

Our first experience with transplantation – a case report

 **Dorotea Falica***,
 **Nikolina Lončarević**

University Hospital Centre
"Sestre milosrdnice", Zagreb,
Croatia

KEYWORDS: heart transplantation, healthcare.

CITATION: *Cardiol Croat.* 2024;19(1-2):30. | <https://doi.org/10.15836/ccar2024.30>

***ADDRESS FOR CORRESPONDENCE:** Dorotea Falica, Klinički bolnički centar Sestre milosrdnice, Vinogradska 29, HR-10000 Zagreb, Croatia. / Phone: +385-95-735-2853 / E-mail: dorotea88f@icloud.com

ORCID: Dorotea Falica, <https://orcid.org/0009-0005-5579-0120> • Nikolina Lončarević, <https://orcid.org/0009-0004-5859-3782>

Introduction: Transplantation is a medical procedure of transferring organs from a living or deceased donor into the body of a recipient whose organ is severely and irreversibly damaged. It presents a significant challenge for both the patient and the healthcare system. Our goal is to provide a comprehensive overview of our initial experience with heart transplantation. Through a detailed case presentation, we will showcase the challenges we faced, the successes achieved, and offer deeper insights into the entire process of heart transplantation from the perspective of nurses.¹⁻⁵

Case report: 40-year-old patient had been under the care of a cardiologist for several years due to arterial hypertension and dilated cardiomyopathy. Her condition worsened, leading to hospital admission where an evaluation for heart transplantation was deemed necessary. After undergoing the required examinations, she was presented at a cardiothoracic surgery consultation for urgent placement on the national heart transplant list. Efforts were made to include her as a candidate on the high-urgency Eurotransplant list, but she was rejected due to her body weight. The patient remained hospitalized for 36 days before being transported to University Hospital Dubrava for the actual heart transplantation. During this period, her healthcare and treatment were focused on maintaining her stable health and preparing her body for transplantation. Despite continuous infusion of dobutamine and diuretics, her condition visibly deteriorated each day. On the 36th day of hospitalization, she was transferred to accompanied by a physician for the heart transplantation. The post-transplantation course at was complicated by acute renal failure, requiring continuous venovenous hemodiafiltration. However, her renal function gradually improved. After 26 days, the patient was transferred back to University Hospital Centre "Sestre milosrdnice" for post-transplantation monitoring and education on her new way of life, as well as independent medication management. At the Department, the patient is in good general condition, rhythmically stable, with cardiac compensation, despite the prior renal insufficiency that is now in remission. She has spontaneously reestablished diuresis and remains afebrile.

Conclusion: Through our first experience with heart transplantation, we emphasized the importance of patient-centered healthcare, treating the patient as an individual rather than just a medical case. The interview with the patient provided us with a holistic insight into a patient's status on the transplant list and helped us prepare for future experiences. We recognized that fear, uncertainty, and hope are key words that patients use to describe this phase of their treatment. At that moment, every day is a new battle for patients, and we are their closest allies in this fight, needing to be armed with knowledge, skills, and empathy.

RECEIVED:
September 30, 2023

ACCEPTED:
October 7, 2023



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