

## **Where Will My New Heart Come From?**

### **The Organ Shortage**

There is a severe shortage of organs for transplant. This means that the wait for a heart transplant can take years. Patients may die while they wait. The UW Transplant Program has led the way to find new ways to increase the number of good organs for transplant. It is vital that you understand where your heart comes from may impact your care after transplant.

### **Donation After Brain Death (Deceased Donor)**

The most common type of organ donor is a person who suffered an injury that caused brain death. "Brain death" occurs when someone does not get enough oxygen to the brain, and the brain stops working. This is often due to trauma or a stroke. Doctors can do tests to tell when someone is brain dead.

Because the brain controls breathing, people in a hospital who are brain dead are on a breathing machine. The breathing tube and medicines help the person's body function even after brain death. This allows the heart to keep beating until a transplant team can arrive. Once the heart is removed, it should be transplanted within 4-6 hours. Hearts from these types of donors are called "standard donor."

### **"Increased Risk" Donors**

You may be offered an organ from a deceased donor that is at an increased risk for spreading certain infections.

Donors are "increased risk" based on the 2013 Public Health Service (PHS) guidelines. Those at "increased risk" may include sex workers, drug users, or those with same sex partners. It is not the norm to accept organs from such donors unless we

feel that the good far outweighs the would-be risk. Blood tests are done on potential donors to look for viruses such as HIV, Hepatitis B and/or Hepatitis C. No test is perfect, and false negative results can happen.

There is a small chance (1 in 60,000 to 1 in 2,000,000) that an infection could be passed on. We believe that the risks of getting this type of heart are very small. We let you know when the heart is offered if it is from an increased risk donor. You can then decide if you want to accept this type of heart or not. If you choose not to accept the heart, you will not lose your place on the waiting list.

### **Hepatitis C (HCV) Positive Donors**

Hepatitis C is a virus that can damage the liver. Because hepatitis does not affect the heart and we have effective medicines to treat this virus we can often use hearts from donors who have had or have hepatitis C.

Donors that have had hepatitis C and do not have an active infection are very low risk. If you receive a heart from a donor that has had hepatitis C we will draw labs on a schedule to check you for signs of this virus. You likely would not need other medicines.

Donors that have an active hepatitis infection can be safely used because we now have good medicines to treat this virus. Patients who receive a heart from a donor with an active hepatitis C infection will need to take medicine to treat the virus. When you are placed on the waiting list the transplant team will discuss with you if you are willing to accept a hepatitis C donor heart. If you agree you will be required to sign a consent. If you choose not to accept

this heart, you will not lose your place on the waiting list.

### **Hepatitis B Core Antibody + Donors**

Rarely we receive hearts from donors who are found to have a possible past Hepatitis B infection. We feel these hearts can safely be given to patients who have been vaccinated and whose blood tests show they are immune to hepatitis B. All patients who receive a heart from a donor with a past infection will need to take medicine to protect them from getting hepatitis B.

### **What will I be told about my donor?**

Laws limit how much we can tell you about your donor. We can't tell you the donor's age, gender, or personal or health history. The United Network for Organ Sharing (UNOS) distributes the organs. The Organ Procurement Organization (OPO) informs the UW Transplant Program when a heart is found and who is number one on the UNOS list to get the heart.

The OPO does a thorough screening for all would-be donors to try and find any illness that could affect the transplant organ or the patient who gets it. This screening can be limited by time constraints between the time that the donor was injured, and when the organ is obtained. Your donor's evaluation and screening results may impact your care after transplant. This includes the need for more tests or medicines. We believe the risk of more treatment outweighs the risk of waiting for another organ. We use our best knowledge and judgment to attempt to make sure every organ we transplant will work and will not harm the patient who gets it.

### **How do I choose?**

There are risks and benefits of each type of heart transplant. Members of the transplant team can tell you more about this topic. They can help you choose the type of transplant that may be best for you.