

Better Decisions, Fewer Regrets: Assessing Patient Satisfaction After Left Ventricular Assist Device

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Purpose of Study: Left ventricular assist devices (LVADs) are a commonly utilized life-saving therapy for patients with end-stage heart failure (HF). While LVADs are an effective strategy to prolong survival and improve HF symptoms, there are limited data assessing patient satisfaction and regret about their decision to receive an LVAD. We aim to measure decision regret and explore quality-of-life (QOL) outcomes among patients within our LVAD program. Our hope is to develop improved anticipatory guidance and provide further behavioral psychotherapy support to vulnerable LVAD candidates moving forward.

Methods Used: We designed a single site, prospective qualitative study of LVAD patients from the University of Rochester's Advanced Heart Failure Clinic. To measure subject quality of life and patient satisfaction, we utilized a Decision Regret Survey along with three supplementary open-ended QOL questions. Surveys were completed during in-person follow up visits, then subsequently were entered into RedCap. These forms collectively created a centralized database of all patient self-reported experiences living with an LVAD. A thematic catalog was developed from the patient responses to the open-ended questions. The frequency of themes were coded and recorded by the study team.

Results: From January 2021- Aug 2022, 46 total patients were enrolled. The average age was 53.9 years (SD 12.7), 69.6% were White, and 76.1% Male. Majority of patients had a New York Heart Association (NYHA) functional class IV and 85.4 % categorized as INTERMACS patient profile* of 1, 2, or 3. Patients overwhelmingly agreed at 85 % that an LVAD was the right decision, with 83% denying decision regret.

Seven thematic domains were defined from the open-ended responses. However, consequently the most frequently reported themes were related to negative QOL experiences. Sub-analysis revealed these themes were related to Device/Equipment Concerns, Missing water-related activities, and Other-Lifestyle Adjustment Domains.

Conclusion: Overall, patients after LVAD implant had low rates of decision regret, however they report increased negative QOL experiences especially related to life-style adjustment and device concerns. Further exploration of these at-risk patient profiles with high QOL themes and associated outcomes can be studied to better support our growing LVAD community.

**INTERMACS Profile (1-Critical Cardiogenic Shock, 2-Progressive Decline, 3-Stable but Inotrope Dependent)*