

Dr. Shelley Zieroth and Dr. Darren Freed

INTERESTING FACTS

DNA in Organ Transplant recipients is altered after

One Organ and Tissue Donor can save up to **EIGHT** lives!

Myths of the human heart

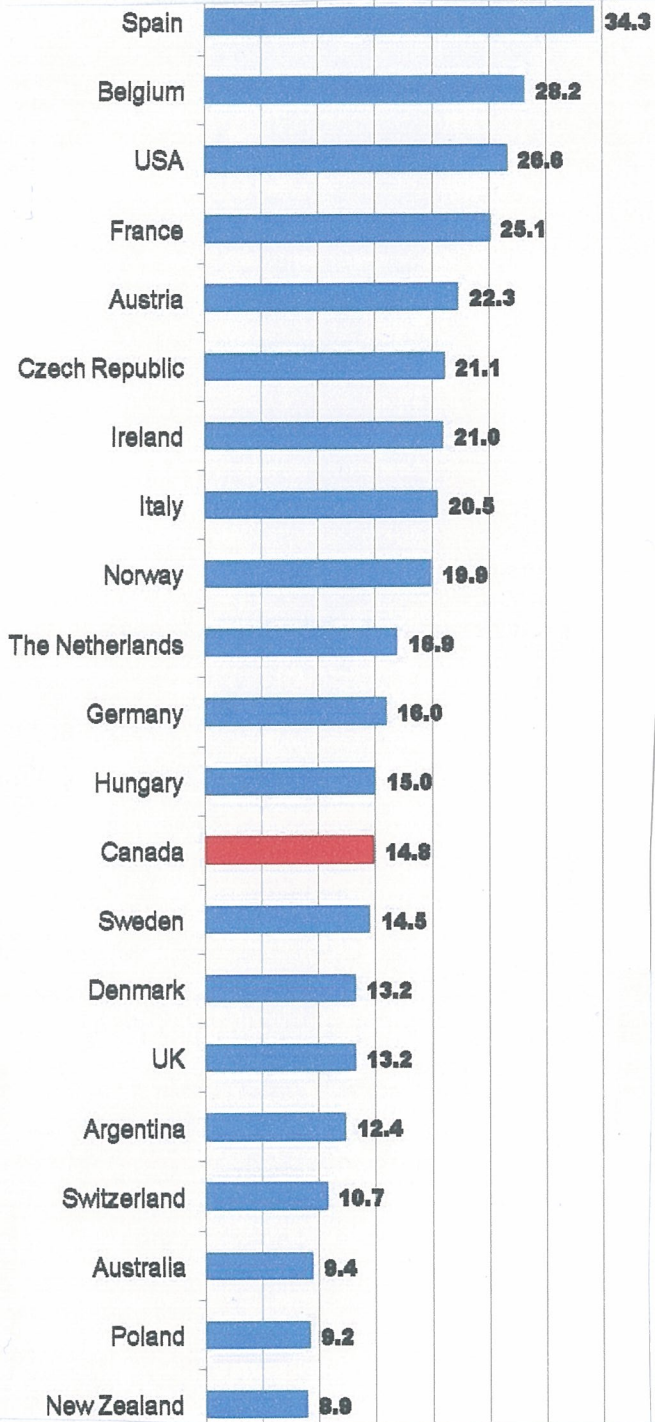
The heart is on the left side of the chest and it is Valentine card shaped. Actually if you drew a vertical line down the center of your chest, the heart is in the center but slightly more to the left and is shaped more like a Pear! (courtesy Readers Digest)

The WRHA Cardiac Sciences Mechanical Circulatory Initiative is led by Dr. Darren Freed (Head, Surgical Heart Failure Program). Dr. Freed was recruited to the Cardiac Sciences Program in 2007 after completing a cardiac surgery Fellowship in heart transplantation and ventricular assist devices at the Papworth Hospital in Cambridge, U.K. Patients are carefully selected as candidates for VADs after consultation with Dr. Shelley Zieroth, (Head, Medical Heart Failure Program and Director, Heart Failure and Transplant Clinic). Dr. Zieroth returned to Winnipeg in 2006 after completing a clinical fellowship at Toronto General Hospital in Advanced Heart Failure and Cardiac Transplant. Together they work with a multidisciplinary team of individuals to facilitate care of these complex patients. The VAD team also consists of VAD coordinators, Louise Frechette (clinical assistant), Shari Barker (Transplant RN), Derrick Hibbert & Louise Dyck (both Perfusionists). With the implementation of these procedures starting in 2008, over 20 patients have been supported either short term or long term with mechanical circulatory support as a bridge to recovery or to transplant. In addition, some of the Impella devices have been utilized short term by the cardiology catheterization physicians when dealing with high risk coronary artery stenosis procedures and in cardiogenic shock patients. In the past few months, 6 patients have been successfully discharged from hospital on long term VADs and managed in the community by the VAD team. Prior to the local mechanical circulatory support initiative, these patients would have been obligated to relocate out of province while on VAD support and a substantial financial and emotional burden. Acquiring this technology and skilled personnel locally has enabled patients with advanced heart failure to return their own home safely and with a significant improvement in quality of life. In addition, many Manitoban lives have been saved by the technology and the careful management of the team.

ST. BONIFACE HEART FAILURE CLINIC HAS EXPANDED



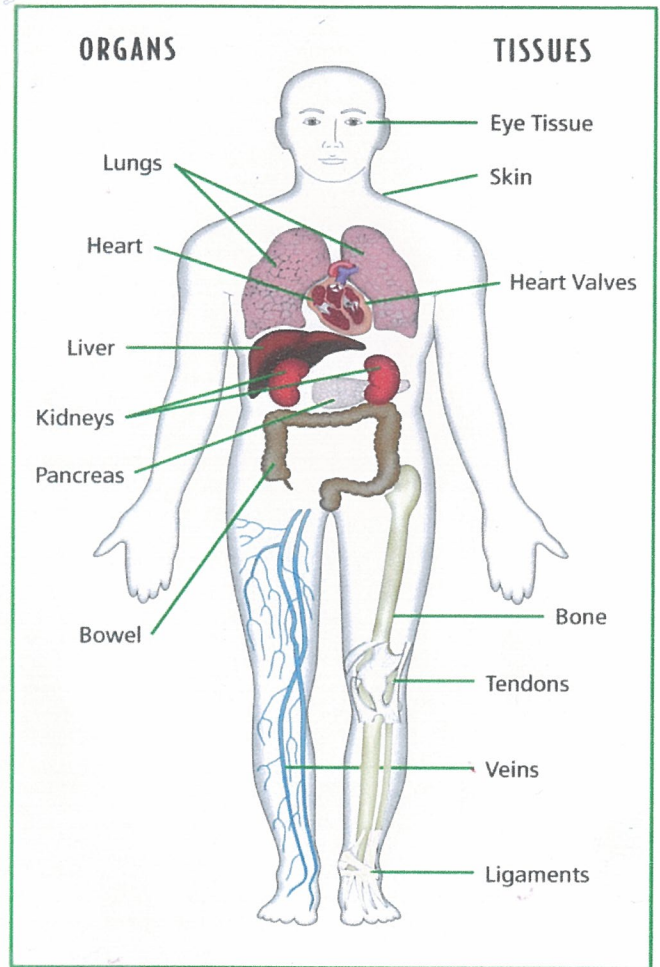
International Donor Statistics, 2007 ((dpmp)



ORGAN DONATION FACTS

(courtesy of Canadian Blood Services)

WHAT CAN BE DONATED



A Few Facts

In 2008, 215 Canadians died on the organ transplant waitlist. Patients with end-stage organ failure are only placed on a waitlist after an extensive assessment and workup, including medical examinations, lab testing, imaging (CT Scans, ultrasounds) and consultation between various specialists. This can take many months.

Canada's deceased donation rate is less than half that of the best performing countries

Average time on transplant wait list (national) in 2007

- Kidney - 44.6 months
- Heart - 3.9 months
- Liver - 6.0 months
- Lung - 5.4 months