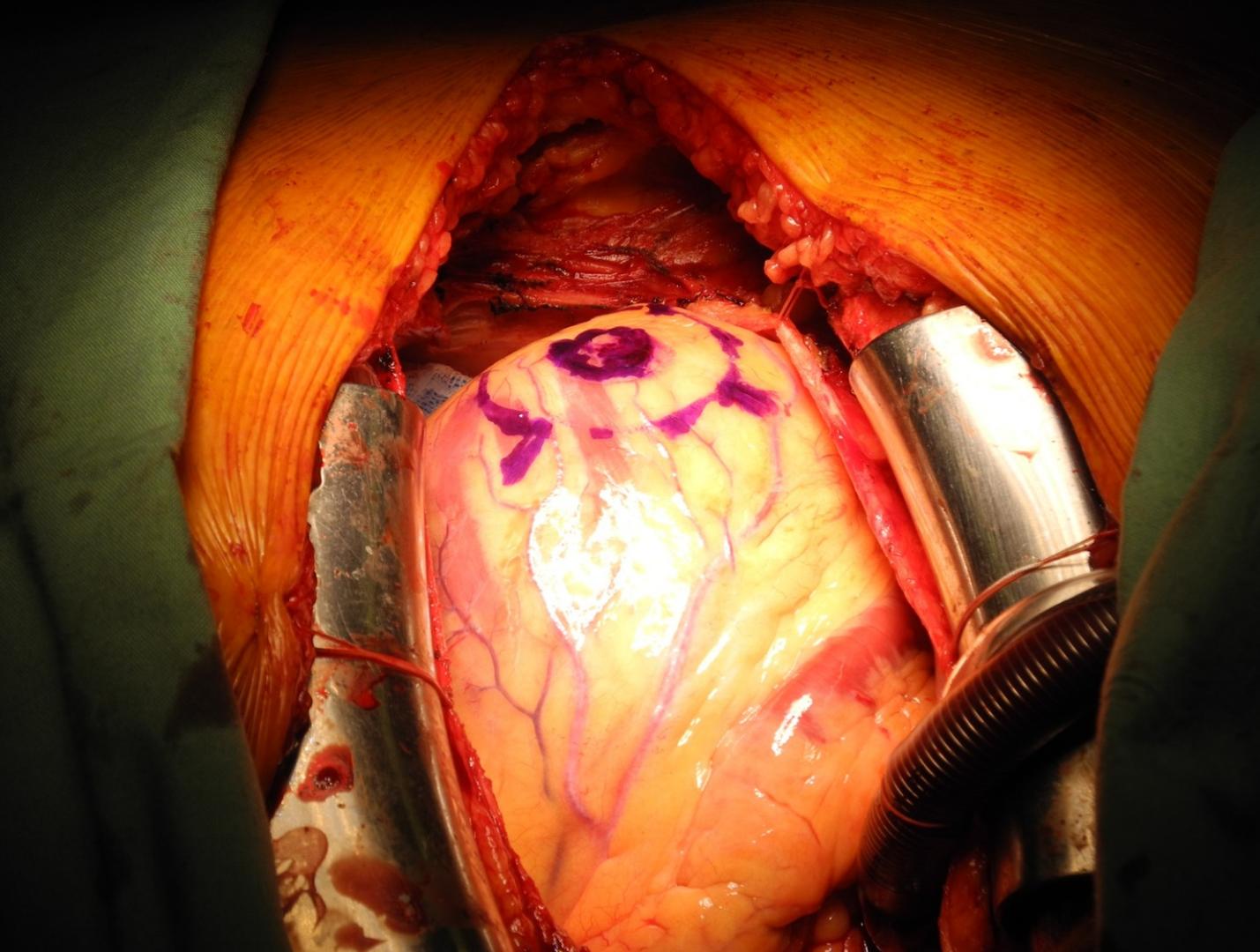


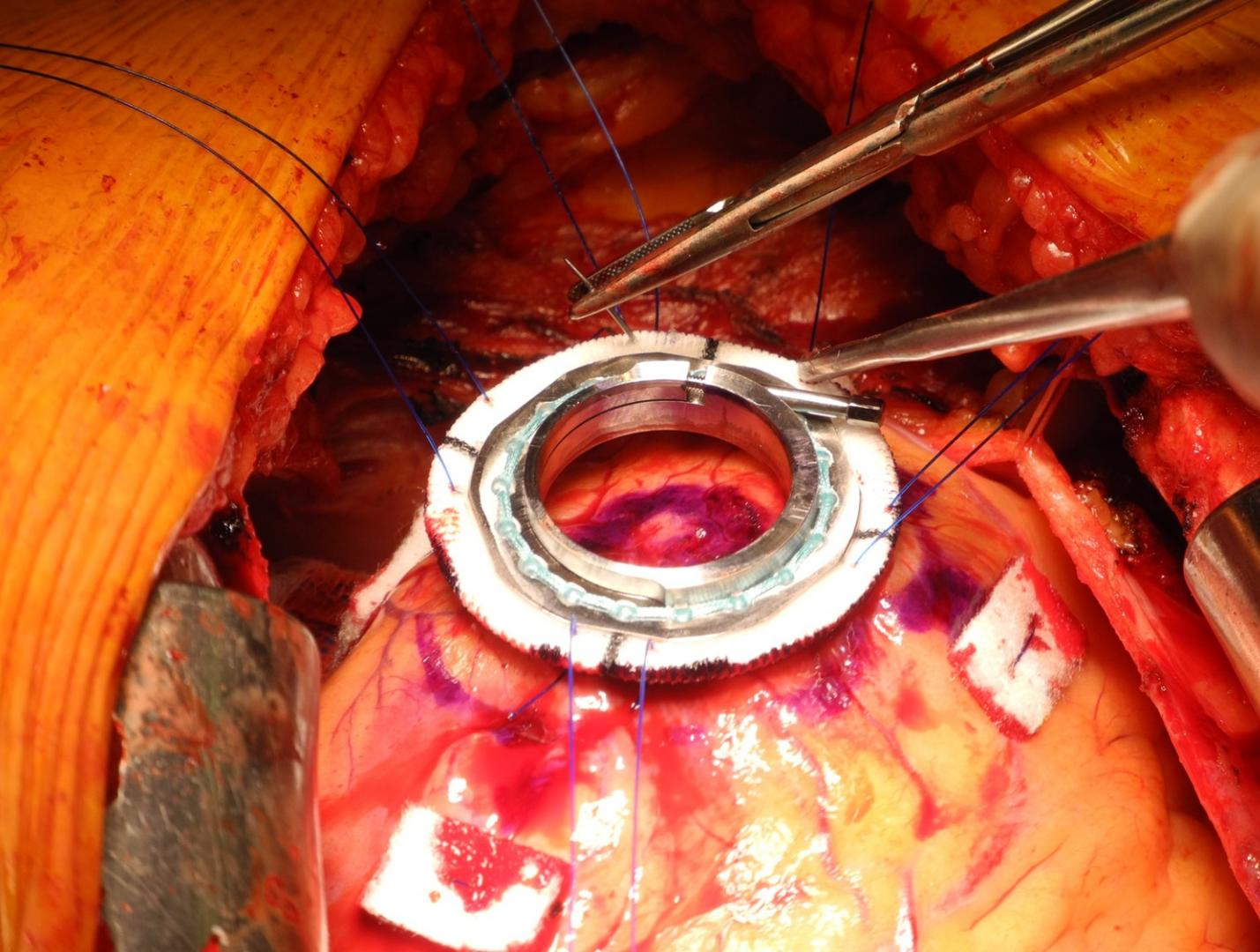
# MCS – HeartWare HVAD

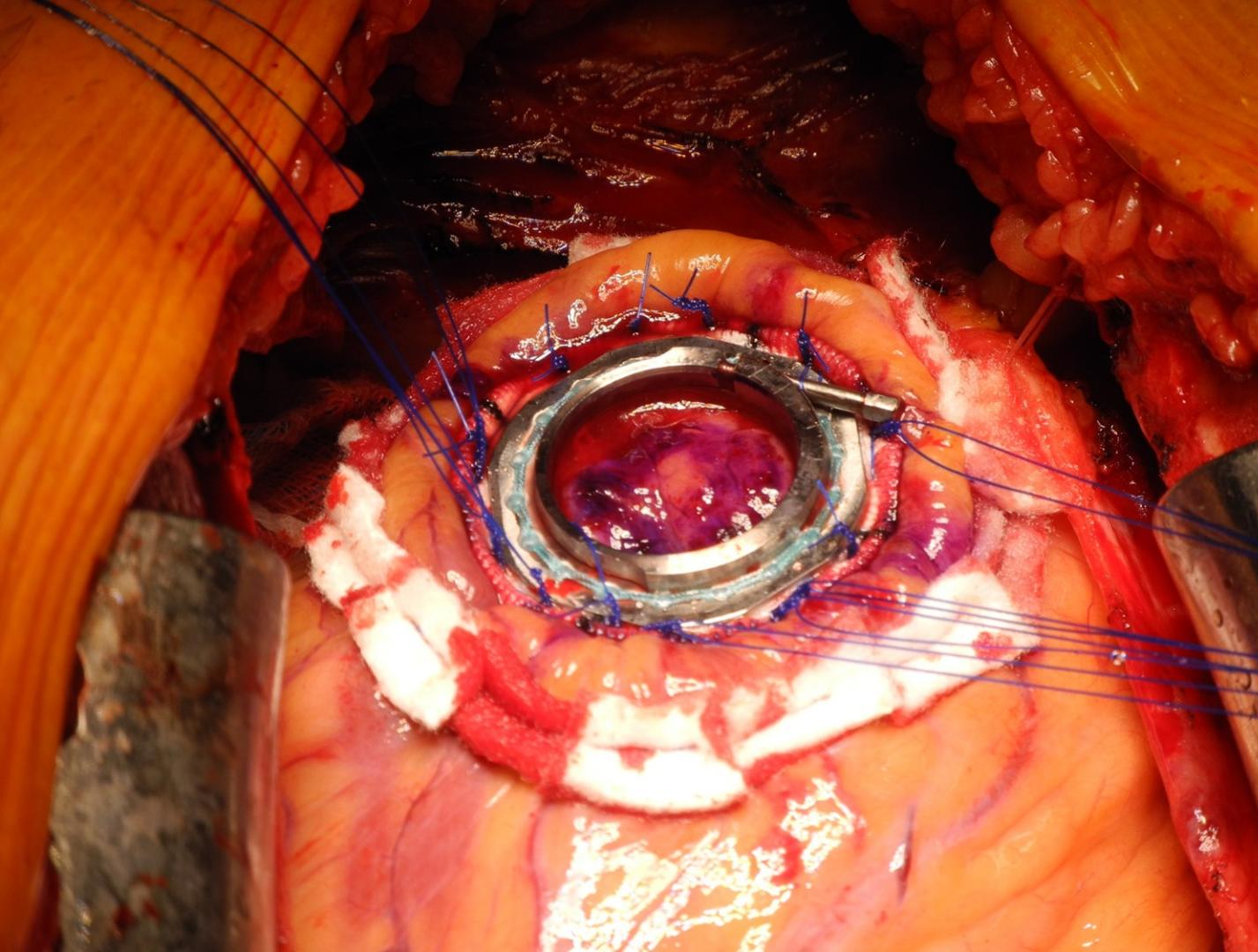


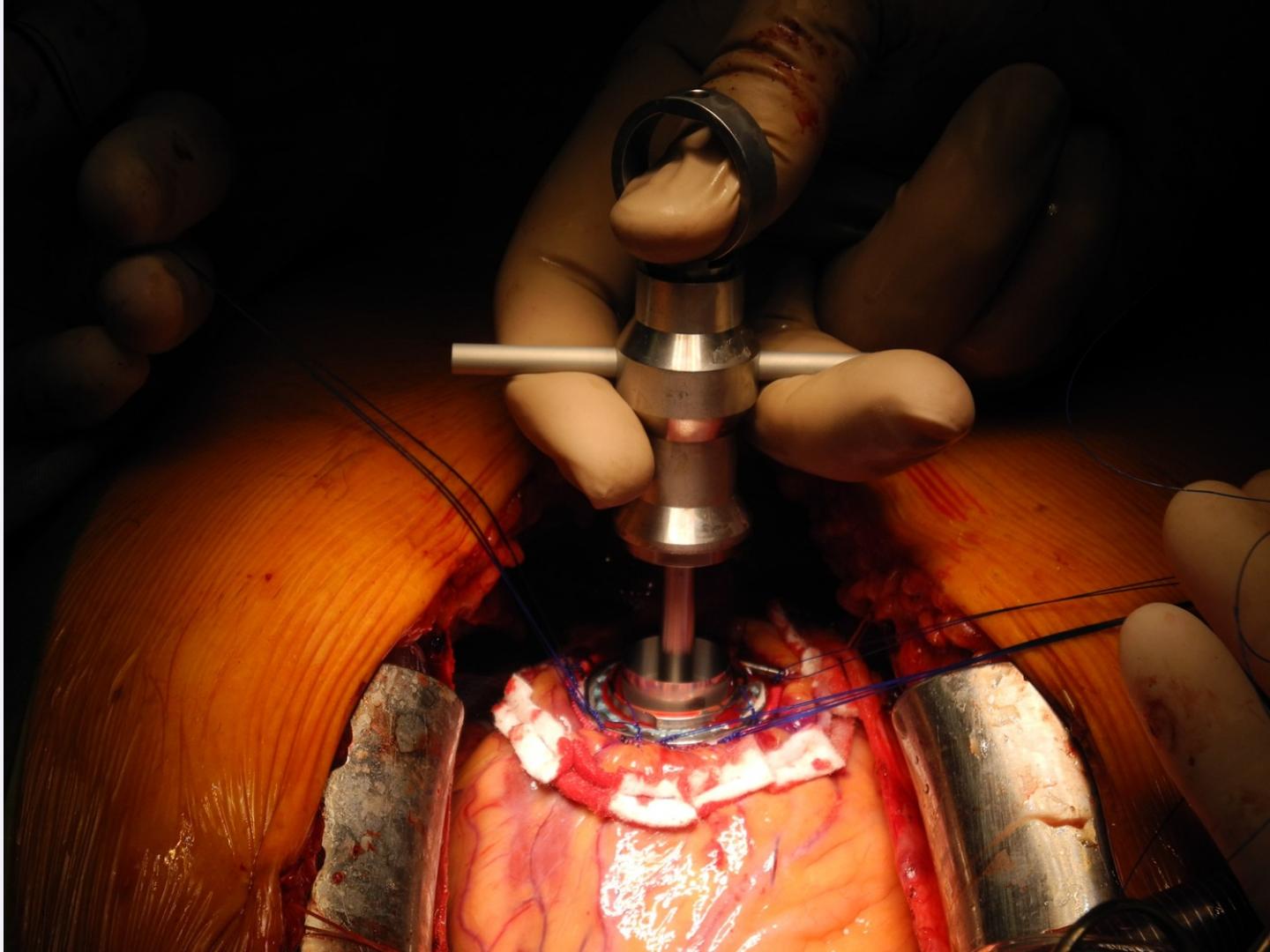


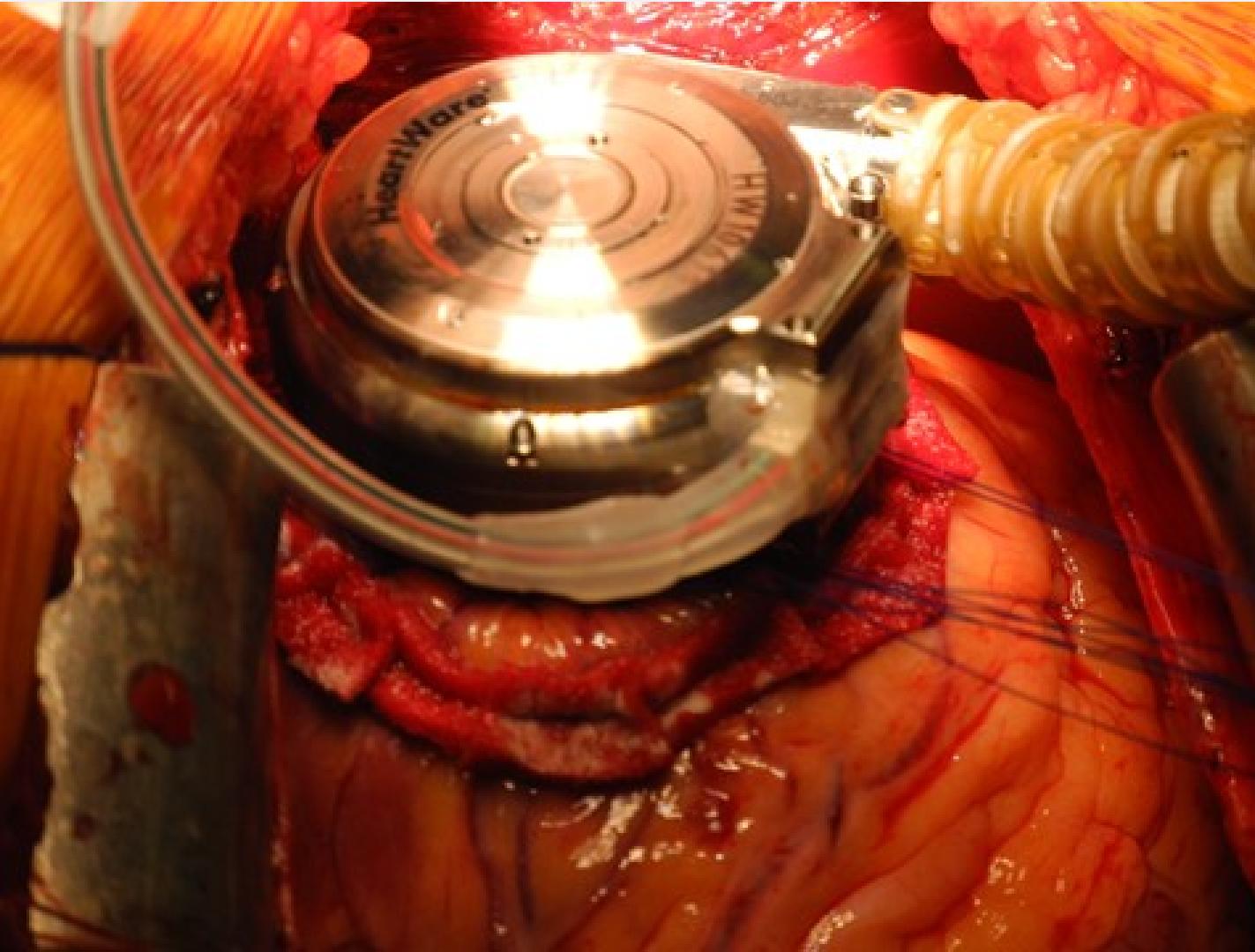




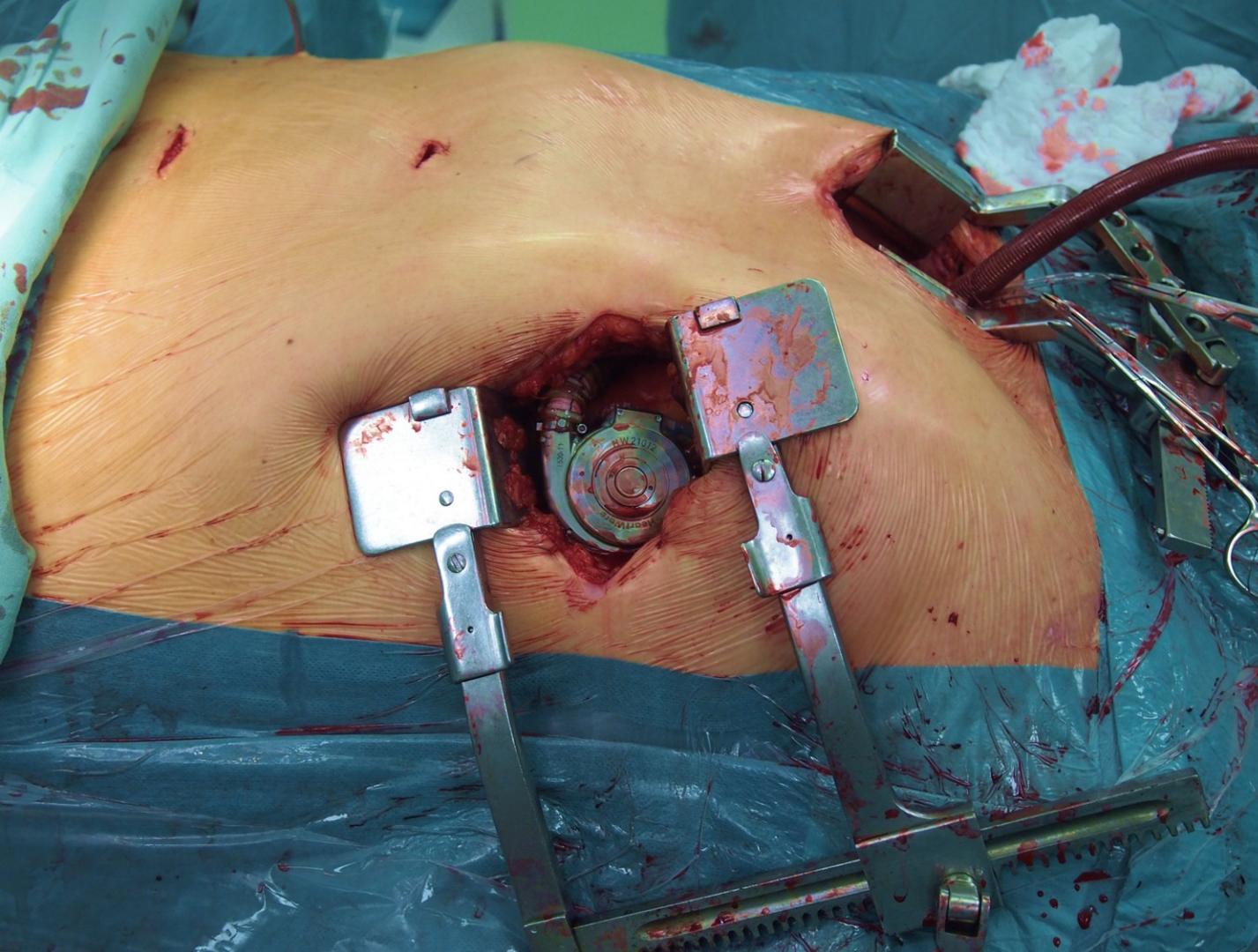


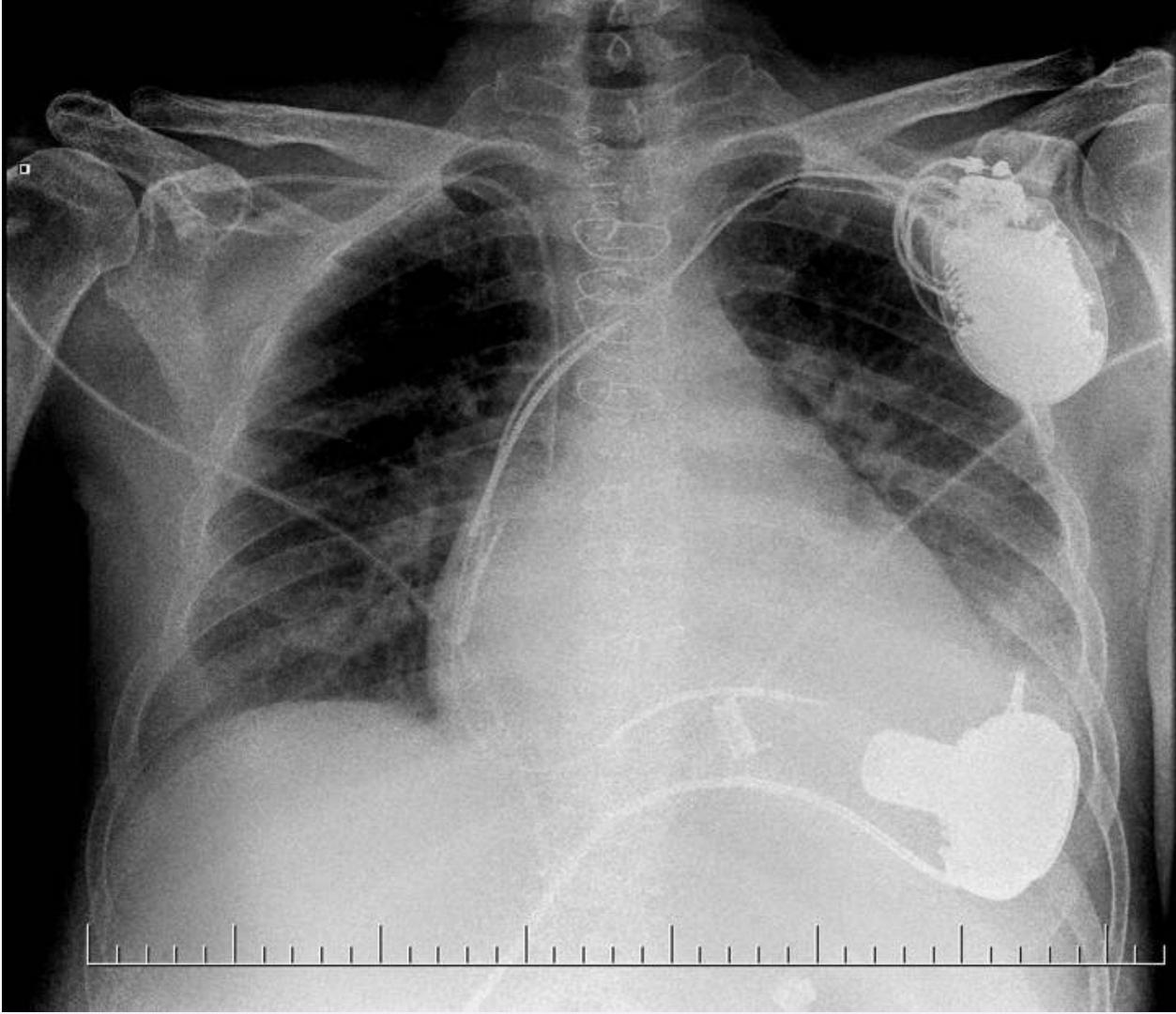






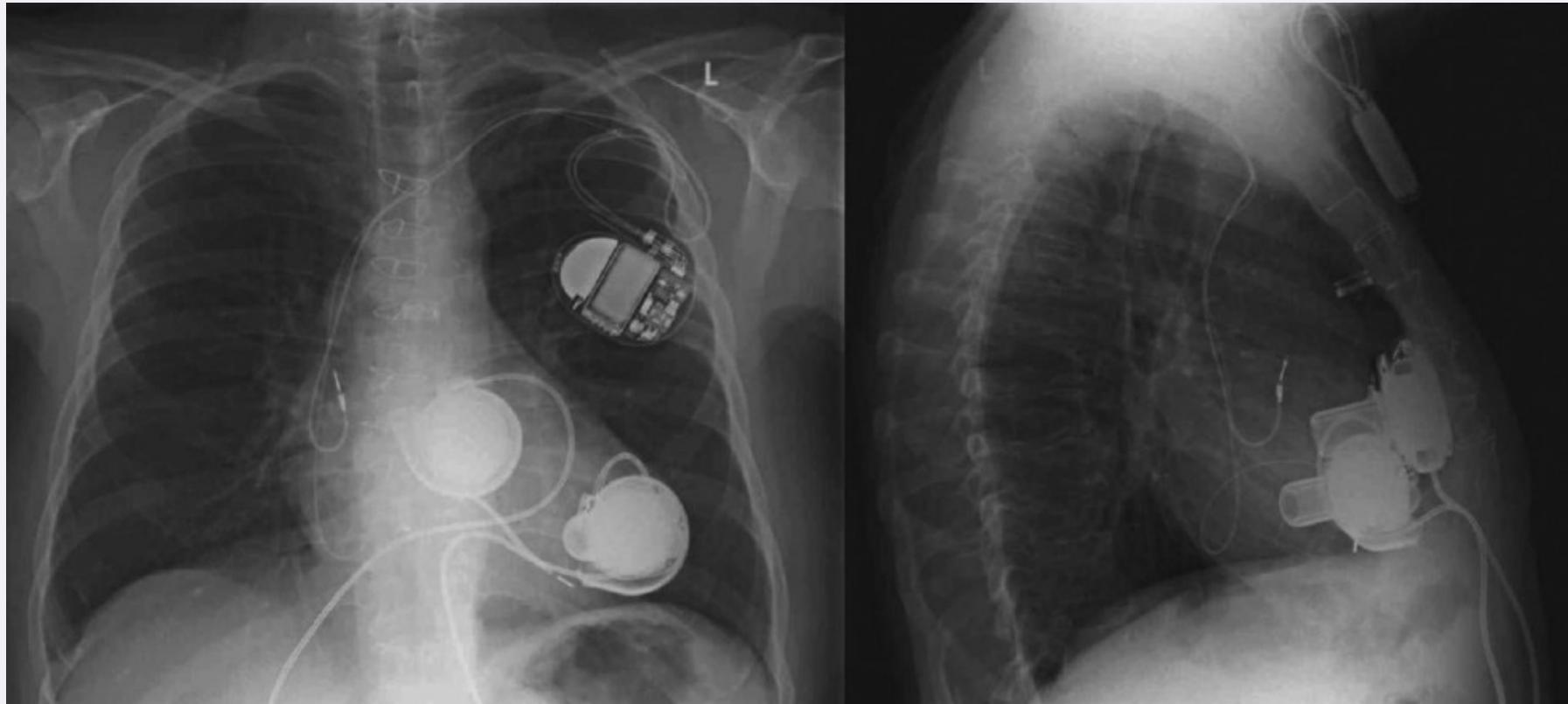




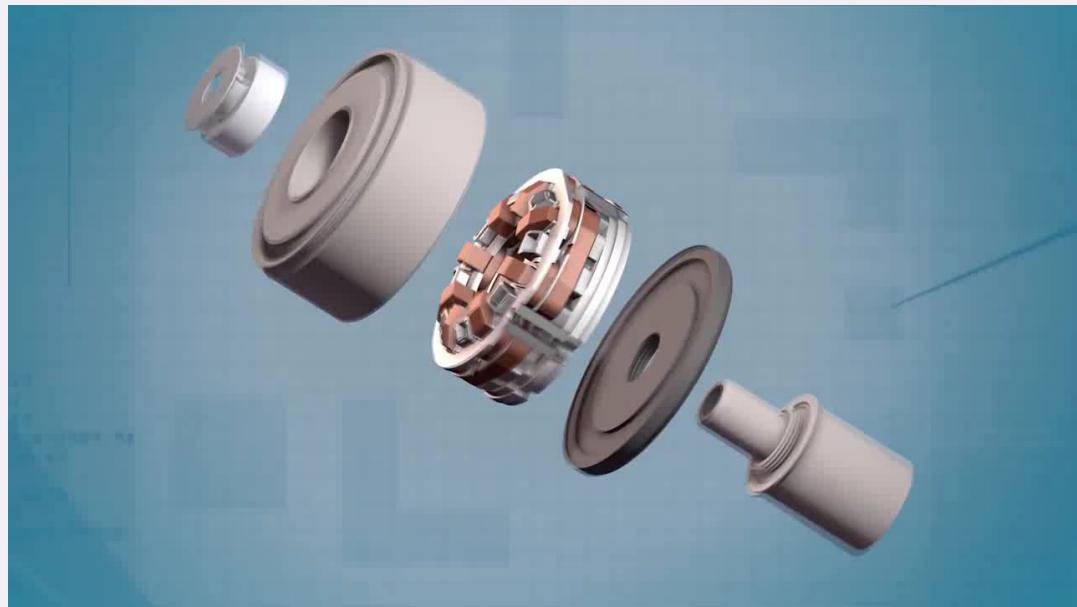
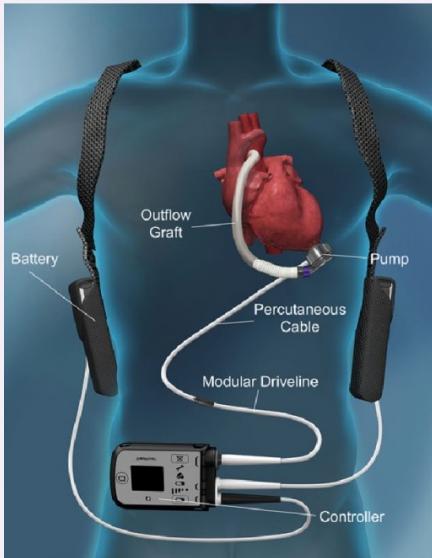


# MCS – 2x LVAD as BiVAD

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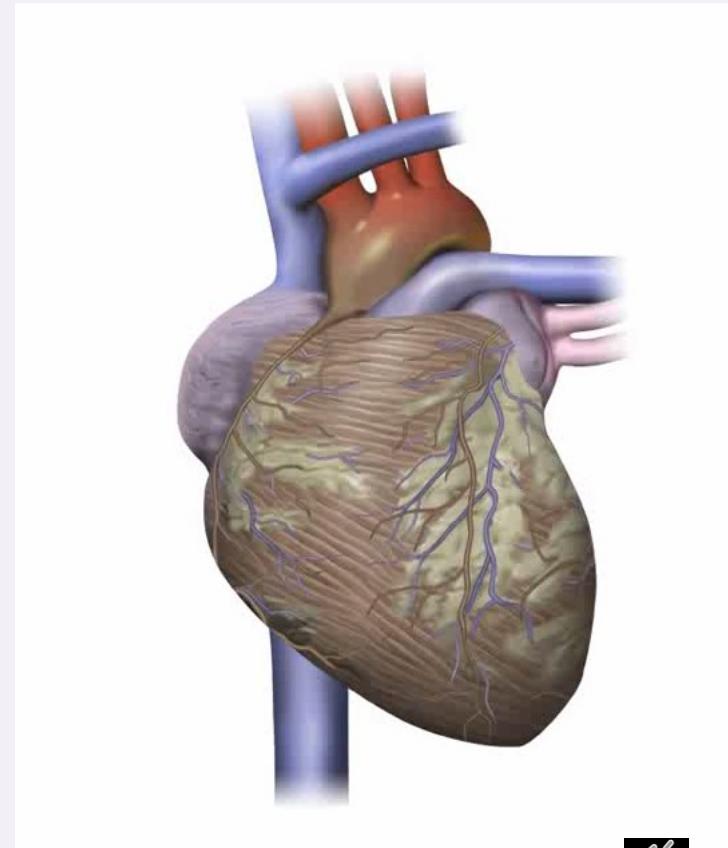
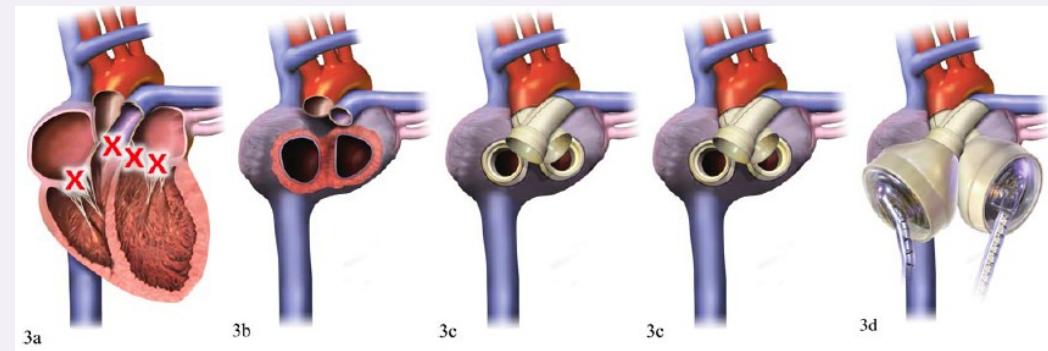


# MCS – HEARTMATE 3



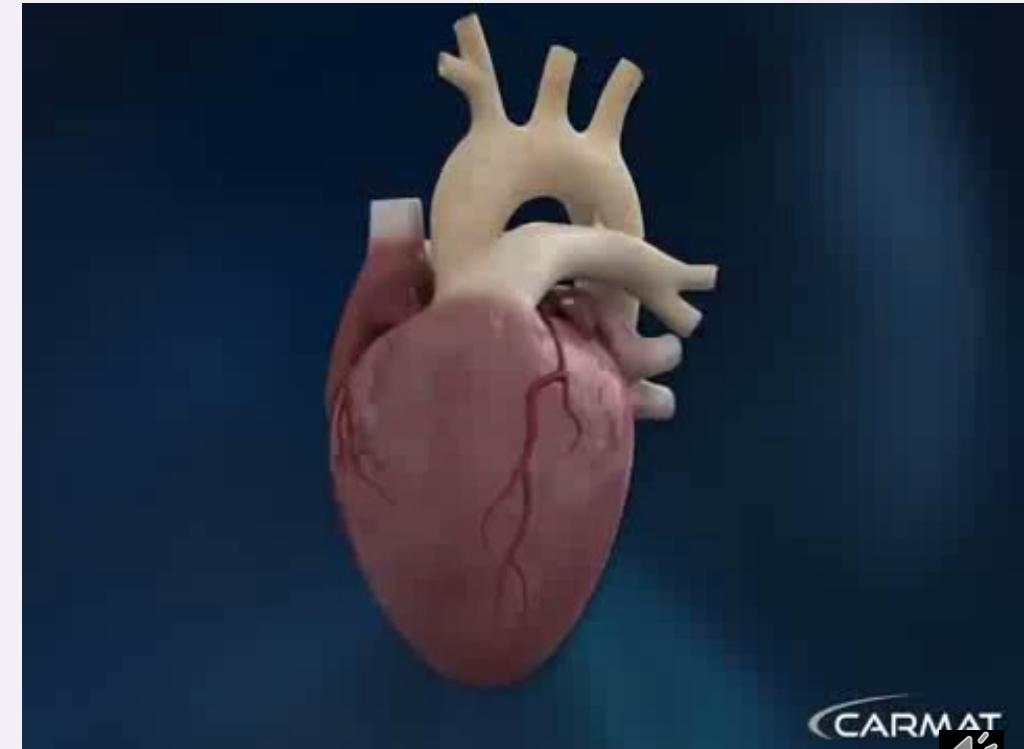
# Total artificial heart - Syncardia

- pneumatic pump – pulsatile flow
- bridge-to-transplant
- noise



# Total artificial heart - Carmat

- electrohydraulic pump, biological valves, membranes - bovine pericardium
- pulsatile flow, autoregulation



# MCS - future

- miniaturization??? – external components
- wireless
- telemonitoring
- no anticoagulation

HVAD™



MVAD™

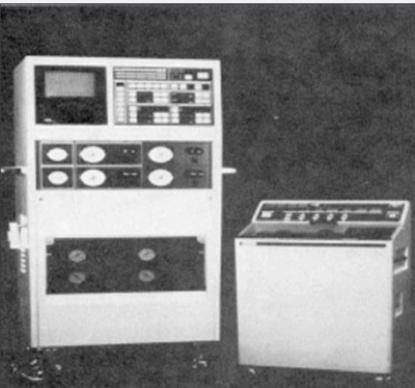


IV-VAD™

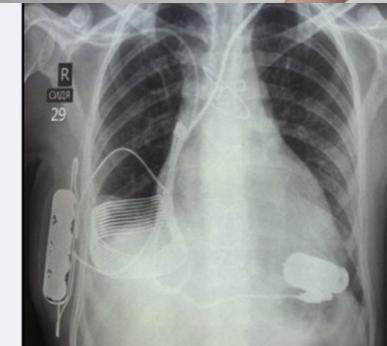
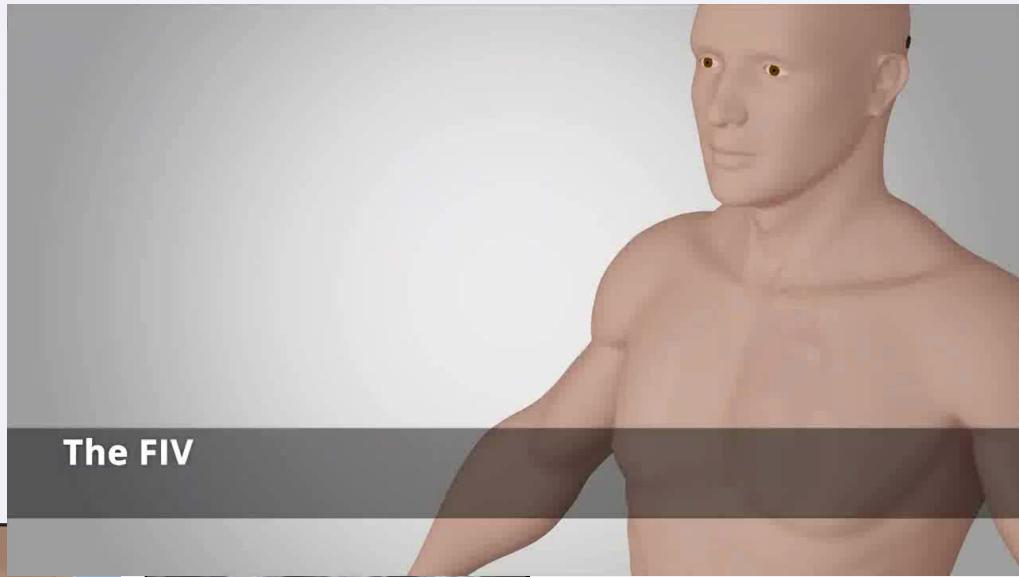
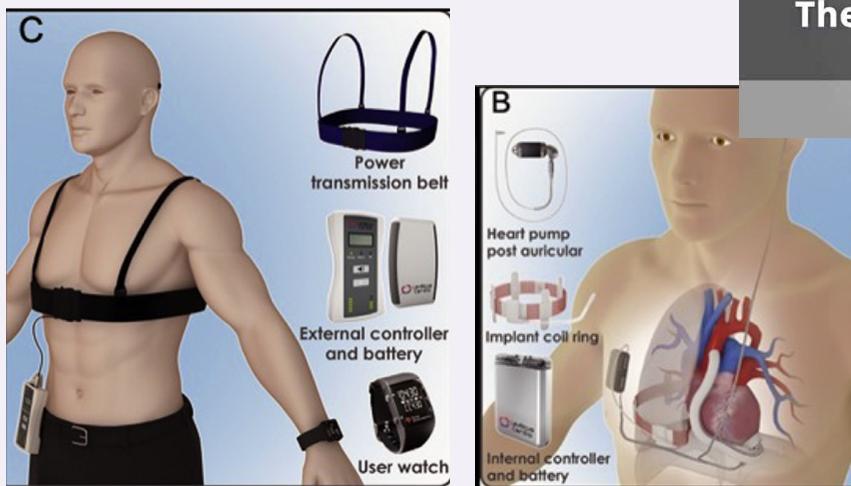


Procedure	Surgical	Minimally Invasive	Catheter Delivery System
Flow	10 L/min	10 L/min	3 L/min
Patient Class	Late Class IV	Class IV	Class III / Early Class IV
Treatable Pop.	100,000	350,000	1,000,000

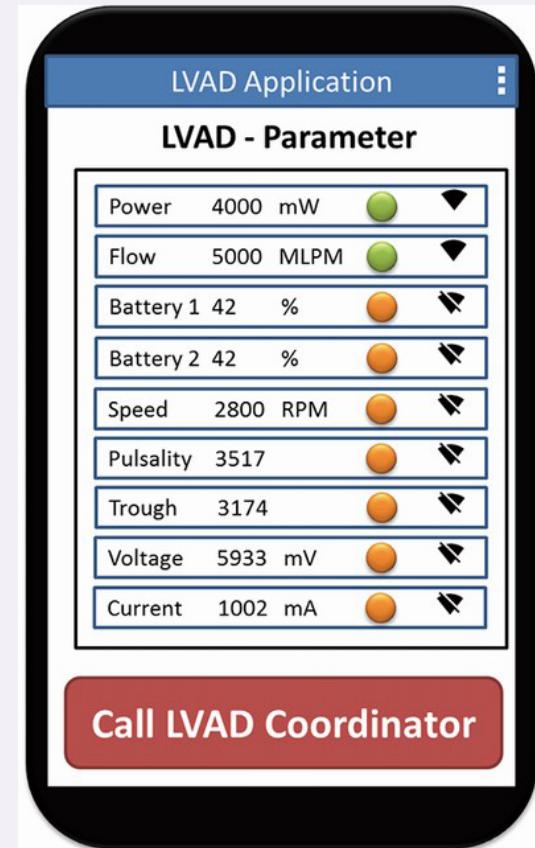
# MCS – future - miniaturization



# MCS – future - wireless



# MCS – future - telemonitoring



# MCS – future – no anticoagulation

Evaluation of low-intensity anti-coagulation with a fully magnetically levitated centrifugal-flow circulatory pump—the MAGENTUM 1 study

Ivan Netuka, MD, PhD<sup>a,\*</sup>  , Peter Ivák, MD, PhD<sup>a,b</sup>, Zuzana Tučanová, MD<sup>a</sup>, Stanislav Gregor, PharmD<sup>c</sup>, Ondrej Szászoi, MD, PhD<sup>a</sup>, Poornima Sood, MD<sup>d</sup>, Daniel Crandall, PhD<sup>d</sup>, Jessica Rimsans, PharmD, BCPS<sup>e</sup>, Jean Marie Connors, MD<sup>f</sup>, Mandeep R. Mehra, MD<sup>g</sup>

after 6 weeks - ↓ INR 1,5-1,9

n = 15

after 6 months

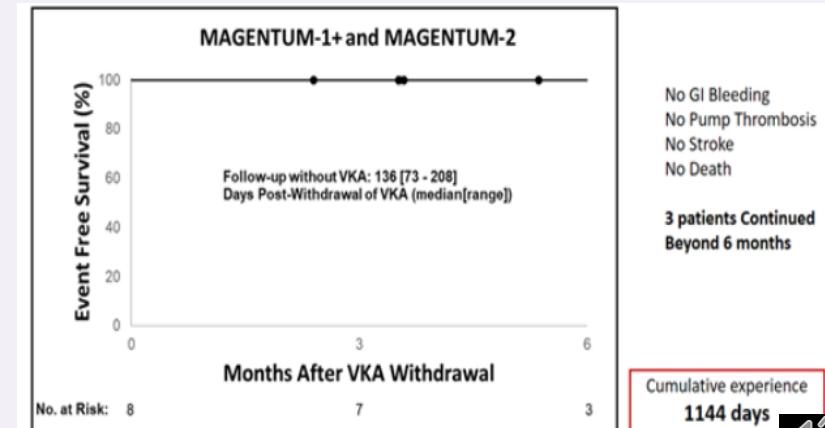
- no stroke, no pump thrombosis
- 1x GI bleeding

A Trial of Complete Withdrawal of Anticoagulation Therapy in the Heartmate 3 Pump

I. Netuka<sup>1,\*</sup>  P. Ivák<sup>1</sup>, Z. Tukanova<sup>1</sup>, S. Gregor<sup>1</sup>, O. Szarszoi<sup>1</sup>, J. Rimsans<sup>2</sup>, J. Connors<sup>2</sup>, D. Crandall<sup>3</sup>, P. Sood<sup>3</sup>, M. Mehra<sup>2</sup>

from MAGENTUM 1 study – n = 5

MAGENTUM 2 – after 6 months – complete withdrawal anticoagulation therapy



Netuka, I, et al. JHLT, 2018, 37.5: 579-586  
Netuka I., et al. JHLT, 2019, 38.4: S113



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