Preface

As I sit here, thinking about the field of heart failure, what springs to mind are the unsung heroes who pervade the arena. Right from transplant coordinators to rehabilitation therapists, from heart failure cardiologists to transplant surgeons, critical care physicians to transplant pharmacists, etc. All this becomes more personal, in light of the recent plane crash in the mid-west of the USA, when an entire team from the University of Michigan lost their lives after they had harvested a set of thoracic organs. Even more poignant was the fact that Dr Martinus Spoor, who contributed to a chapter in this book, lost his life in that crash. Therefore, this is dedicated to his memory and many more like him who have not been widely recognized.

Let us start with transplantation of the heart itself. Even though Christiaan Barnard set the world on fire with the successful heart transplant in 1967, it was the hard work of people like Norman Shumway who over the years built the science and many teams that made cardiac transplantation a success. In the same vein, the tireless efforts of Vincent Dor should not go unsung. I remember many meetings when he would get up and present his data on geometric left ventricular reconstruction. The initial skepticism of the audience gave way to credulous acceptance only over a period of two decades. It is remarkable that the patience and persistence of pioneers like him, secure in their clinical and scientific observation, have paved the way for other practitioners to follow. This has helped in the formation of heart failure as a specialty. When one considers that Billroth exhorted in the late 1800s that surgery on the heart was foolhardy and dangerous, it is amazing that coronary artery surgery became the most commonly performed surgical procedure toward the end of the twentieth century. However, as less invasive options of angioplasty and stenting became more widespread, more and more patients were able to survive heart attacks. These patients then had more attention paid to their cardiovascular risks and longevity improved. The cost of all this improved survival is heart failure of varying degrees. So much so, that heart failure is the most common DRG code for hospital admissions in the developed world. The emergence of heart failure as a specialty began with acceptance of heart transplantation and the use of immunosuppression. However, alternative and delaying techniques to transplantation along with better drug therapy have built this whole specialty into a multidisciplinary behemoth. We have a range of options in the therapy of heart failure, ranging from medications to special techniques of resynchronization, venous ultrafiltration, beating heart surgery, etc.

Coronary artery surgery numbers declined but patients who now present for bypass surgery invariably have some degree of left ventricular dysfunction and more diffuse disease. They are often on aspirin and plavix. As survivors of major and minor cardiac events, these veterans of hospital admissions and multiple interventions pose great management challenges that require coordination between a multitude of caregivers and practitioners.

As the teams that look after these complex patients grow, so do the number of unsung heroes who perform tirelessly to improve the outcomes of these sick patients. Remember, all this happens

while the media is constantly talking about new stem cell therapies, new robotic operations, new drugs for heart failure, etc. Very little mention is made about the nitty-gritty and daily grind of mundane tasks such as cardiac rehabilitation after a heart attack or cardiac surgery that dramatically improves the well-being of heart failure patients. Few lay people know about the existence of perfusionists who run the heart lung machine in open heart surgery or manage those large ventricular assist devices that keep patients alive. The ensemble approach of having a team look after patients for various aspects of care in a coordinated fashion has resulted in many of these patients doing well.

My task here is therefore to acknowledge all those unsung heroes around the world and thank them for their work. I would also like to thank all the contributors to this book, which is the first two-volume effort in the realm of heart failure. Grant Weston deserves credit, as the editor from Springer who had the foresight to hang his shingle on a "higher than usual risk" publication. No doubt there are areas of these two volumes that could be improved upon or updated, but our aim was to provide a good overview of the Comprehensive Management of Heart Failure.

Jai Raman
Chicago, IL
October 2007

Springer

http://www.springer.com/978-1-84800-103-9

Management of Heart Failure
Volume 2: Surgical
Raman, J. (Ed.)
2008, XII, 321 p., Hardcover
ISBN: 978-1-84800-103-9