

Surgical Options for Pharmacologically Intractable Heart Failure

The medical and surgical practice of end-stage heart failure has progressed in such a way that only few contraindications are present to an efficient. However some therapeutic tools necessary to achieve this success are intrinsically limited and/or very expensive. Due to shortage of donors heart transplantation only covers a fraction of the clinical need, and some patients are not even admissible to the transplant waiting list. The unrestricted use of alternative procedure is incompatible with the present organization and financial supply of public health services. Important clinical and management questions arise when patient selection is based on cost-benefits evaluation: no cost is too elevated to serve a human life, but health managers are fighting with restricted resources requiring social optimization of any medical intervention. To solve these crucial dilemma we need a more precise evaluation of the results obtained with sophisticated and expensive technologies in well defined subgroups of patients, and an assessment of the results of easier and cheaper surgical approaches. Doctors and health managers could be provided with more powerful knowledge to support their difficult decision-making process. Aim of this Hot BAM is to review present state of the art about some of the surgical treatments of end-stage heart failure, giving special attention to borderline clinical situations and innovative techniques.

Well established surgical approaches as cardiomyoplasty, the first surgical alternative for patients not candidate to heart transplantation, will be compared with the simple and inexpensive technique of partial ventriculectomy, and with experimental advancements of skeletal muscle ventricles. These newly introduced approaches still need the support of wider experiences and well analyzed intermediate term results. All the presently available data are necessary for a better knowledge of the field, as well as to try to set guide-lines for future clinical research projects.

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