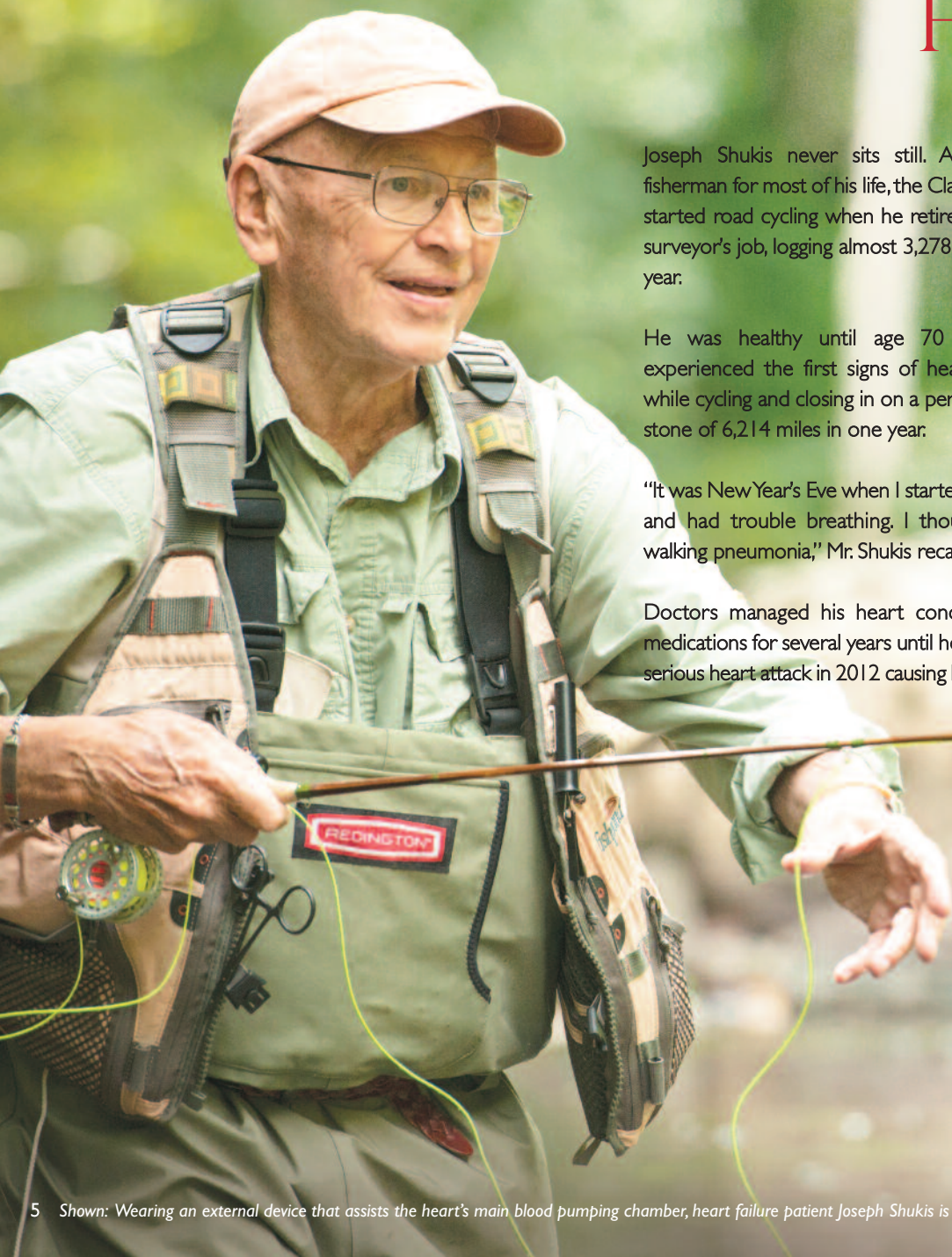


HEART FAILURE

Catch of the Day



Joseph Shukis never sits still. An avid fly fisherman for most of his life, the Clark resident started road cycling when he retired from his surveyor's job, logging almost 3,278 miles each year.

He was healthy until age 70 when he experienced the first signs of heart disease while cycling and closing in on a personal milestone of 6,214 miles in one year.

"It was New Year's Eve when I started coughing and had trouble breathing. I thought I had walking pneumonia," Mr. Shukis recalled.

Doctors managed his heart condition with medications for several years until he suffered a serious heart attack in 2012 causing his heart to

fail rapidly. Mr. Shukis estimates that he was functioning at only 20 percent of his normal activity level when doctors recommended a new technology that could save his life: an LVAD (left ventricular assist device) as a permanent therapy to support his failing heart. Robert Wood Johnson University Hospital's (RWJ) and Rutgers Robert Wood Johnson Medical School's (RWJMS) Advanced Heart Failure and Transplant Cardiology Program is certified by the Joint Commission to offer LVAD technology as a life-sustaining therapy for end-stage heart failure patients who cannot receive a heart transplant.

"My cardiologist said, 'Joe, you're doing well on this medication, but it's limited,'" Mr. Shukis said. "He asked if I would consider an LVAD. I knew I was going downhill, so I went for it."

An LVAD is not an artificial heart, nor a heart replacement. The device attaches to a patient's heart and is designed to assist, or take over, the pumping function of the patient's left ventricle, which is the main pumping chamber of the heart. It is powered by an external, wearable system about the size of a pocketbook that includes a small controller and two batteries attached by an external driveline.

The LVAD is not a magic wand, however. Its use requires a strong support system that includes RWJ's Transplant Coordinators, family members

as well as local police, rescue squads and even utility companies to ensure a successful outcome.

"Family support is crucial," explains Christine Stiansen, RN, BSN, Heart Transplant and VAD Coordinator at RWJ. "Joseph's wife really took hold of that responsibility and he is doing very well."

According to Ms. Stiansen, Mr. Shukis and his wife, Florence, received thorough education about the device and ongoing support from RWJ's team of Transplant Coordinators. Patients must also pass a test to prove they can manage the VAD prior to discharge. For example, they need to know how to change the dressings where the device connects to the body. The device also cannot be exposed to moisture. Mrs. Shukis helps change the bandages where the device connects to his body and places it in a waterproof briefcase while he showers. She also constantly charges several back-up battery packs should a power failure occur.

"My wife is tremendous, half the problem is solved when you have someone like her;" Mr. Shukis said. "It's like I have a second life."

Visit www.rwjuh.edu/transplant or call 1-888-MD-RWJUH.