

SUMMARY

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As the population ages and coronary artery disease, hypertension and obesity increase in prevalence the incidence of heart failure continues to rise. Current medical therapy is effective in improving symptoms and survival but many continue to develop end-stage syndromes. The most critical issue is the growing number of patients on the waiting list and the relatively static donor pool. VADs have emerged as a strategy to bridge patients to cardiac transplantation if they are deteriorating or as durable destination therapy. However complications such as stroke, pump thrombosis and poorer long-term survival remain a challenge. Cardiac transplantation remains the gold standard for the treatment of end-stage heart failure and is associated with excellent outcomes for patients, but it is limited by chronic rejection and the side effects of immunosuppression. Lung donor availability and increased waiting-list mortality are major challenges in pulmonary transplantation, but extended criteria donors can be safely used with good results. ex vivo The use of DCD lungs and organs reconditioned with lung perfusion has further expanded the donor pool, the latter technique showing promise for therapeutic interventions in due course. Bridging patients with ECMO rather than ventilation to lung transplantation is successful for those most in need and new allocation systems have been implemented that have led to decreased waiting list mortality, especially in those with fibrotic ILD. Overcoming primary graft dysfunction in the early post-operative period and chronic lung allograft dysfunction in the longer term are the main targets of ongoing research to improve outcomes for lung transplant recipients.

Heart-lung Lobar pulmonary

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