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Abstract

Mechanical Circulatory Support, when is now? Khaldoon Al-Humood– University of Ottawa - Kuwait

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Abstract:

Heart failure is a syndrome with high mortality and morbidity, as well as being the result of many cardiac and non-cardiac diseases. The corner stone of management in these cases is basically medical therapy, which can be very successful in most cases, especially if combined with lifestyle modifications such as control of fluid and salt intake as well as physical activity. At some point the introduction of devices may be required such as ICD and CRT in selective cases. Nevertheless, around 5% of patient will fall in the category of advanced heart failure, where failure of medical therapy is the landmark of such condition and mortality is almost inevitable, this could occure over a long course of the disease with gradual decline or suddenly after a major cardiac injury such as massive MI. In this situation it is required to introduce mechanical circulatory support (MCS) to maintain survival of the patient as well as perfusion of all organs, which will either become a permanent solution or a bridge to heart transplantation whenever an organ is available.

Biography:

Director of the advanced heart failure and transplantation program in Kuwait.Long experience in internal medicine and diagnostic acumen in cardiovascular diseases. Good in communication and interpersonal skills. Management of Advanced heart failure, LVADS, Heart transplantation, pulmonary hypertension, performing right heart cath and biopsy, as well as management of coronary artery disease, hypertension and leading Coronary Care

Units. Having a great passion for clinical and academic medicine and providing innovative teaching methods to fellow colleagues and medical students. Consultant Cardiologist at the Ministry of Health in Kuwait working at Salman Aldabbous cardiac center - Aladan Hospital Earned a “Heart failure fellowship” from University of Ottawa Heart Institute, Ontario Canada.

Recent Publications:

1. Optimal use and interpretation of the aldosterone renin ratio to detect aldosterone excess in hypertension.
2. Relationship between Cortisol Increment and Basal Cortisol: Implications for the Low-Dose Short Adrenocorticotropic Hormone Stimulation Test.
3. Comparison between young and old patients with bronchogenic carcinoma.