

Cardiac Allograft Vasculopathy (CAV)

What is CAV?

CAV is a form of chronic rejection that narrows the blood vessels of your transplanted heart. CAV is not caused by plaque. The vessel wall thickens, leaving less room for blood to pass through.

In order to watch for chronic rejection, you will have a regular cardiac catheterization or other stress cardiac testing. If CAV is found, you may need other medicines and treatments.

Most often CAV affects the entire length of the vessel, not just one spot. This makes the use of stents or bypass surgery is very difficult and often not helpful. Generally, collateral or smaller natural bypass vessels do not form, and for this reason, frequent tests and preventive care is best.

Who is at risk for CAV?

All heart transplant patients are at risk for CAV. CAV affects men and women, adults and children of all races who have had heart transplants. CAV can occur early after transplant, but the risk increases over time after transplant.

What can you do to prevent CAV?

Manage your risk factors that you can change.

- Lower your cholesterol through diet, exercise and medicines.
- Manage your diabetes.
- Maintain a healthy blood pressure.
- Maintain a healthy weight.
- Do not smoke and avoid exposure to secondhand smoke.

Take your immunosuppressant medicines as prescribed.

- Sirolimus, a drug that prevents rejection, also works to prevent CAV. It may be added to your treatment if you develop CAV. It has been shown to decrease the worsening of CAV.

Take “statin” drugs even if you do not have high cholesterol. They may decrease the risk of CAV.