

Top Ten Things to Know Recommendations for the Use of Mechanical Circulatory Support: Ambulatory and Community Patient Care

1. From June 2006 until December 2014, over 15,000 patients received mechanical circulatory support (MCS), and annually, over 2,000 implants are performed.
2. One-year survival with current continuous-flow devices is reported to be 80%, and two-year survival is 70% percent.
3. Mechanical circulatory support offers a surgical option for advanced heart failure when optimal medical therapy is inadequate. MCS therapy improves prognosis, functional status, and quality of life.
4. In patients waiting for a heart transplant, MCS provides a bridge to transplant (BTT), and for others who are ineligible for heart transplant, permanent support or destination therapy (DT).
5. Patients often live a substantial distance from the implanting center, so active involvement, collaboration, and coordination is needed by local first responders (emergency medical technicians, police, and fire department personnel), emergency department (ED) staff, primary care and referring cardiologists.
6. Ambulatory MCS patients can span the entire age spectrum from pediatrics to geriatrics. As advances in technology have made MCS devices more portable and patients become increasingly mobile, basic knowledge of equipment is necessary for personnel in public areas such as schools, public transportation, and airline Transportation Security Administration.
7. This scientific statement provides options for non-experts of MCS in the ambulatory setting and facilitates the informed assessment, stabilization, and transport of the MCS patient back to the MCS center for definitive therapy.
8. It provides a foundation for emergency management, as well as a framework to address the management of known MCS-associated complications and expected co-morbid medical problems.
9. Quality of life concerns are a focus of this statement: returning to normal; psychosocial, behavioral, and cognitive problems; end-of-life decision making.
10. From the time of referral for advanced heart failure therapy, to the initiation of formal evaluation, to the patient's return to the comforts of home, a *community of providers* is necessary.

Cook JL, Colvin M, Francis GS, Grady KL, Hoffman TM, Jessup M, John R, Kiernan MS, Mitchell JE, Pagani FD, Petty M, Ravichandran P, Rogers JG, Semigran MJ, Toole JM; on behalf of the American Heart Association Heart Failure and Transplantation Committee of the Council on Clinical Cardiology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular Disease in the Young; Council on Cardiovascular and Stroke Nursing; Council on Cardiovascular Radiology and Intervention; and Council on Cardiovascular Surgery and Anesthesia. [Recommendations for the use of mechanical circulatory support: ambulatory and community patient care: a scientific statement from the American Heart Association](#) [published online ahead of print May 30, 2017]. *Circulation*. doi: 10.1161/CIR.0000000000000507.