## Better then ice! Utilization of Paragonix SherpaPak for human donor heart preservation – our experience

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A heart transplant is the gold standard treatment for end stage heart failure. Preservation of the donor heart during its transfer from the hospital of the donor to that of the recipient has a significant impact on the outcome of the transplant procedure. Icebox storage is a conventional method utilized for this purpose that may not provide uniform cooling of the donor heart and does not allow monitoring of the temperature of the donor heart during preservation.<sup>1</sup> Paragonix SherpaPak Cardiac Transport System (CTS), one of the leading FDA-cleared and CE-marked preservation devices for heart transportation, offers a sterile, controlled environment that is clinically proven to minimize post-transplant complications. In our region University Hospital Centre Zagreb has used it for transport of the heart eight times so far. With this CTS we suspended the donor heart in a preservation solution for even cooling in a pressure-controlled, leak-proof, single-use, rigid canister, that provides a consistent temperature range, prevents cold injury, and offers real-time monitoring and data reporting. SherpaPak was recently introduced into our human heart transplant procedure, so the experience is minimal, but so far we are very satisfied, due to uniform hypothermia, continuous monitoring, and single use transport containers. If we compare short term post-transplant outcomes, and utilized data collected by the GUARDIAN-Heart Registry (the world's largest clinical database specifically dedicated to heart preservation), now with over 1500 enrolled patients who have undergone heart transplantation, the data generated by the researchers continues to show improved clinical outcomes when utilizing Advanced Organ Preservation with the SherpaPak in a direct comparison to traditional ice storage. We are satisfied witnessing a paradigm shift in the standard of care for donor organ preservation, and we are thrilled to be at the forefront of that movement, providing every possible advantage for our transplant patients. New case studies can be used in randomized trial, especially those with prolonged ischemia times in a few years' time.

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