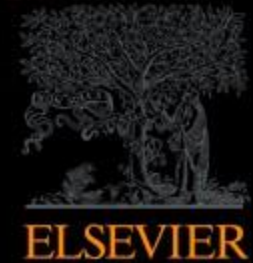




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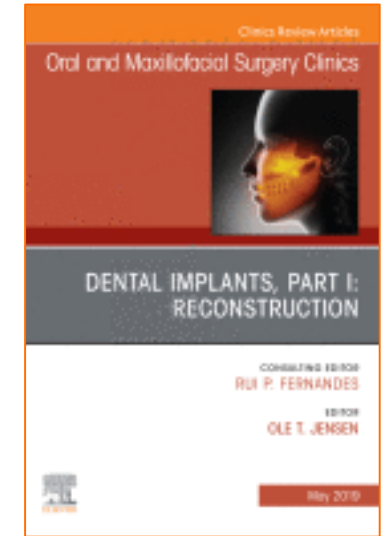
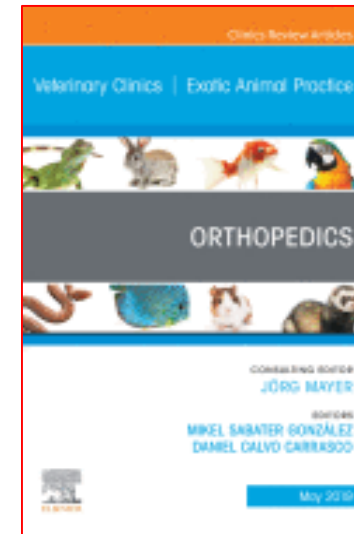
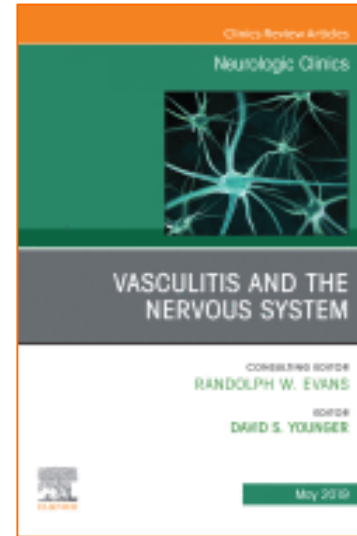
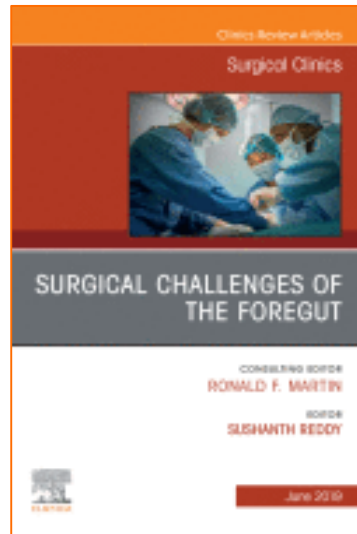
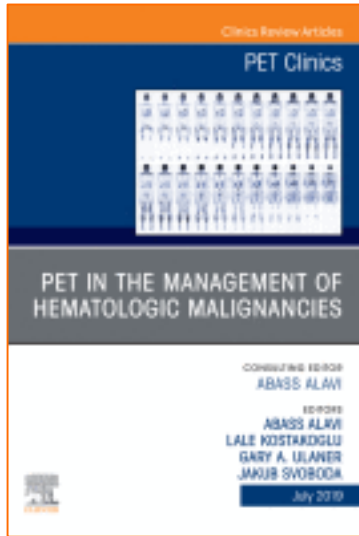


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Cardiology Clinics
Volume 36, Issue 4, November 2018, Pages 531-539

Neurologic Events in Continuous-Flow Left Ventricular Assist Devices

Ajay Kadakkal MD^a, Samer S. Najjar MD^b & 
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<https://doi.org/10.1016/j.ccl.2018.06.007> [Get rights and content](#)

Introduction

With the burgeoning population of advanced **systolic heart failure**, continuous-flow (CF) **left ventricular assist devices** (LVADs) have emerged as a durable and effective therapy to increase survival and improve quality of life.^{1, 2} Mechanical **circulatory support** (MCS) is now an accepted therapy both as a bridge to **heart transplantation** and as destination therapy.^{3, 4}

In the last decade, the technology has advanced from pulsatile to CF-LVADs. CF-LVAD pumps are smaller and have demonstrated greater durability than pulsatile LVADs.^{5, 6, 7} Nonetheless, durable CF-LVADs still have a high burden of medical complications, both perioperatively and during long-term follow-up. These complications most commonly include infections, pump malfunction, **arrhythmias**, heart failure, bleeding, and thrombotic events.^{8, 9} Of those, neurologic events, both

Systolic Heart Failure

Systolic heart failure is a progressive syndrome marked by contractile dysfunction of the myocardium, activation of neurohormonal response systems including adrenergic and renin-angiotensin-aldosterone signaling, as well as cardiac and systemic metabolic abnormalities.

From: [Muscle](#), 2012

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Device Therapy for Systolic Ventricular Failure

J. Eduardo Rame, David Spragg, in [Muscle](#), 2012

Systolic heart failure is a progressive syndrome marked by contractile dysfunction of the myocardium, activation of neurohormonal response systems including **adrenergic** and renin-angiotensin-aldosterone signaling, as well as cardiac and systemic metabolic abnormalities. Despite major advances in medical therapy, predominantly targeting pharmacologic blockade of neurohormonal systems, the end-result is often progressive pump failure or **sudden cardiac death** due to malignant ventricular arrhythmias. The implantation of devices for systolic heart failure, including automatic

Implantable Cardioverter Defibrillators

Brian Olshansky MD, ... Nora Goldschlager MD, in [Arrhythmia Essentials \(Second Edition\)](#), 2017

Cardiac resynchronization therapy

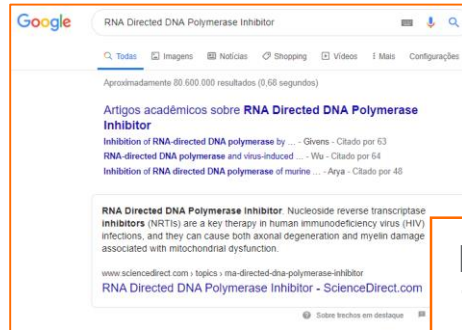
Systolic heart failure accompanied by prolonged ventricular conduction, manifested most commonly by a wide QRS complex, particularly with **left branch bundle block** (LBBB) conduction pattern, can produce dyssynchronous **left ventricular contraction**. Clinical trials have demonstrated functional and structural benefits, as well as improved survival, in such patients using biventricular pacing, or CRT. Delivery of CRT can be incorporated into an implantable **permanent pacemaker** (CRT-P) or **defibrillator** (CRT-D) system and

Related terms:

- ACE Inhibitor, Ejection Fraction, Obstructive Sleep Apnea, Continuous Positive Airway Pressure, Diastolic Heart Failure, Diuretic Agent, Beta Adrenergic Receptor Blocking Agent, Blood Pressure, Heart Failure

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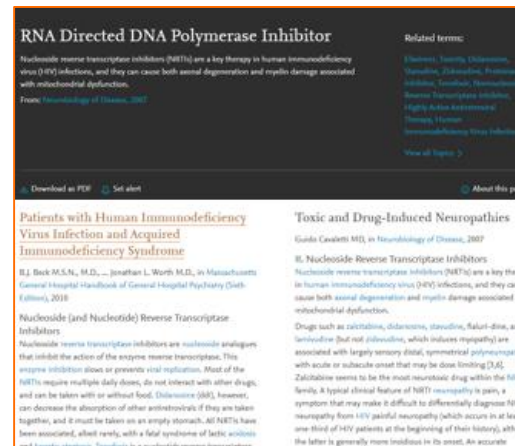


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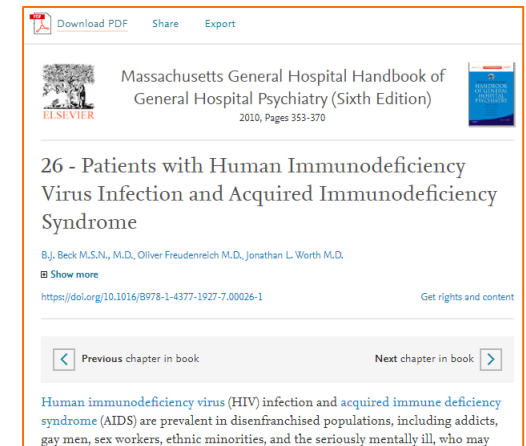
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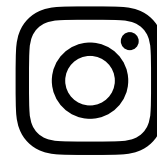
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