

CANDIDATE:


Bridge to Recovery

for patients who need temporary cardiac support

Clinical scenario

Presented at urgent care with elevated heart rate and shortness of breath. After being transferred to hospital, Loree suffered a cardiac arrest and began vomiting. She was on ECMO for a week and was given two temporary Impella pumps that were unsuccessful in improving her EF.

LVAD Implant

Device/Indication: HeartMate 3™ LVAD, Bridge to Recovery

LVAD Implant Date: August 8, 2022

Age at Implant: 39

Procedure: Full-Sternotomy

Post-implant: Sent to step down unit one week post-implant and was discharged after another week.

Explant: February 13, 2023


Loree

- **42 yr old woman**
- **Bio/Activity:** At age 39, despite having no prior history of heart problems, Loree was diagnosed with myocarditis and viral cardiomyopathy. Her heart failure was classified as NYHA Class IV, with an ejection fraction of only 5–10%. In August 2022, Loree received her LVAD. “I decided to have the surgery because I wanted to get home to my kids,” she recalls. Within two weeks, her energy and activity levels improved significantly. By February 2023, her heart function had normalized, with an ejection fraction of 65%, allowing her to undergo explant and return to NYHA Class I. Now 42, Loree works full time and enjoys an active life with her family in Pennsylvania.

Medical History

Diagnosis: Myocarditis and Viral Cardiomyopathy

Medications: Amiodarone, Spironolactone, Warfarin, Farxiga, Entresto, Digoxin, Lasix

Other Procedures: ECMO, two Impella devices

HF Classification: NYHF Class IV

Living with LVAD

Loree’s energy returned almost immediately. She was back to normal activities and working part-time.

“I was numb because I never had heart problems and they were telling me I had heart failure. I decided to have the surgery because I wanted to get home to my kids....The LVAD gave me my life back. It allowed my heart to rest and regain its strength.”



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cardiovascular.abbott/lvad-patient-case-study-profiles

These testimonials relate an account of an individual’s response to the treatment. The patient’s account is genuine, typical and documented. However, it does not provide any indication, guide, warranty or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual patient.

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

HeartMate 3™ LVAS Indications: The HeartMate 3™ Left Ventricular Assist System is indicated for providing short- and long-term mechanical circulatory support (e.g., as bridge to transplant or myocardial recovery, or destination therapy) in adult and pediatric patients with advanced refractory left ventricular heart failure and with an appropriate body surface area.

HeartMate 3™ LVAS Contraindications: The HeartMate 3 Left Ventricular Assist System is contraindicated for patients who cannot tolerate, or who are allergic to, anticoagulation therapy.

HeartMate 3™ LVAS Adverse Events: Adverse events that may be associated with the use of the HeartMate 3 Left Ventricular Assist System are: death, bleeding, cardiac arrhythmia, localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction,

psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS) thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, hemolysis (not associated with suspected device thrombosis) or pump thrombosis.

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