




Gastrointestinal bleeding before planned LVAD implantation in a patient with advanced heart failure – challenges and successful strategies

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Introduction: The implantation of a left ventricular assist device (LVAD) represents a crucial solution for patients with advanced heart failure, either as a bridge to transplantation or as long-term therapy. However, gastrointestinal bleeding is one of the most common and serious complications in these patients, particularly during the preparation for LVAD implantation, due to several specific factors related to the underlying condition and the therapy these patients receive.^{1,2}

Case report: The patient, a 71-year-old male diagnosed with advanced heart failure, was a candidate for the implantation of a left ventricular assist device (LVAD). Several weeks before the planned surgery, an implantable cardioverter-defibrillator (ICD) was placed due to the high risk of sudden cardiac death. His hospital stay was complicated by rectal bleeding accompanied by a drop in hemoglobin levels, which was corrected with a blood transfusion. To assess the cause of the anemia and rectal bleeding, further diagnostic evaluation of the gastrointestinal tract was conducted. Colonoscopy revealed a large polyp measuring 4-5 cm in the sigmoid colon. After the removal of the polyp, the patient was closely monitored for potential complications, such as bleeding, but no signs of complications were observed. After successful stabilization of hemoglobin levels, the patient underwent LVAD implantation without perioperative complications. Anticoagulant therapy was carefully titrated to avoid postoperative gastrointestinal bleeding, given the recent endoscopic intervention.

Conclusion: Gastrointestinal bleeding in patients prior to LVAD implantation presents a significant challenge due to the complexity of pathophysiological and therapeutic factors. Successful strategies include early risk identification, optimization of the patient's condition, careful management of anticoagulant therapy, and a multidisciplinary approach. This case highlights the complexity and intricacies of nursing care for a patient with advanced heart failure requiring LVAD implantation. Early identification of the cause of anemia and successful endoscopic removal of the polyp enabled the safe execution of the LVAD implantation.

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LITERATURE

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