

Honorary Editor :
Dr. Dhaval Naik



From the Desk of Hon. Editor:

Heart transplantation is a very well established procedure by which the failing heart is replaced with another heart from a suitable donor. It is generally reserved for patients with end-stage Congestive Heart Failure (CHF) who are estimated to have less than 1 year to live without the transplant and who are not candidates for or have not been helped by conventional medical therapy. In addition, most candidates are excluded from other surgical options because of the poor condition of the heart.

Candidates for cardiac transplantation generally present with New York Heart Association (NYHA) class III (moderate) symptoms or class IV (severe) symptoms. Interim therapy can include oral agents as well as inotropic support. Mechanical support with the intra-aortic balloon pump (IABP) or implantable assist devices may be appropriate in some patients as a bridge to transplantation.

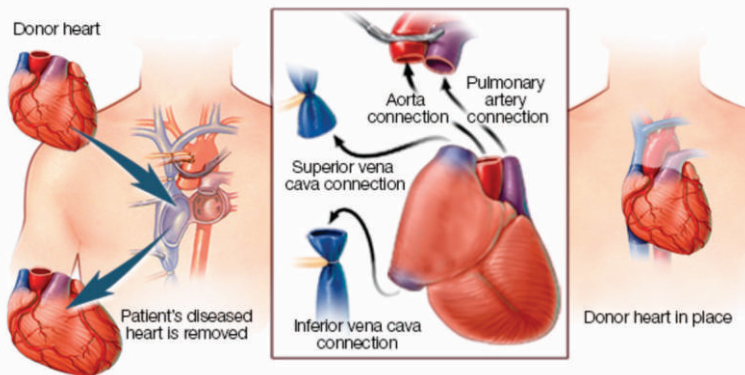
Candidacy determination and evaluation are key components of the process, as are postoperative follow-up care and immunosuppression management. Proper execution of these steps can culminate in an extremely satisfying outcome for both the physician and patient.

In CIMS Hospital, we performed four heart transplants since government permission last year and all patients are doing well. CIMS Hospital is the only hospital in Gujarat doing transplant on a regular basis.

- Dr. Dhaval Naik

Heart Transplant

Heart transplant procedure



Introduction

A **heart transplant** or a **cardiac transplant**, is a surgical procedure performed on patients with end-stage heart failure when other medical or surgical treatments have failed. The most common procedure is to take a functioning heart from a brain dead patient and implant it into the patient. The patient's own heart is either removed or replaced with the donor heart or, much less commonly, the recipient's diseased heart is left in place to support the donor heart.

Approximately, 3500 heart transplants are performed every year in the world, more than half of which occur in the US. Post-operation survival is 85 %

after one year and average 15 years.

History

Norman Shumway is widely regarded as the father of heart transplantation, although the world's first human-to-human heart transplant was performed by Dr. Christiaan Barnard utilizing the techniques developed and perfected by Shumway and Richard Lower. Barnard performed the first transplant on Louis Washkansky on December 3, 1967, at the Groote Schuur Hospital in Cape Town, South Africa.

Adrian Kantrowitz performed the world's first pediatric heart transplant on December 6, 1967, at Maimonides Hospital in Brooklyn, New York, barely three days after Christiaan Barnard's

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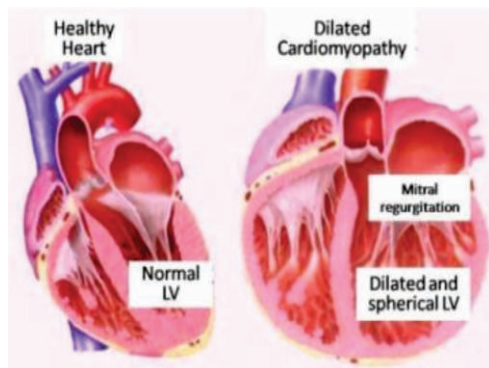
pioneering operation. Norman Shumway performed the first adult heart transplant in the United States on January 6, 1968, at the Stanford University Hospital. A team led by Donald Ross performed the first heart transplant in the United Kingdom on May 3, 1968. It took 25 years in India to witness first heart transplant.

Indications

Heart transplantation is generally reserved for patients with end-stage congestive heart failure (CHF) who are estimated to have less than 1 year to live without the transplant and who are not candidates for or have not been helped by conventional medical therapy. Because of the poor condition of their heart, most heart transplantation candidates are excluded from other surgical options.

Specific indications for a transplant include the following:

- Dilated cardiomyopathy
- Ischemic cardiomyopathy
- Congenital heart disease for which no conventional therapy exists or for which conventional therapy has failed
- Ejection fraction of less than 20%



- Intractable angina or malignant cardiac arrhythmias for which conventional therapy has been exhausted
- Pulmonary vascular resistance of less than 2 Wood units
- Age younger than 65 years
- Ability to comply with medical follow-up care

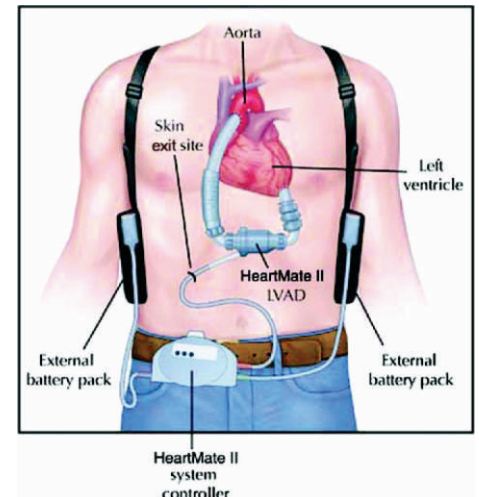
Contraindications

Absolute:

- Advanced kidney, lung, or liver disease
- Active cancer if it is likely to impact the survival of the patient
- Life-threatening diseases unrelated to heart failure including acute infection or systemic disease such as systemic lupus erythematosus, sarcoidosis, or amyloidosis
- Vascular disease of the neck and leg arteries.
- High pulmonary vascular resistance - over 5 or 6 Wood units.

Relative:

- Insulin-dependent diabetes with severe organ dysfunction
- Recent thromboembolism such as stroke
- Severe obesity
- Age over 65 years (some variation between centers) - older patients are usually evaluated on an individual basis.
- Active substance abuse, such as alcohol, recreational drugs or tobacco smoking (which increases the chance



of lung disease)

Patients who are in need of a heart transplant but do not qualify, may be candidates for an artificial heart or a left ventricular assist device (LVAD).

Complications

Mortality after heart transplant is around 5-10%. Post-operative complications include infection, sepsis, organ rejection, as well as the side-effects of the immunosuppressive medication.

Since the transplanted heart originates from another organism, the recipient's immune system typically attempts to reject it. The risk of rejection never fully goes away, and the patient will be on immunosuppressive drugs for the rest of his or her life, but these may cause unwanted side effects, such as increased likelihood of infections or development of certain cancers. Recipients can acquire kidney disease from a heart transplant due to side effects of immunosuppressant medications.

Many recent advances in reducing complications due to tissue rejection stem from mouse heart transplant procedures.

Prognosis

The prognosis for heart transplant patients following the orthotropic procedure have increased over the past 20 years, and as of June 5, 2009, the survival rates were:

1 year: 88.0% (males), 86.2% (females)

3 years: 79.3% (males), 77.2% (females)

5 years: 73.2% (males), 69.0% (females) ARJANBHAI HARDASBHAI AMBALIA

OUR EXPERIENCE

Gujarat First Successful heart transplant was done in CIMS Hospital a year back and so far we have done Four Heart transplants. All patients are doing very well.

CASE - 01



Name : Arjanbhai Hardasbhai Ambalia

Date of birth : 28/05/1967

Education : 9th Standard

Profession : Farming, Construction

His angiography revealed diffuse

triple valves disease and his EF was only 15 % due to prior bio cardio infarction disease of heart transplant was taken because of non advantageous conventional surgical options.

Relatives were consulted and counseled for heart transplant and their permission obtained. Mean while his health deteriorated and was placed on ventilator due to pneumonia. He was placed on artificial heart support system-IABP , pacemaker was installed for controlling heart beats, even after such care, on 17 and 18 December there was need for the patient to be a given 150 to 200 shocks.

Treatment was continued with unique faith on God, doctor and the hospital even after such rise and falls in patient's health.

Finally, 19-12-2016 arrived when successful first heart transplantation of Gujarat was done.

After heart transplantation, the patient was placed in one special positive pressure ICU under continuous care of specialist doctors and select nursing staff and was provided post transplant care.

CASE - 02



Name: Kalpesh Katrodia

Age : 23 years

A youngster of 23 years Kalpesh Katrodia who was working as a Jewel

Artists at Surat One evening after reaching home he had chest pain and on check-up at Surat, it was observed that problem was a bit serious.

He was admitted to CIMS Hospital for further treatment where he had to be admitted for about a month and after extensive treatment, one evening, there was a phone call from Surat which brought hope in the life of Kalpesh. A youngster was brain dead and his family had consented for organ donation.

A team of doctors immediately along-with their mini operation theatre reached Surat and in just 80 minutes they brought the heart from Surat to Ahmedabad and gave a new life to Kalpesh.

CASE - 03



Name : Sohel Vohra

Age : 38 years

Sohel Vohra who had been suffering from heart trouble since long and who used to visit the CIMS Hospital since

a decade for heart treatment, was willing to do anything to remove this heart trouble and his anxiety came to an end on 13-7-2017.

The family of one tribal (adivasi) person who had been declared as brain dead at New Civil Hospital at Surat had give permission for organ donation, and contacted CIMS Hospital through Social organization of Surat.

CIMS authorities obtained required

permission from the government, the heart was brought from Surat to Ahmedabad with a chartered flight and arrangements of a green corridor in just 90 minutes. A new heart in body of Soheli became a new life for him.

within the city of Ahmedabad. A green corridor was created and heart reached CIMS Hospital from Rajasthan Hospital within a short time of 12 minutes and the surgery was completed within 2.5 hours.

CIMS hospital also feels glad to share that the previous 4 heart transplant patients are in good health and doing fine.

CASE - 04



Name : Rekha Navadiya

Age : 43 Years

On October 4, 2017, the fourth heart transplant at CIMS Hospital was conducted

by our Heart Transplant Team. A male heart was donated to a female heart ...the donor and recipient both being

What is a green corridor?

A green corridor refers to a route that is demarcated and cleared out for an ambulance carrying harvested organs. The objective is to ensure that the in-transit organ arrives at its destination in the shortest time possible.

The requirement for something like this arises from the fact that organs generally have a short preservation time which means that there are only a few hours within which the entire process, right from harvesting and

transportation to the final transplantation surgery, must be completed. There is an added urgency in cases related to the heart which has to be harvested and transplanted within 4 hours.



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to be a doctor to
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THE EVER EXPANDING NEW MEDICAL TEAM AT CIMS



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For registration contact

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■ Mr. Kandarp Prajapati :

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	Sr. No	Month	Start Date	End Date
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<input type="checkbox"/>	3	June-July	18-06-2018	23-07-2018
<input type="checkbox"/>	4	September	24-09-2018	29-09-2018
<input type="checkbox"/>	5	November	19-11-2018	24-12-2018

Carotid (Stroke) Intervention Workshop



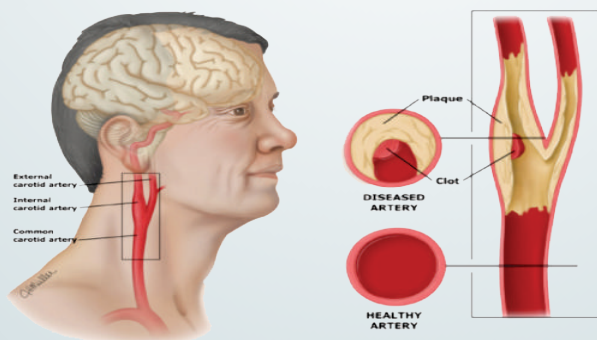
Dr. Ashit Jain
MD (USA)



Dr. Alpesh Shah
MD (USA)



Dr. Christopher White
MD (USA)



January 4, 2018

AT CIMS Hospital, Ahmedabad

PATIENTS WHO ARE ELIGIBLE

- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Carotid Artery Stenosis ■ Renal Artery Stenosis ■ Acute Limb Ischemia ■ Critical Limb Ischemia ■ Varicose Veins ■ Dialysis Access Procedures ■ Pulmonary Embolism ■ Thoracic Outlet Syndrome ■ Uterine Fibroids ■ Vascular Malformations ■ Venous Insufficiency and Venous Ulcers | <ul style="list-style-type: none"> ■ Claudication ■ Femoropopliteal Disease ■ Brachiocephalic Arterial Disease ■ Venous Thromboembolic Disease ■ Thoracic Abdominal Aortic Aneurysms ■ Mesenteric Disease ■ Catheter-Based Interventions for Failing Hemodialysis Accesses ■ Infrapopliteal Peripheral Arterial Disease ■ Intracranial Arterial Stenotic Disease ■ Vertebral Arterial Disease |
|---|---|

Kindly refer your PVD, AAA patients for consultation (complimentary) and intervention
Please contact Mr. Niraj Sagar (M) +91-90990 24381 Dr. Krunal Shah (M) +91-94296 31453

CIMS cardiovascular team has done a large number of carotid cases including a very large number of carotid interventions over the last few years.

Stroke Update Symposium at JIC 2018 (January 07, 2018)
 Venue : Pandit Dindayal Upadhyay Auditorium Hall, Ahmedabad

JIC 2018

Joint International Conference
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(2) Internal Medicine Symposium - January 5, 2018	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000	<input type="checkbox"/> ₹ 2500
(4) Ahmedabad ECMO & MCS Conclave - January 6-7, 2018	<input type="checkbox"/>	<input type="checkbox"/> ₹ 1500	<input type="checkbox"/> ₹ 2000	<input type="checkbox"/> ₹ 2500
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Kindly mail the cheque/DD to our office. All Cash Payments are to be made at 'CIMS Hospital, Ahmedabad' only.

** Hotel Accommodation is optional. If you have applied for accommodation, please send a separate deposit cheque of ₹ 5000 to cover the cost of your stay for two nights. Spouse hotel registration will be charged extra. Students also need to pay for Hotel Accommodation at the same rate.

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Printed, Published and Edited by Dr. Keyur Parikh on behalf of the CIMS Hospital

Printed at Hari Om Printery, 15/1, Nagori Estate, Opp. E.S.I. Dispensary, Dudheshwar Road, Ahmedabad-380004.

Published from CIMS Hospital, Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.