



Heart Transplant: Before your surgery

If you or a loved one is experiencing heart failure, you may feel overwhelmed and discouraged. You probably have questions about the future and about whether things can get better.

This booklet can help. It has information to help you know what to expect if you or your loved one decides to get a heart transplant.

As you read, keep in mind that this booklet doesn't replace the instructions you might receive from your healthcare providers. Always follow their directions and go to them with questions and concerns.

Ashley Irvin, an LVAD Bridge-to-Transplant patient, returned to playing her favorite sport and walking her dog after receiving a heart transplant.



What's Inside

What is a Heart Transplant?..... 5

Who Needs a Heart Transplant?..... 6

Your Transplant Evaluation 8

How Organ Donation Works..... 10

LVAD as Bridge to Transplant.....17

Transplant Surgery and Recovery..... 20

Care After Transplant22

Mental and Social Health26

Financial Considerations 27

About Our Program.....28

Additional Resources..... 30





Andrea Duncan,
Heart Transplant Recipient

What is a Heart Transplant?

A heart transplant is an open heart surgery that replaces your original heart with a human donor heart. A heart transplant is a treatment, not a cure, for end-stage heart failure or severe coronary disease.

After your heart transplant, you will need to make lifestyle changes to keep healthy. These changes include eating a healthy diet, staying physically active, and making time for frequent clinic visits and lab testing. You will also need to take medications for the rest of your life to prevent rejection of your new heart.

Your heart failure team needs to make sure you are a good candidate for surgery and these lifestyle changes. Here is an overview of the steps involved — the remainder of this packet will explain the details.

Heart transplant steps:

- 1 Our transplant team will assess whether you are a good candidate.** This requires a series of medical tests as well as consultations for mental health, social support, and nutrition. We also make a plan for the financing of your care.
- 2 Once you are approved as a heart transplant candidate, you will be placed on the national waiting list for a donor heart.** You must be willing to relocate to Salt Lake City for the duration of time you are on the waiting list. Organ waiting times vary from days to months to years, depending on organ availability and your condition.

Patients who become very ill while on the waiting list may require continuous IV medications or a left ventricular assist device (LVAD) as a bridge to transplant.
- 3 Once a donor heart is located, you will undergo open-heart surgery.**
- 4 After your surgery, you must stay in Salt Lake City for a minimum of 6 months, and up to 1 year.** You will also begin new medications and receive frequent follow-up care.

Who Needs a Heart Transplant?

Heart failure is a condition in which the heart can't pump enough blood to meet the body's needs. This doesn't mean your heart has stopped working entirely, but that it no longer is doing its job adequately. As a result, you may feel weak, tired, or short of breath.

Heart failure is a progressive disorder, meaning it grows worse with time. The early stages can sometimes be managed with medications and lifestyle changes, which help reduce symptoms. Eventually, heart failure may progress.

In advanced stages of heart failure, you may need a heart transplant or a left ventricular assist device (LVAD). An LVAD is a mechanical heart pump that helps the left side of your heart pump blood (see [page 17](#)).

Heart failure doctors may consider a transplant if:

- You can no longer walk a city block without shortness of breath.
- Your doctor decreases your heart failure medication because you have low blood pressure.
- You need more and more diuretic medication to control your weight.
- You've been admitted to the hospital more than once in 6 months due to heart failure.
- You have received a biventricular pacemaker or an implantable cardioverter defibrillator (ICD) but your heart failure symptoms have not improved.
- You are dissatisfied with the quality of your life and can no longer do things you once enjoyed.
- You have constant, life-threatening, abnormal heart rhythms that do not go away with other treatments.
- You have other serious heart conditions, including advanced hypertrophic cardiomyopathy.



Brent Haupt,
Heart Transplant Recipient



Your Transplant Evaluation

After you are referred to our program by your physician, you will have an evaluation at Intermountain Medical Center. Careful screening will determine if you are a suitable candidate for a heart transplant. Patients must be formally approved by the program to be listed with the national donor organization, the United Network for Organ Sharing (UNOS).

You will undergo a variety of tests and several consultations (your physician may perform some of these tests and you should bring the results with you to your first appointment). It is not uncommon to be admitted to the hospital for a few days for further evaluation. If you would like, you may also meet with a current transplant patient to discuss their experiences and lifestyle changes.

Once your labs and testing are complete, a team of caregivers will meet to determine if a heart transplant or LVAD therapy is the right treatment option for you. The team includes critical care physicians, heart failure and transplant cardiologists, advanced practice providers or APPs (a group of nurse practitioners and physician assistants), heart surgeons, social workers, care managers, and financial coordinators. You will be provided with additional information, as necessary, as you make a final decision about heart transplantation.



Medical procedures or tests for evaluation:

- A right and left heart catheterization to measure your heart pressures and evaluate your coronary arteries.
- An echocardiogram to determine the structure of your heart and your “ejection fraction” (the percentage of blood pumped out with each heartbeat).
- A stress test to measure your body’s ability to use oxygen while exercising.
- A lung function test.
- An electrocardiogram (ECG) to record the electrical activities of your heart.
- Other x-rays and ultrasounds.
- Blood tests.
- Dental exam.
- Panel Reactive Antibodies (PRA) test, a blood test that measures antibody levels in your blood. The PRA score is expressed as a percentage (0 to 99%). You will have a PRA test periodically while on the waiting list.
- Immunizations to lessen the increased risk of contracting vaccine-preventable infections and diseases to which transplant recipients are exposed. During your evaluation for transplant, our pharmacist will assess your immunization status and make a personalized immunization plan for you based on recommendations by the Centers for Disease Control (CDC).

As immunizations are less effective in organ failure and after transplant, we make every effort to complete the recommended immunizations as early as possible in your course of care. We will also continue to assess your immunization status every year after you receive your transplant to ensure you continue to be as protected as possible.

- Additional tests as needed.

How Organ Donation Works

Donor waiting list

Once it is determined that a patient is an appropriate candidate for a heart transplant, they are placed on a national waiting list maintained by the United Network for Organ Sharing (UNOS).

UNOS has the responsibility of matching donors with recipients nationwide based on the following criteria:

- Medical urgency and listing status (see [page 12](#))
- Blood type
- Patient size
- Duration of time on the waiting list
- Antibody levels

Waiting for a donor heart

Waiting times vary from days to months to years depending on organ availability, blood type, priority status, and your medical condition. Patients who become very ill while on the waiting list may require a left ventricular assist device (LVAD) as a bridge to transplant.

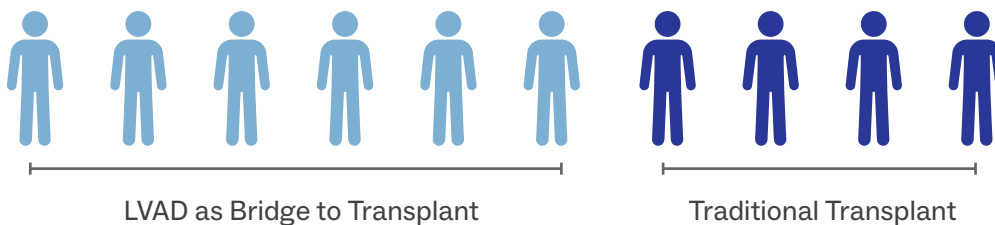
Keep in mind

You must be willing to relocate to Salt Lake City for the duration of time on the transplant list, as well as for a minimum of 6 months and up to 1 year after transplant surgery.

During the time you are waiting for a transplant, you will be required to stay within a 2-hour drive of Intermountain Medical Center.

LVAD as Bridge to Transplant

At our center, on average, 6 out of every 10 people who receive a heart transplant require LVAD support while waiting for a donor heart.





Jarvis Cullimore,
Heart Transplant Recipient

UNOS listing status

Patients who are waiting for a heart transplant are listed as a specific status type on the UNOS waiting list. There are 7 status types:

Status 1

Patients who cannot be discharged from the hospital, such as:

- Patients with a heart-lung bypass machine (VA ECMO) or other surgically implanted temporary heart assistance devices such as biventricular support (BIVAD).
- Patients with mechanical circulatory support devices who also have life-threatening heart arrhythmias.

Status 2

Patients who cannot be discharged from the hospital, such as:

- Patients with certain surgically or percutaneous endovascular implanted temporary heart assistance devices or a total artificial heart (TAH).
- Patients on mechanical circulatory support with device malfunction.
- Patients who have life-threatening heart arrhythmias but are not on mechanical circulatory support.

Status 3

- Patients who are stable at home living with an LVAD receive 30 days at this status.
- Patients who are hospitalized and on continuous intravenous (IV) inotrope medications.
- Patients on mechanical circulatory support with specific complications.

Status 4

- Patients with mechanical circulatory support who can be discharged from the hospital.
- Support with continuous IV inotropic medications.
- Heart re-transplant.
- Congenital heart disease (CHD).
- Ischemic heart disease with intractable angina.
- Hypertrophic cardiomyopathy (HCM), restrictive cardiomyopathy, amyloidosis.

Status 5

Patients who are waiting for at least one other organ at the same hospital.

Status 6

Patients who do not meet the criteria listed in status 1 to 5.

Status 7

These patients are considered temporarily inactive and do not accrue time on the waiting list.

Donors with risk factors for infection

You may be offered an organ for transplant that is classified as a donor that has risk factors for infection by the U.S. Public Health Service (PHS).

What is a donor that has risk factors for infection?

These donors may have been recently exposed to a virus of concern that has not yet shown up on a screening test. These include hepatitis C (HCV), hepatitis B (HBV), and HIV (the virus that causes AIDS).

This does not mean the organ has one of these viruses. It means it is possible the donor was infected recently, and the virus is not yet visible on a screening test.

It does not mean the organ is of lower quality or damaged in any way. It does not mean the organ transplant is less likely to work.

What are the benefits of accepting this organ?

If you accept this organ you will get a transplant sooner. Given your overall medical condition, accepting this organ may pose less risk than the risk of waiting longer for another heart.

What are the risks of accepting it?

You could get an HCV, HBV or HIV infection.

While this risk is very low, we feel it is important for all organ recipients to know that a small risk exists and for this reason ALL recipients will be tested for these viruses after transplantation.

How will I be monitored if I accept this organ?

Before your transplant, your blood will be drawn to determine if you currently have HCV, HBV or HIV, then 7 to 8 weeks post-transplant you will be retested for these infectious diseases.

How are donors and donor organs evaluated?

Before an organ can be donated from a deceased to living person, an Organ Procurement Organization (OPO) must evaluate the organ.

The organ is screened for HIV, HCV and HBV using highly effective testing, however there is still a small chance that the test results are negative even if the virus is present

The risk of missing an infection in a donor organ is felt to be around 1 in 10,000 to 1 in a million depending on the risk criteria.

Requirements

The U.S. Public Health Service requires the OPO to:

- 1 Physically examine the donor and organ.**
- 2 Review the donor's medical record.**
- 3 Learn about the donor's recent behaviors.**

There is always a small risk of getting a disease from a transplanted organ.

Even with the above tests and reports, there is no completely accurate way to screen donors for all transmissible diseases. Some transmissible diseases may be identified after the organ is transplanted.

What would classify an organ as having risk factors for infection?

A donor with any of the following during the 30 days before organ procurement:

- Unknown medical or social history
- Incarceration (confinement in jail, prison or juvenile correction facility) for greater than or equal to 72 consecutive hours
- Drug injection for nonmedical reasons
- Sex (for example, any method of sexual contact, including vaginal, anal and oral) with a person known or suspected to have HIV, HBV or HCV infection)
- A man who has had sex with another man
- Sex with a person who had sex in exchange for money or drugs
- Sex with a person who injected drugs for nonmedical reasons
- Sex in exchange for money or drugs

If the donor had a virus, when could it be detected on a test?

After a person is exposed to a virus, it takes time for the virus to grow enough to be detected on a blood test. This amount of time is called the **window period**. All donor organs are tested with two different blood tests and they each have different window periods.

- A serology test is the standard test used to look for infections in the blood.
- A nucleic acid test (NAT) can detect an infection sooner after exposure.
- The table below shows the number of days after a person is infected for the virus to be detected.

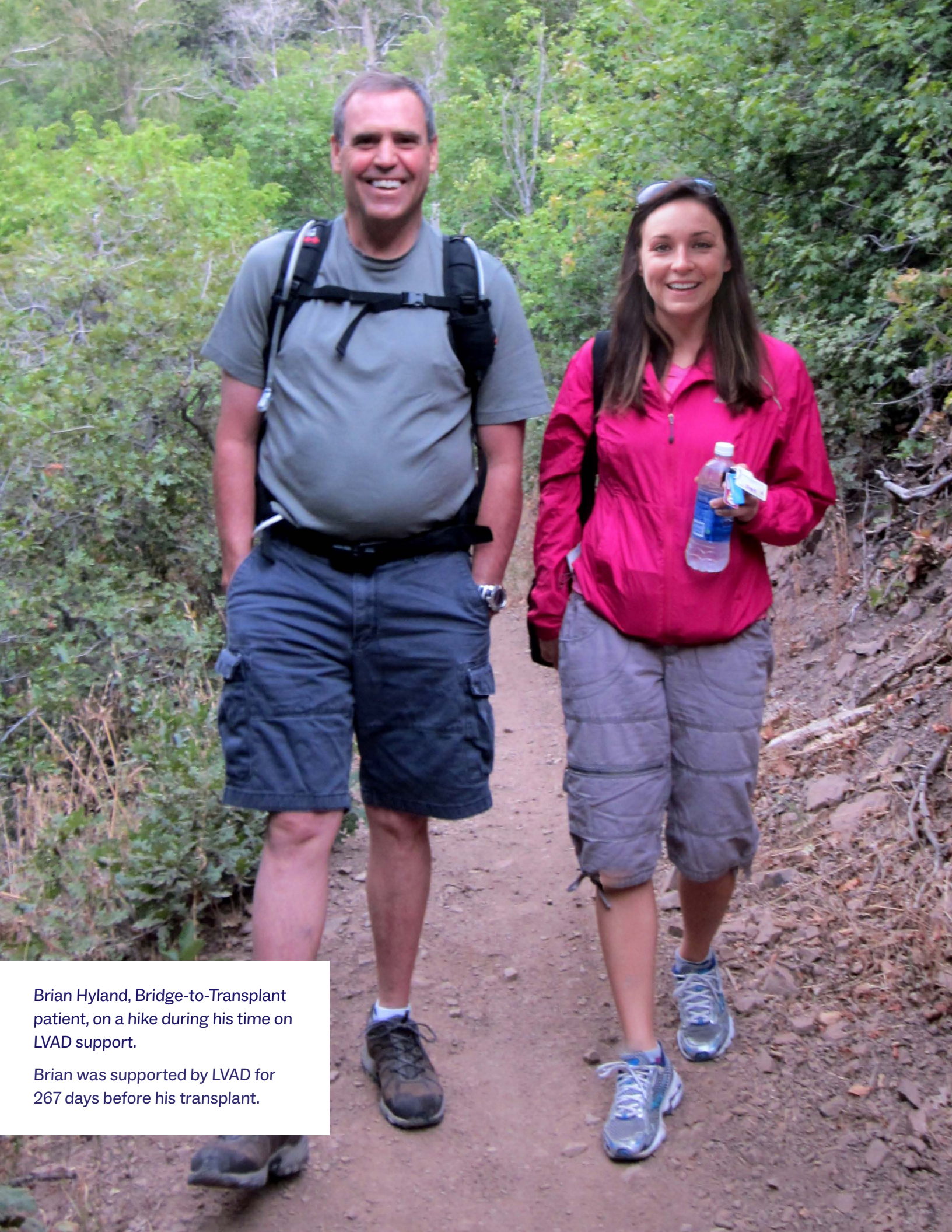
	How long after exposure the virus can be detected on a test:	
	Serology Test	Nucleic Acid Test (NAT)
Hepatitis C	About 70 Days	3 to 5 days
Hepatitis B	35 to 44 days	20 to 22 days
HIV	17 to 20 days	5 to 6 days

If the donor was infected with a virus before the window period, the virus would have already shown up on a blood test. In most cases, the organ would not have been accepted for donation.

If the donor were infected with a virus very recently (within the window period) the virus may not yet show up on a blood test.

You have the right to:

- **Not accept this organ offer.** If you choose not to accept this organ offer, you will not lose your status on the waiting list. You will remain a candidate for transplantation and receive other organ offers.
- **Change your mind at any time prior to transplant,** without the need to justify your decision. Changing your mind will not affect your future treatment.
- **Refuse a transplant.** If you choose not to have a transplant, please discuss treatment options with your transplant or community provider.



Brian Hyland, Bridge-to-Transplant patient, on a hike during his time on LVAD support.

Brian was supported by LVAD for 267 days before his transplant.

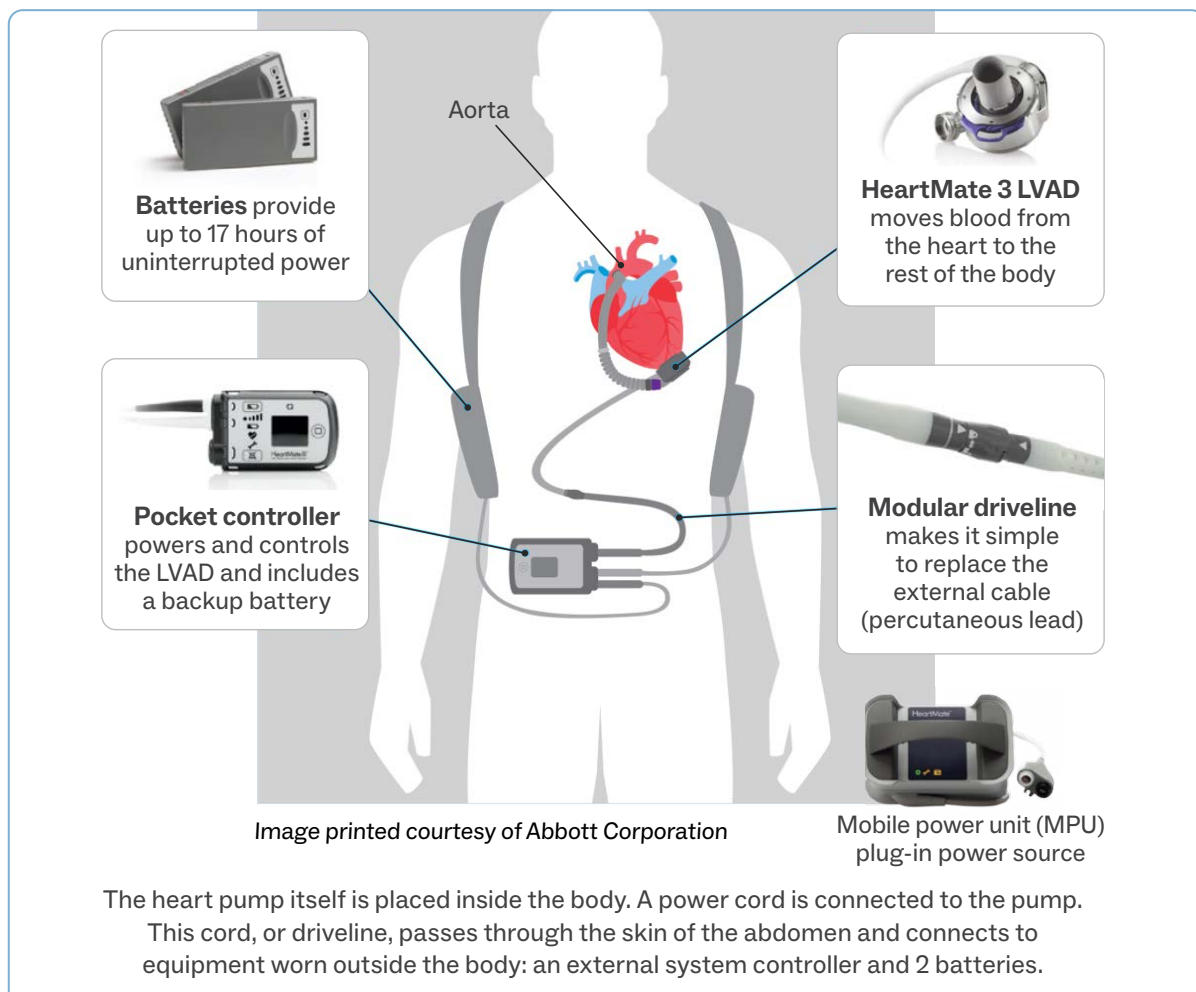
LVAD as Bridge to Transplant

In the U.S., the average wait time for a heart transplant is more than 8 months and is growing longer due to a shortage of donor organs. The use of implantable heart pumps as bridge-to-transplant therapy (BTT) is often necessary for patients living with advanced heart failure, who are at risk of passing away before a matching donor becomes available.

What is an LVAD?

LVAD stands for left ventricular assist device. The LVAD does not replace your heart. It is a mechanical heart pump that will help the left side of your heart pump blood, nutrients, and oxygen to the rest of your body. This will relieve your heart failure symptoms and give you additional energy, stamina, and a better quality of life.

Implanting an LVAD requires open-heart surgery. After surgery, patients are connected to equipment both inside and outside the body. The LVAD must be connected to electrical power at all times. Patients must carry batteries with them. At night they connect to a stationary unit.



LVAD surgery and recovery

Implantation of an LVAD involves open-heart surgery and requires the use of cardiopulmonary bypass. Length of surgery can vary from about 6 to 12 hours, depending on whether you require other cardiac surgical procedures.

A typical length of stay following LVAD implantation is about 3 weeks, with 1 week spent in the Thoracic Intensive Care Unit (Thoracic ICU) and 2 weeks in the Cardiovascular or “step down” Unit.



24-hour caregiver

You must have a caregiver (close family member or friend) to help take care of you for 6 weeks after your implant. They will receive extensive training about the LVAD while you are recovering in the hospital.

Over time, you can become more independent. Most people who have had an LVAD, with permission from the heart failure medical team, will be able to drive, return to work, and travel.

Discharge from the hospital with an LVAD

At the time of discharge, our team will arrange home equipment and training with your healthcare provider as well as the local fire department, emergency personnel, and any other community members who wish to be trained. Before LVAD implantation, you will be asked questions about your home environment.

During the time you are waiting for a donor heart, you must not travel farther than 2 hours away from Intermountain Medical Center. Some patients who live out of the area may temporarily stay at the hospital's LVAD apartments nearby, for a fee, until they are ready to travel home.



Brody Lambert,
Bridge-to-Transplant Patient

Waiting for a heart transplant

The wait time for you to receive a heart transplant can vary from several months to more than 1 to 2 years. Waiting can be unpredictable. You should live life as fully as possible and enjoy the things and people you love. We also recommend you join our patient support group (see [page 26](#)).

Transplant Surgery and Recovery

When a donor heart becomes available and meets the criteria of a good match, you will receive a phone call or page. It is important to have an overnight bag ready with a list of important contacts, your medication list, and insurance information, as you will be admitted to the hospital as soon as possible.

Once you arrive at the hospital:

- Your medical history and current medical regimen will be reviewed.
- You will receive preoperative (pre-op) labs (blood tests) and a chest x-ray.
- Any anticoagulation (blood-thinning medication) you were taking will be reversed.
- You will begin taking immunosuppressive drugs to prevent rejection.
- You will receive antibiotics and other procedures to prepare you for surgery.



Information about your donor

We must protect personal information about your organ donor and cannot share this with you. Some general information may be shared when it is necessary for your medical care. These protections are part of the federal privacy law, **HIPAA** (Health Insurance Portability and Accountability Act). If you wish, you may work with our social worker to write a letter to your donor family.



Heart transplant surgery

Heart transplantation is an open-heart surgery that will take several hours. During the surgery, a heart-lung bypass machine takes over the work of the heart and lungs. Surgeons position the new heart in the chest and surgically attach it to the major vessels. The new heart usually begins to beat on its own, and the heart-lung machine can be detached.

Recovery

After the transplant, you will be transferred to the Thoracic Intensive Care Unit. You will have several monitoring devices and tubes, including breathing and chest tubes, until you are awake enough to breathe on your own. You will be expected to get out of bed as soon as possible to start your recovery. Once your condition has stabilized, you will leave the ICU but will stay in the hospital until it is safe for you to go home.

No driving or heavy lifting is allowed for 6 weeks or until cleared by a surgeon.

Notes:

Care After Transplant

A heart transplant is a treatment, not a cure for end-stage heart failure or severe coronary disease. After your heart transplant, you will need to make lifestyle changes that will help keep you healthy and to prevent rejection of your donor heart.

What is donor rejection?

Your immune system will see the cells of your donor heart as foreign objects that are not supposed to be in your body and will try to attack them as though they were a virus. In order to counteract the immune system's response, you will be required to take immunosuppressants (anti-rejection medications) for the rest of your life. Immunosuppressants reduce the activity of the immune system.

Post-transplant testing and clinic visits

After your transplant, you will have frequent clinic visits to make sure your new heart is working properly, and to identify potential rejection or complications. These visits will include lab work and other tests, such as a heart biopsy and an echocardiogram.

You can expect 2 clinic visits weekly for the first month after your transplant. Visits will slowly become less frequent with time. Each year during your transplant month, you will have a visit which includes various health maintenance lab work and exams.

Post-transplant immunizations

You should wait a period of time after transplant to receive immunizations. You should **never** receive a live vaccine. Be careful around babies and children who have received live vaccines. Don't change a diaper of a baby who has received the rotavirus vaccine for 4 weeks after its vaccination, and don't touch a baby or child who gets a rash after receiving the chickenpox (varicella) vaccine, until the rash is gone.

Infection in heart transplant recipients

Transplant medications affect your immune system and can increase your risk of infection. Infection risk is highest during the first 6 months after your heart transplant, and any time your medication dosage is increased to treat signs of rejection.

To prevent infection:

- Wash your hands with soap and water frequently.
- Avoid close contact with people who are sick.
- Avoid large crowds completely (including church, grocery stores, and theaters) for the first 3 months.
- Do not share eating utensils, razors, or toothbrushes.
- Take care of cuts or wounds.
- Follow good dental care.
- Do not handle animal waste or change cat litter boxes.
- Avoid gardening and yard work for the first year after transplant, then always wear gardening gloves. Soil has many molds and fungi that could cause an infection.
- Avoid all hot tubs for the rest of your life.
- Follow safe food handling and do not eat raw or undercooked meat or fish.

Keep in mind

Because the risks of infection and rejection are highest the first 6 months after transplant surgery, you need to remain living in the Salt Lake City area for at least 6 months to a year after your transplant.



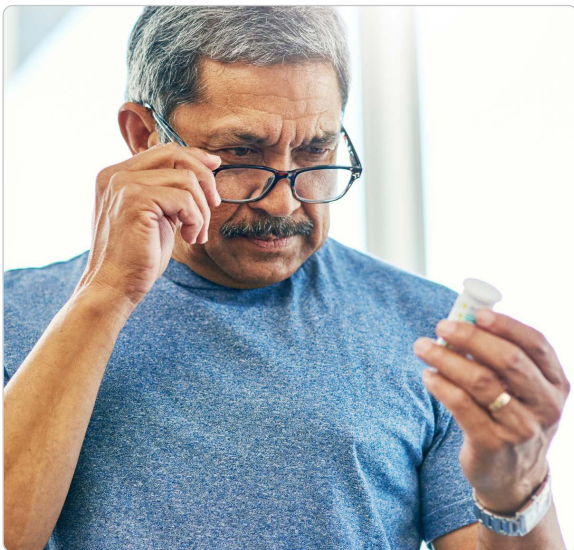
Peggy Simons, an LVAD Bridge-to-Transplant patient, and her husband Harold — Peggy surpassed 3 years of support until her heart transplant.

Medications

Transplant patients are typically on 2 to 3 lifelong medications to prevent rejection, though you will be on many medications at first. You must follow your medical team's instructions regarding medication exactly. If you miss doses of medication, rejection can be severe, serious, and life-threatening.

Patient responsibilities:

- Keep an accurate medication list with dosages. Medications are adjusted frequently and an accurate list will help you keep track.
- Never miss doses of medication.
- Never change the schedule and dosage of each medication without first discussing it with the transplant physicians.
- Please call if you would like to start any new medications — over-the-counter or prescriptions — so our pharmacist can check for drug-to-drug interactions. You need to do this even for drugs prescribed by other doctors or providers.



Immunosuppressant medications

Immunosuppressant medications don't just affect your immune system — they can affect your entire body. Because of this, you may experience a variety of negative side effects.

Not every patient experiences every side effect or experiences them in the same way. Make sure you discuss any side effects with your doctor. Your doctor may be able to adjust your medication dosage or give you additional medication to relieve the side effect.

Remember, never adjust your medication on your own.

Potential side effects:

- Nausea and vomiting
- Diarrhea
- Headache
- High blood pressure
- High cholesterol
- Diabetes
- Puffy face
- Anemia
- Arthritis
- Weakened bones
- Increased appetite
- Weight gain
- Trouble sleeping
- Mood swings
- Swelling and tingling of hands and feet
- Acne and other skin problems
- Tremors
- Hair loss or unwanted hair growth
- Cancer
- Decreased kidney function



Self-care and health maintenance

Our dietitians and exercise physical therapists will work with you before and after your transplant to improve your lifestyle. You will need to participate in cardiac rehab to gain strength and endurance after surgery.

Nutrition is just as important after a transplant as it was before. You will need to follow a heart-healthy eating plan that is low in sodium (salt) and includes fruits and vegetables, whole grains, lean proteins, and unsaturated fats. You may also need to follow additional dietary restrictions depending on your specific medical condition(s). After your transplant, you will need to follow safe food handling procedures to reduce your risk of a foodborne illness.

In addition to having a primary care provider for routine medical care, after the transplant, you will also need to see several other healthcare providers. This includes a dermatologist (skin doctor) since you will be at a higher risk for skin cancer due to the anti-rejection medications you will take. You will also need to see an ophthalmologist (eye doctor) for eye care and a dentist for routine dental care.

Emergency and disaster plan

Our transplant center is involved with the Intermountain Medical Center emergency response and disaster recovery plans. These plans include the mechanisms for communicating with transplant candidates, potential donors, and transplanted patients in the unlikely event that there is a disruption of activity regarding facility status, appointment scheduling, and availability of critical services.

If you are unable to get information from your transplant program or need information or assistance in the event of a long-term disruption, such as a need to relocate to another transplant program, contact the UNOS toll-free Patient Services line, 888-894-6361. It is staffed from 8:30 am to 4 pm Eastern Time, Monday through Friday. Outside of normal business hours, please contact UNOS Corporate/Organ Center at 800-292-9537.

Quality of life

Although a heart transplant requires lifestyle changes, most patients report a high quality of life. Our patients work, travel, exercise, and most importantly, spend quality time with their loved ones.

Travel

For 1 year after your transplant, you may not travel outside of the Salt Lake area. After a year, you will be able to travel to most places in developed countries. Heart transplant patients should avoid remote, underdeveloped areas that require special vaccinations and are far from modern medical care.

Mental and Social Health

During the transplant process, you and your caregiver will have ups and downs, both physically and emotionally. Your lives will be disrupted by taking time off work, financial concerns, and relocating from your home to Salt Lake City, if necessary. On top of this, you'll need to stick to a complicated medical regimen.

It is normal to have difficulty coping with these challenges, and we are here to help. Your transplant social worker will assist you in addressing problems and finding resources.

We also have a wonderful support group, the “Zipper Club,” where you can meet other patients and caregivers who are also going through the transplant process or have been there before.



Patient Support Group — The Zipper Club

For heart failure patients and their caregivers who need to talk with someone who has already been there. The support group is led by a social worker.

- Meetings are held on the 2nd and 4th Tuesday of each month, 12 PM to 1 PM, Building 4, 2nd floor (Thoracic ICU) conference room.
- Call 801-507-5392 for more information.

Financial Considerations

The cost of an LVAD or heart transplant is significant, but similar to the cost of being in the hospital repeatedly for heart failure. These therapies are covered by Medicare and most private insurance companies. If your doctor recommends a heart transplant, you will meet with our financial coordinator, who will work with you and your insurance plan to finance your care.

Patient financial responsibilities

While Medicare and insurance cover the majority of the cost for an LVAD or heart transplant, patients do have financial responsibility for the following items:

- Annual medical insurance premiums
- Annual medical insurance deductibles and copays
- Insurance member responsibility for office visits, emergency room visits, and hospital stays
- Insurance member responsibility for medications
- Monthly sterile dressing supply kits (LVAD patients)
- Replacement batteries and equipment (LVAD patients)

Please be aware that you will receive separate bills and statements from the hospital, physicians, the heart failure clinic, and your own insurance. Our financial coordinator can help you understand your bills and personal financial responsibility.

Financial questions?

Call **801-507-4000** and ask for the heart failure financial coordinator.



About Our Program

The Heart Transplant Program at Intermountain Heart Institute is a national model for expert patient care, survival outcomes, and cutting-edge research. We are a member of the U.T.A.H. (Utah Transplantation-Affiliated Hospitals) Cardiac Transplant Program, one of the most successful cooperative heart transplant programs in the nation. Collectively, the program's 4 hospitals have performed more than 1,500 cardiac transplant procedures and achieved some of the highest survival rates in the nation.

A leader in research

Our long-standing participation in research and clinical trials has significantly improved outcomes and the quality of life of transplant patients. We are an international leader in understanding donor heart rejection. By making research a priority, we can provide you with the most advanced care available.

Coordinated and personalized care

Multiple clinicians work closely together to care for each patient and their caregiver. We make extra effort to carefully coordinate clinic visits, diagnostic tests, and treatments so our patients can make fewer trips and have less wait times.

Heart failure and transplant cardiologists

Our heart failure and transplant cardiologists will manage your overall heart care. They will coordinate your transplant evaluation and UNOS listing. After your transplant, they will continue to take care of you and prescribe and manage your medications that prevent rejection.

Cardiovascular surgeons

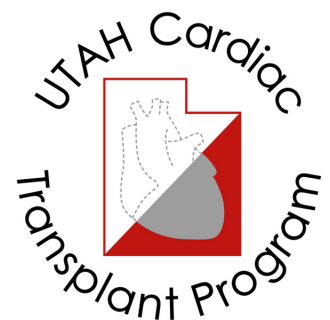
Our cardiovascular surgeons have extensive expertise in performing heart transplant surgery. They will also help manage your pain and healing after your surgery.

Critical care specialists

Our critical care specialists will manage your care in the ICU immediately after your heart transplant surgery.

Multidisciplinary specialists

- Heart failure advanced practice providers or APPs (nurse practitioners and physician assistants)
- Transplant nurse coordinators
- LVAD nurse coordinators
- LVAD biomechanical engineers
- Research coordinators
- Social worker
- Pharmacist
- Dietitian
- Financial coordinator
- Genetic counselor





Heart failure and transplant cardiologists



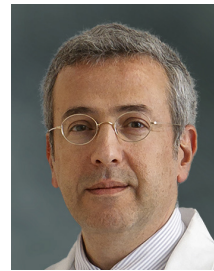
Rami Alharethi, MD



Ross Butscheck, MD



Virginia Hebl, MD



Boudi Kfoury, MD



Donya Mohebali, MD

Cardiovascular surgeons



William Caine, MD



John Doty, MD



Stephen McKellar, MD



Bruce Reid, MD

Critical care specialists



Mark Dodson, MD



Jennifer Edwards, MD



Bassel Saksouk, MD



Dan Gutteridge, MD



Hildegard Smith, MD

Additional Resources

Heart transplant

IntermountainHeartInstitute.org/hearttransplant

Visit our program website for more information about heart transplant and the hospital experience.

transplantliving.org

Visit this website, created by the United Network for Organ Sharing, for information about patient experiences and support groups.

nhlbi.nih.gov/health-topics/heart-transplant

Learn more about the heart transplant process from the National Institutes of Health.

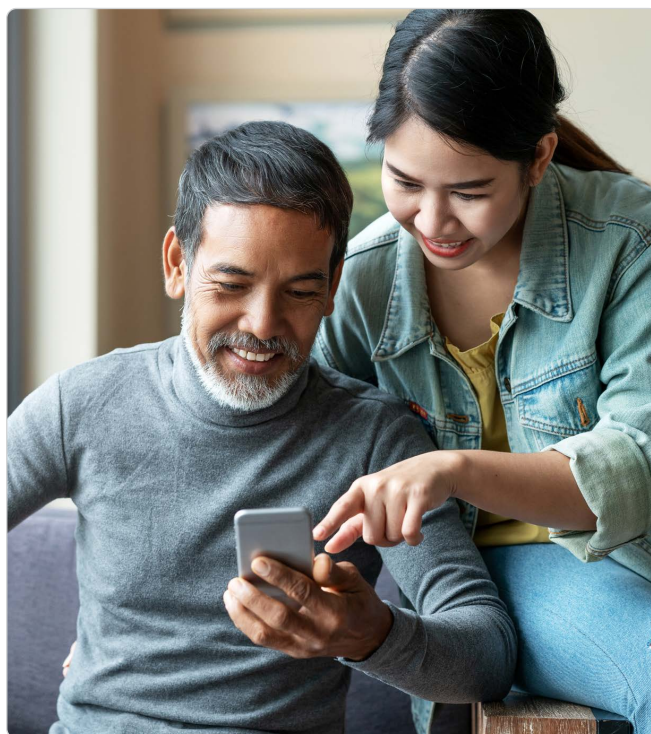
Artificial heart, LVAD devices

IntermountainHeartInstitute.org/artificialheart

Visit our program website for more information about LVAD devices and the hospital experience.

MyLVAD.com

Visit this nonprofit website for education and support message boards for LVAD patients from across the country.





J.L. SORENSON HEART AND LUNG CENTER

Contact information

Intermountain Heart Institute **Heart Failure, Transplant, and Artificial Heart Program**

5171 S. Cottonwood Street, Murray UT 84107
801-507-4000

IntermountainHeartInstitute.org/hearttransplant

Phone

Clinic Appointments: 801-507-4000
24-Hour VAD Coordinator: 801-507-LVAD (801-507-5823)

Fax

Heart Failure Clinic: 801-507-4811
Artificial Heart Program: 801-507-4296

To find this booklet and other patient education, go to:
intermountainhealth.org