

After Heart Transplantation Life Care and Recovery

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Introduction

Transplanting a heart is more than just replacing an organ that isn't working. The heart is frequently thought to be the wellspring of love, emotions and personality traits. 47 patients who were transplanted during a two-year period in Vienna, Austria, were requested to participate in an interview to get insight into the dilemma of whether transplant patients themselves experience a personality change after receiving a donor heart. There are three types of patients that can be identified: After surgery, 79 percent said their personality had not altered at all. Patients in this group exhibited a lot of denial and defense behaviors, mostly by shifting the subject or making the inquiry ludicrous. Fifteen percent said their personality had changed as a result of the life-threatening experience, not because of the donor organ.

Description

After you are discharged from the hospital, you will be seen in the out-patient clinic twice a week for about two weeks on Mondays and Thursdays, then once a week on Mondays or Thursdays for about three weeks, then once every two weeks for about three weeks, then once a month until you are six months out, then once every two months until you are a year out from the transplant.

An echocardiogram (30-45 minutes), a blood draw (20 minutes), a clinic visit (20-45 minutes) with the Nurse Coordinator, a visit with either the Nurse practitioner or Transplant cardiologist fellow, a visit with the Attending Transplant Cardiologist and possibly a visit with the dietitian, social worker and pharmacist (20-45 minutes), a chest X-ray (20 minutes) and a biopsy (20 minutes) (30-45 min). The Cath lab wait time varies and is irregular depending on the Cath lab's operating schedule (emergencies go first etc.). You should anticipate spending the most of your day in and around the medical facility on these days.

On clinic days, you must also schedule time to eat and relax and many patients find their first days as an out-patient exhausting and while a wheelchair can definitely be used to go around, it may be a long day. After incisional healing, generally six to eight weeks after surgery, safe sexual activity can be resumed without risk. If you experience sexual dysfunction, talk to your doctor about it. Sexual issues are prevalent following a heart transplant, although they are rarely expressed. Because of the sensitivity of the subject, it may be difficult to have an open conversation with your health care professionals, which can cause delays in referrals, prescription modifications and therapy. The greatest advice is to let your provider know so that they may do an adequate examination and make suitable recommendations.

Caffeine is a central nervous system stimulant that can overstimulate your

new heart. Some people are more susceptible to caffeine's effects than others. It can induce sleeplessness, abnormal heartbeats and diarrhea. Caffeine, even in little doses, can cause headaches, shaking and anxiety. Your doctor will tell you that you should avoid caffeinated beverages such as coffee, tea, chocolate and sodas. A vigorous, gradual daily fitness routine is essential for your successful recovery after transplant surgery. It will help you regain muscular mass. It will lift your spirits and improve your mental health [1-5].

Conclusion

Heart transplantation is a life-enhancing and life-saving procedure that comes with a high risk of serious consequences. Physicians, patients and their families should be prepared to cope with these risks by working together to avoid, diagnose and treat problems as they emerge, with the ultimate objective of improving survival and quality of life following heart transplantation.

Acknowledgment

None.

Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

References

1. Kaba, Evridiki, David R. Thompson and Philip Burnard. "Coping after heart transplantation: A descriptive study of heart transplant recipients' methods of coping." *J Adv Nurs* 32 (2000): 930-936.
2. Kaba, Evridiki, David R. Thompson, Philip Burnard and Deborah Edwards, et al. "Somebody else's heart inside me: A descriptive study of psychological problems after heart transplantation." *Issues Ment Health Nurs* 26 (2005): 611-625.
3. Kolsrud, Oscar, Kristjan Karason, Erik Holmberg and Sven-Erik Ricksten, et al. "Renal function and outcome after heart transplantation." *J Thorac Cardiovasc Surg* 155 (2018): 1593-1604.
4. Grady, Kathleen L., Anne Jalowiec and Connie White-Williams. "Predictors of quality of life in patients at one year after heart transplantation." *J Heart Lung Transplant* 18 (1999): 202-210.
5. Deshields, Teresa L., Erin M. McDonough, R. Kelley Mannen and Leslie W. Miller, et al. "Psychological and cognitive status before and after heart transplantation." *Gen Hosp Psychiatry* 18 (1996): 62-69.

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