Is a LVAD the Right Treatment for Me?

Decision Aid

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

patienteducation.osumc.edu
Making an Informed Decision

**Review this book**

We give you this information to help you understand what the LVAD treatment would require as you consider it as an option for your care.

We want you to take time to review this book and think about the decision that is right for you. Do I want to move forward with having a LVAD, or not?

- Think about your expectations, values, and life goals to figure out if this is the treatment for you.
- Talk with your family and have them review this information, so they understand the treatment.
- This treatment may extend your life with heart failure, but it comes with challenges. You will have to deal with a new normal.

Ask questions of your doctor or others on your health care team if there is anything that is not clear.

*Having difficult conversations now will help with difficult decisions in the future.*

**This is not an easy decision**

You are in a tough spot! This decision can be scary and confusing. You may feel pressure to make a decision. All of these are normal emotions.

We want to be sure you know the details of this process, so you can make the right decision for you.

This book is not to replace conversations with your health care team. Use it as a guide to help you, your family, and your health care team know what is important to you.
**Left Ventricular Assist Device (LVAD)**

Heart Pump for Patients with Advanced Heart Failure

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**About the device**

The LVAD is used when the heart is not able to pump enough blood on its own.

The LVAD has parts that are placed inside the body during surgery that lasts about 4 to 6 hours.

- The sternum or chest bone is opened to place the **pump** into the heart at the left ventricle and into the aorta.
- The mechanical part of the pump is placed in the chest with a cable, called the **driveline**, coming out of the skin of the abdomen.
- The driveline connects to the **controller**. The controller shows alarms, battery life, and other functions. It is carried in a bag or vest pocket.
- The system controller attaches to the **power source or battery packs**. The pump must **always** be plugged into the batteries or an electrical wall outlet. Extra batteries must be available at all times.

**Reasons for use**

The LVAD does not cure heart failure, but it can ease the shortness of breath, fatigue, and other symptoms.

- For the person who is not able to get a heart transplant, the pump can improve quality of life. This may be called **destination therapy**. The device would be in place for the rest of his or her life.
- For the person who has been approved and is **waiting for a heart transplant**, or is being worked up as a possible transplant candidate, the pump may be used as a **bridge to transplant**. Not everyone is eligible for a heart transplant.
Things to Consider

How do I want to live the rest of my life?

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What are my hopes and fears?

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What are my concerns?

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Questions I have for my health care team about the LVAD process.

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What other information do I need to make my decision?

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What questions do I have for my family?

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What activities do I want to continue in my life?

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What are my family members thoughts and feelings?

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What are your options?
You have severe heart failure, which means that the medicines and other treatments are not working as well as they used to.

• If you change nothing about your treatment, you may live for a short time, often a year or less.

• You could have major open heart surgery to place the LVAD to take over the workload of the left ventricle of your heart to reduce your heart failure symptoms.
  ‣ The surgery can be dangerous.
  ‣ Recovery can be long and challenging.
  ‣ Most patients stay in the hospital for a few weeks, but some stay longer.
  ‣ You and your caregiver will need to learn how to manage the LVAD controller, and do your care. You will be taught how to trouble shoot any problems or alarms that may come up on the LVAD. There is a 24-hour emergency number to call if needed.
Life with the LVAD

Power
To keep the pump running, you must be connected to a power source at all times. Death can occur if power is lost. During the day, you can connect to batteries, so you are able to be up and moving around. At night, you can plug into an electrical outlet.

Driveline site care
The driveline site needs special care to reduce the risk of infection. A sterile dressing must be applied and changed, often twice each week.

Blood test
You will be on blood thinner medicines to prevent clots from forming that could cause a stroke. Blood draws for testing 2 times each week should be expected.

Medicines
You will have blood thinner medicines, and you may need to continue to take heart medicines. Some patients take less medicine when on the LVAD.

Water precautions
To prevent infection and to protect the equipment, you are not able to get into water to bathe, soak, or swim. Some manufacturers offer special equipment to allow showering. Talk to your health care team to see if this may be an option for you.

Equipment
There are belts, bags, or vests that you will need to use to carry your LVAD controller and battery packs when you are mobile. You also need to carry extra batteries and an extra controller provided to you, in case they need changed.

Appointments
You will need to make frequent routine clinic visits to Ohio State, often at least 10 in the first year. This does not include appointments for any problems that may arise. You will first be seen by your surgeon, and then you will be followed by a group of heart failure doctors in the LVAD clinic.

Caregiver burden
You cannot and should not do this alone! You will need help from a loved one, friend, family member, or whomever you can count on for help. You have to be willing to rely on someone for help to change your sterile dressing, drive you to appointments, learn to manage the equipment, and respond to emergencies.

Cost
Based on your insurance, you may have more costs, such as having to pay for the driveline dressing supplies and the co-payments for clinic visits. Ask to talk to a financial counselor if you have more questions about the cost.

Emotions
Some people adapt easily to life with the LVAD. Others become overwhelmed and feel anxious and depressed. Mental health counseling can be helpful.
Major Decision = Major Surgery

The choice to get the LVAD is up to you and your family with guidance from your doctor and health care team. Getting information and understanding what could happen may help you to feel better about your decision. We want you to be comfortable and satisfied with your decision.

Risks or problems that could occur with surgery

All surgeries have risks, but some of the problems that may occur include:

- Irregular heart rhythms, called arrhythmias
- Bleeding
- Breakdown of blood cells, called hemolysis
- Death
- Infection
- Lung, kidney, or liver failure
- Stroke
- Pump does not work and needs to be replaced

Are you eligible for the LVAD pump?

Your doctor and health care team will review your history, symptoms, and overall health to come up with the best treatment plan for you.

If you are eligible for the LVAD and you decide to have the surgery, it will be scheduled.

If you delay the surgery because you want more time to think about it, know that your health may get worse. You may be too sick later for the surgery, and the LVAD may not help you.

Conditions that could affect your recovery

- Right heart failure
- Stroke
- End stage liver, kidney, or lung disease that is not likely to get better with surgery
- Lack of support - no one to care for you at home or take you to appointments
- Alzheimer’s disease or dementia
- Clotting issues
- Infection
- Smoking or other tobacco use
Let’s Explore Both Options

Although no one can predict what will happen to you, knowing what could happen may help you to make your decision. The information below is based on patients with and without LVAD treatment from the past 10 years.

**Life with LVAD**
- Patients often live longer with the LVAD. After 1 year, nearly 80% or 8 out of 10 of the patients with the LVAD are still alive.
- Decrease in symptoms, such as less shortness of breath, less swelling, and more energy. Most patients say they are able to do more.
- Need to take blood thinner medicine and continue heart medicines although many patients are able to reduce some heart medicines.
- Most patients are readmitted to the hospital 2 times in the year after surgery.

**Life without LVAD**
- Patients who do not get the LVAD often do not live as long. After 1 year, about 20% or 2 out of 10 of the patients are alive without the LVAD.
- Most all continue to have severe heart failure symptoms.
- May be able to go home on IV medicines that can help control symptoms, but these medicines likely stop working within 12 to 24 months. Some patients decide to only take medicine to help their symptoms.
Caregiver Impact

Caring for a person with severe heart failure can be challenging. It can mean lifestyle changes for both people involved. Adding in the LVAD can require even more changes.

Most caregivers are happy to help their loved one deal with their condition and care. Others may feel overwhelmed, stressed and feel a financial strain.

There is a burden whether or not you get the LVAD, so your caregiver needs to be part of the decision with you.

Round the clock caregiver support for at least 3 months

The person with the LVAD needs to have a caregiver with them 24 hours a day for a period of time,

You may have a primary caregiver and then others who are able to help and learn the care.

Caregivers must be committed to helping daily. It can be stressful.

Have other people who can learn about your care to be with you for a few hours while your primary caregiver takes a break.

Care needs with LVAD

You and your caregiver will need to be taught how to care for the equipment and manage alarms before you leave the hospital. Your caregiver may need to be at the hospital for several hours each day.

As you recover, often at least for the first 3 months after surgery, your caregiver will need to help you with daily activities, such as sponge bathing, meal preparation, driving, and running errands.

As long as you have the LVAD, your caregiver may be responsible to:

- Change the driveline dressing 2 times each week, or as directed to keep it clean and dry.
- Check for signs of infection.
- Help manage your medicines.
- Follow up appointments at the clinic, testing, or other procedures.
- Battery maintenance.
- Equipment care and responding to alarms.
Care Support

With or Without LVAD

**Palliative care**
As a person with advanced heart failure, you will meet with our palliative care team. This is a special medical team who can help you with emotional, social, psychological, and spiritual support as you deal with a chronic condition.

This group's goal is to help improve the quality of life for you and your caregivers. They can provide symptom relief, including pain control and stress relief.

The palliative care team can be involved in your care if you decide to have the LVAD or not.

**Hospice**
Hospice provides care to patients near the end of their lives. The focus is on care and comfort rather than cure.

Hospice care can be done in your home, but it may also be available in a hospice unit in a nursing facility. The caring provided includes medical, emotional, and spiritual support for you and your family as you near the end of your life. Even if your life cannot be extended, comfort can be provided.

**LVAD support group at Ohio State**
There is a support group for patients, their family members, and their friends who either have or are considering LVAD treatment.

You are welcome to attend if you would like to meet current LVAD patients.

The group meets every **Wednesday from 3 to 4 PM in the Conference Room on the 6th floor of the Ross Heart Hospital.**

**Online support**
Visit [www.mylvad.com](http://www.mylvad.com) for more information and support.

Some patients with the LVAD get sicker because of other health problems. There may need to be a choice made about turning the pump off.

We are all going to die, but you can make a choice as to how you live the rest of your life.
Questions I Need to Ask

For my doctor or LVAD coordinator


For my family and caregiver


For patients that have LVADs


For me

Do I want to do everything I can to live as long as I can, even if it means having major surgery and being dependent on a machine?


Am I at peace with the life I have lived and feel it is my time?


What are my expectations for the rest of my life?


