



Morbid Obesity in End Stage Heart Failure: How Safe is Bariatric Surgery in Ventricular Assist Device Recipients?

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Presentation: About 25% of patients enduring end stage cardiovascular breakdown (ESHF) are stout. BMI>40 keeps patients from getting an organ unite on the grounds that horrible corpulence (MO) drastically builds mortality after heart transplantation (HTx). Besides, MO (BMI>40) expands the danger of thromboembolic occasions by 20%. The treatment of ESHF in hefty patients must incorporate the treatment of their corpulence. Bariatric medical procedure (BS) is the best treatment for MO, yet has restrictive careful mortality in ESHF patients. One methodology is to initially embed a Left Ventricular Assist Device (LVAD) to give hemodynamic solidness during BS and in the long run decrease patient's BMI to values perfect with HTx (connect to-appointment approach). In any case, halting the anticoagulation for BS builds the danger of LVAD apoplexy or potentially thromboembolic occasions, especially in nearness of MO. We report the remedial pathway we applied to unravel this difficult circumstance. Technique: A 54 years of age man, previous smoker, with a BMI of 43.8 kg/m² and rest apnea disorder, experienced ESHF because of ischemic (LAD impediment) and cadenced cardiomyopathy (non valvular atrial fibrillation) with CHA2DS2-VASC score 5. Left ventricle launch portion was 20%. Mean aspiratory pressure was 35 mm Hg and heart list was 2.0 l/min/m². His BMI was the main contraindication to HTx. Our institutional Heart Failure Team chose to embed a consistent stream LVAD to improve patient's hemodynamic condition and afterward play out a sleeve gastrectomy (SG). Results: LVAD embed (Abbott HeartMate 3) was performed under CPB (75 min) utilizing an insignificant intrusive methodology through an upper ministernotomy and a left front hemi thoracotomy. The activity and post-usable stage were uneventful. The patient was extubated under 12 hours after the medical procedure and left ICU on postoperative day (POD) 3. Clopidogrel and against nutrient K treatment were presented on POD 3. Regardless of wholesome administration and recovery, the patient's

weight expanded by 7 kg during the main postoperative months. Along these lines, it was chosen to perform SG utilizing a laparoscopic approach 10 months after LVAD embed. Sintrom was suspended 3 days before the system and supplanted by prophylactic IV Heparin (against Xa

Cardiovascular breakdown (HF) predominance keeps continually going up arriving at 60000 patients around the world. End stage Heart Failure (ESHF) is oien related with metabolic comorbidities, for example, HTA, diabetes or weight. So that, 80% of HF patients are either diabetic or stout. As per the International Society of Lung and heart transplant of 2016 proposals [1], heart transplantation is contraindicated in patients with a BMI higher than 35. Dismal corpulence (MO) expands mortality and thromboembolic occasions by 20% aier heart transplantation (HTx). Yang et Al exhibit that BMI up to 30 expands the danger of coronary illness requiring Primary Coronary Angioplasty aier HTx. Just 2200 hearts are accessible every year for in excess of 100000 enrolled receptors with ESHF. Hus, clinical social orders have set up qualification limitations for being on the transplant list, as indicated by the odds of endurance aier HTx. He treatment of ESHF in corpulent patients must incorporate the treatment of their heftiness. Bariatric medical procedure (BS) is the most e'ffective treatment for MO, it will in the long run decrease the patient's BMI to values perfect with HTx, yet has restrictive careful mortality in ESHF

He understanding was treated somewhere in the range of 02.2018 and 01.2019 at Vaud University Hospital (CHUV, Lausanne, Switzerland). Mr. R. C, a fii\ four years of age man, previous smoker at 45 PA, su'ering from hypertension, stage III stoutness with BMI 43.8 kg/m² (134 kg for 175 cm) and rest apnea condition rewarded by CPAP. He tolerant had moreover a background marked by various stomach medical procedures (9 by open medical procedures and one by



laparoscopic approach). In the cardiovascular foundation, he has an ischemic coronary illness aier an impediment of the LAD, with a constant restenosis of a stent in that position. He has a relentless non-valvular atrial fibrillation (CHA2DS2-VASC score 5 pts) as musical unsettling influences, anticoagulated by apixaban. He persistent likewise conveys an Implantable Cardioverter 'efibrillator in essential counteraction of abrupt cardiovascular passing. A cardiovascular MRI completed three years sooner demonstrated a LV dilatation with decreased launch part

He utilization of HM III, a ceaseless move through revolving siphon (nonpulsatile), huge blood stream holes suspension with electromagnetic suspension, blood reaching finished surfaces, is progressive Ventricular Assistance gadget o'ering a lower danger of apoplexy. Hoist study Compare the HM II to HM III, and reasoned that HM III gadget was more efficac\ contrasting with HM II yet additionally diminish thrombotic confusion [9]. Herefore, Mehra et al. in momuntum preliminary show 9.4 percent of di'ference in endurance at 6 month without

mind stroke or reoperation for grandeur apoplexy between HM II and HM III [9]. New age LVADs make the administration of anticoagulation treatment more secure than at any other time even in patients at high hazard for thromboembolic difficulties, making conceivable to consider LSG in a quiet way

He persistent is presently leaned to heart transplant. Even more, Many groups [10] have indicated such an improvement in EF, that they have had the option to explant the LVAD, in this way, "the extension to office" was fairly a "scaffold to recuperation".

LVAD followed by BS speaks to an e'ective safe restorative methodology to make ESHF hefty patients qualified for HTx. For sure new age LVADs make the administration of anticoagulation treatment more secure than any time in recent memory even in patients at high hazard for thromboembolic intricacies. LSG can be securely considered as a possibility for effective weight reduction in cardiovascular breakdown patients with new age LVAD.

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