

# Our First Experience with Transplantation – A Case Report

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## Abstract

Goal: Transplantation is the medical procedure of transplanting an organ from a living or deceased person into the body of a recipient whose organ is severely and irreversibly damaged. In this way, the recipient's survival rate and quality of life are improved. Heart transplantation is a revolutionary procedure that provides a new chance for life to patients with serious heart diseases. It represents a great challenge both for the patient and for the entire healthcare system. We aim to provide a comprehensive account of our first heart transplant experience. Through a detailed analysis of the case report, we will present the challenges we encountered, the successes we achieved, and provide a deeper insight into the entire process of heart transplantation from the perspective of nurses.

**Keywords:** heart transplantation; health care; case report

## Case presentation:

The 40-year-old patient GS was monitored by a cardiologist for several years due to arterial hypertension and dilated cardiomyopathy. Due to the deterioration of her condition, she was admitted to the Institute for Cardiomyopathies, Heart Failure and Heart Valve Diseases, where it was necessary to undergo a heart transplant procedure. After the required tests were performed, she was presented at the Cardiac Surgery Council at KB Dubrava in order to be placed on the urgent national transplant list. An attempt was made to present the patient as a candidate for the HU Eurotransplant list, but she was rejected due to her weight. The patient's stay in the ward lasted 36 days before the organ transplant. During this period, the patient's health care and treatment are focused on keeping her health condition stable and preparing her body for transplantation. Despite the constant use of dobutamine infusion and diuretics, her condition visibly worsened every day, and on the 36th day of hospitalization, after the arrival of an adequate organ, she was transported to KB Dubrava, accompanied by a doctor, for a heart transplant. The early post-transplant course was complicated by acute renal insufficiency, for which she was on CVVHDF, but there is a gradual recovery of renal function. After the 26th day, the patient is transferred to the KBC Sestre Milosrdnice for further monitoring of the condition after the transplant, where education is carried out about a new lifestyle and how to take therapy independently. At the Institute, the patient is in good general condition, rhythmically stable, cardiac compensated with further improvement in general condition and renal function. She is afebrile and without signs of infection. The patient was discharged to home care after the 29th day, but we are still happy to see her

for follow-up hospitalizations, which are required one year after the transplant for planned heart biopsies and control findings.

## Conclusion:

Through this work, we were introduced to a new challenge in our professional career - heart transplantation. This challenge was not only new for us as nurses, but also for our patient. Since in this work we used scientific research methods of case presentations and interviews, we believe that we managed to show more closely the parallel between empathy and expertise as challenges that nurses face every day.

Through our first experience with a heart transplant, I would emphasize the importance of health care focused on the "patient as an individual" and not as a concept.

This case from an interview with a patient gave us a holistic insight into the condition of the patient on the transplant list and helped us in our goal to be able to adapt our work to future experiences. We recognized that fear, uncertainty and hope are the key words that the patient uses when recounting that phase in his treatment. At that moment, every day is a new battle for the patients, and in that case we are their closest comrades, and in that battle you need to be armed with knowledge, skill and empathy.

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