

## **Multi-Disciplinary Outpatient Clinic for VAD Patients With an Intensive Surveillance Protocol**

*Abuhazira, Miri<sup>1</sup>; Golobov, Dimitry<sup>1</sup>; Yaari, Viki<sup>2</sup>; Gelkop, Marta<sup>1</sup>; Porat, Eyal<sup>1</sup>; Valdman, Andrey<sup>2</sup>; Ben-Gal, Tuvia<sup>2</sup>; Medalion, Benjamin<sup>1</sup>*

<sup>1</sup>*Rabin Medical Center, Beilinson Campus, Cardiothoracic Surgery, Petach Tiqva, Israel;*

<sup>2</sup>*Rabin Medical Center, Beilinson Campus, Cardiology, Petach Tiqva, Israel*

Background: With the increasing number of heart failure patients, and with the relatively constant low number of heart transplants, more patients are supported with left ventricular assist devices (LVAD). The current LVADs allow the patient to ambulate and to return to activity at home. An intensive surveillance protocol (ISP) clinic was established based on 3 areas of practice:

-A multi- disciplinary clinic including a cardiologist, cardiothoracic surgeon, and a VAD coordinator. Also included clinical pharmacist, social worker, dietician and a heart rehabilitation team.

-Weekly phone call conducted by the VAD coordinator.

-Visit and checkup protocol in a decreasing frequency that includes: routine checkup, echocardiography, right heart catheterization, blood tests, and cultures from the VAD driveline site insertion.

Methods: In order to examine the satisfaction of patients and community teams from the clinics activity, a primary survey was conducted on 10 ambulatory LVAD patients that are currently on our service, and in 5 relevant community clinics. The answers are given on a scale of 1-4 (1- lowest, 4 - highest).

Results: Patient questioner:

Satisfaction from the device - 3.9. Improvement in daily activity - 3.6.

Satisfaction of treatment's quality - 4. VAD team's availability - 4.

Improvement in exercise capability - 2.5. Back to work cycle - 1.6.

Improvement in CHF symptoms - 3.5. Caregiver availability - 3.2.

Community team's questioner:

Satisfaction of contact frequency - 3.1. Satisfaction of contact quality - 3.3.

Knowledge about VAD before ISP - 1.2.

Knowledge about VAD following ISP - 2.5.

Awareness to complications - 2.2. Availability of VAD team - 3.7.

Conclusions: Operating a clinic according to ISP, improves patients satisfaction. Most VAD patients are satisfied with the surgery and report improvement in quality of life. Community caregivers are satisfied with the ISP but lack of knowledge was noticed and requires further improvement.