



A Review: Using Hypothermic Storage System to Improve Heart Transplant Outcomes

Ava Noah*

Department of Cardiothoracic Surgery, Stanford University, California

Abstract

During organ transport, a novel technology known as the Cardiac Transport System provides stable and optimal hypothermic control. The purpose of this study was to compare the results of using the system with those of using the conventional static cold storage method after a heart transplant. 62 and 186 patients underwent primary heart transplantation at Stanford University from 2018 to June 2021, with follow-up through May. All-cause mortality was the primary end point, and postoperative complications were the secondary end points. Kaplan-Meier survival failure necessitating dialysis, postoperative bleeding reoperation, infection, and survival—were comparable [2].

transplantation with preserved and system-transported organs [3]. Even though the total allograft ischemic time was long, the good results may justify implementing a system that accepts organs from faraway locations to broaden the donor pool.

Keywords

heart transplantation, hypothermic storage, Cardiac Transport System, primary end point, secondary end points, Kaplan-Meier survival failure, dialysis, postoperative bleeding, reoperation, infection, survival

Introduction

Heart transplantation is a life-saving procedure for patients with end-stage heart failure. However, the availability of donor hearts is limited, and the time between organ procurement and transplantation is critical. Hypothermic storage systems, such as the Cardiac Transport System, aim to improve organ preservation and transport. This review examines the use of the Cardiac Transport System in heart transplantation, comparing its outcomes to conventional static cold storage. The primary end point is all-cause mortality, and secondary end points include postoperative complications such as dialysis, bleeding, reoperation, infection, and survival. The study found that outcomes were comparable between the two groups, suggesting that the Cardiac Transport System may be a viable option for heart transplantation, particularly in cases where long transport times are necessary to broaden the donor pool.

*Corresponding author: Ava Noah, Department of Cardiothoracic Surgery, Stanford University, California, E-mail: avo34@gmail.com

Received: 02-Jan-2023, Manuscript No: jcet-23-83723; Editor assigned: 05-Jan-2023, PreQC No: jcet-23-83723 (PQ); Reviewed: 19-Jan-2023, QC No: jcet-23-83723; Revised: 23-Jan-2023, Manuscript No: jcet-23-83723 (R); Published: 30-Jan-2023, DOI: 10.4172/2475-7640.1000153

Citation: Noah A (2023) A Review: Using Hypothermic Storage System to Improve Heart Transplant Outcomes. J Clin Exp Transplant 8: 153.

Copyright: © 2023 Noah A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

© 2023 Noah A. All rights reserved. This article is published in J Clin Exp Transplant, Volume 8, Issue 1, 2023.

5. Pedroza-González SC, Rodriguez-Salvador M, Pérez-Benítez BE, Alvarez MM, Santiago GT (2021) Biopinks for 3D Bioprinting: A Scientometric Analysis of Two Decades of Progress. *Int J Bioprint* 7(2): 3-33.
 6. Kohler H, Pashov AD, Kieber-Emmons T (2019) Commentary: Immunology's Coming of Age. *Front Immunol* 10: 21-75.
 7. Manna PR, Gray ZC, Reddy PH (2022) Healthy Immunity on Preventive Medicine for Combating COVID-19. *Nutrients* 14(5): 100-104.
 8. Leone P, Solimando AG, Malerba E, Fasano R, Buonavoglia A, et al. (2020) Actors on the Scene: Immune Cells in the Myeloma Niche. *Front Oncol* 10: 597-598.
-