Should ICD's and CRT's be reused after harvested from

patients submitted to cardiac transplant?

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Abstract

Over the last 10 years, heart failure patients are offered multiple treatments to delay the time for the cardiac transplantation. Some of these treatments are therapeutic, other prophylactic, to reduce the risk of sudden death.

This is the reason for implanting ICD's and or CRT's devices in most patients. Often the period of time from implant to the transplant is very short, only a few months. Actually some of the ICD's have full charge battery because they have never fired. As such at the time of the transplant surgery, these devices are explanted and discarded as litter.

The main reason is that at the law determines that all single use medical devices that are implantable should be discarded after its first use. This law is the rule in Europe and America.

There is sufficient evidence that such determination is a non-sense in many circumstances, as the clinical setting we describe.

We will present clinical evidence, biological data, ethical arguments and financial reasons to support our concept that there is the need to reformulate this legal concept.

A major impact in health care sustainability will be achieved while keeping patient care quality at the same level.