The New York Times

MONDAY, MARCH 26, 2012

For Cheney, Pros and Cons in New Heart

By LAWRENCE K. ALTMAN and DENISE GRADY

It was the first time he was offered a transplant in the 20 months he had been on the waiting list, and Dick Cheney, the former vice president, decided to take it, his principal cardiologist said in a telephone interview Sunday, the day after the successful seven-hour operation.

There was no immediate medical reason for deciding on a transplant now, said his doctor, Jonathan S. Reiner. Mr. Cheney had been living successfully with a battery-powered mechanical heart pump that was implanted in his chest in July 2010. These pumps are life-saving but inconvenient, and Mr. Cheney had been placed on the heart transplant list even though he had not made up his mind whether to proceed with the arduous surgery, Dr. Reiner said.

It was not until two months ago, Dr. Reiner said, that Mr. Cheney's decision to take a donor heart finally crystallized.

The issues Mr. Cheney considered included his risk of infection from the pump line to his heart, the risk of blood clots that can cause strokes, and the possibility of the device's mechanical breakdown, Dr. Reiner said. Living with the pump, called a left ventricular assist device, or LVAD, means keeping the battery charged constantly and avoiding full immersion in the bathtub.

At age 71, Mr. Cheney is on the older side of eligibility for heart transplant. But Dr. Reiner said he told his patient that "it would not be unreasonable for an otherwise healthy 71-year-old man to expect to live another 10 years" with a transplant. Dr. Reiner considers Mr. Cheney otherwise healthy.

Bleeding and infection are the greatest immediate risks Mr. Cheney faces as he recuperates from surgery in an intensive care unit at Inova Fairfax Hospital in Falls Church, Va., a suburb of Washington, Dr. Reiner said. Infection remains a threat for as long as Mr. Cheney lives with his new heart. As his body adapts to a new human heart, he is starting to take a standard regimen of immune-suppressing drugs to prevent rejection of the donated organ.

The operation began at 10 a.m. Saturday and ended at 5 p.m., Dr. Reiner said. It was Mr. Cheney's third heart operation: the first was in the 1980s for coronary bypass, and the second was when the mechanical device was implanted.

Scott Shane and Sheryl Gay Stolberg contributed reporting.

Dr. Reiner said that Mr. Cheney's family had authorized him to speak to a reporter. Mary Matalin, a former aide to Mr. Cheney, said by e-mail, "The VP is doing very well."

When prominent people receive transplants, questions inevitably arise about whether they somehow jumped to the top of the waiting list, but transplant surgeons insist that cheating is not possible. Patients are registered in a national system that tracks donors and recipients by medical criteria and informs hospitals of possible matches.

"You can't jump the system," said Dr. O. H. Frazier of the Texas Heart Institute at St. Luke's Episcopal Hospital in Houston. "It goes according to fairness."

Dr. Robert Michler, surgeon in chief and director of the Montefiore Einstein heart center in New York, agreed. "To my knowledge," he said, "it is not possible to game the system."

He said four factors determined when patients on the list received a heart transplant: body size or weight, blood type, how sick they are and how long they have been waiting. Based on those criteria, he said, it is possible for a given patient to receive an organ ahead of others who have been waiting longer, because that patient is the right size or has a compatible blood type.

No pressing medical need for a hard choice made only recently.

Mr. Cheney's doctor confirmed that no exceptions had been made for his patient. "Nothing can be manipulated," Dr. Reiner said. An aide to Mr. Cheney said on Saturday that the donor was anonymous.

Mr. Cheney was on the waiting list for 20 months, compared with an average waiting period of 12 to 18 months, Dr. Reiner said.

While Mr. Cheney had been active and mobile with the mechanical device, his experience with it "was not event free," said Dr. Reiner, who declined to specify the issues or say whether any were life-threatening.

Dr. Reiner has cared for Mr. Cheney for many years at George Washington University Hospital in Washington. Because that hospital does not perform heart transplants and is just beginning to implant ventricular assist devices, his team has worked with a team headed by Dr. Shashank Desai at Inova Fairfax in caring for Mr. Cheney.

In people over 65 having heart transplants, statistics show that 85 percent survive at least one year, 75 percent at least three years and 65 percent five years or more, according to the United Network for Organ Sharing, which coordinates transplants nationwide. The figures are based on operations performed from 1997 to 2004.

Among older people having transplants, men fare better than women do, for unknown reasons, Dr. Frazier said.

Heart biopsies are performed periodically to check for signs of rejection, particularly in the early weeks and months after the surgery. The first biopsy is done within a week or so after the operation.

Doctors gauge a patient's recovery by how quickly they pass certain milestones. Patients who have been in reasonably good condition before a heart transplant should be able to breathe on their own and come off the ventilator used during surgery within 24 hours, Dr. Michler said. They should also be able to come off intravenous medicines and various monitoring devices within a few days after surgery.

"Each of those takes you from a critical to a stable condition," he said. "If you're on a breathing tube for weeks, or intravenous medicines for weeks, that's a pretty critical situation. You're not recovering as well as we'd like you to. The more rapidly someone meets the milestones, the better the recovery is."

As recently as last fall, Mr. Cheney told interviewers that he had not yet decided whether he wanted a heart transplant.

Dr. Frazier said a number of his patients in their 70s who had received mechanical pumps decided to stick with them and not request transplants at all.

Dr. Michler said implantable pumps like the one Mr. Cheney used had been made smaller, easier to implant and more efficient. But he added: "The big picture here is that a biologic heart, a transplant, is still the best therapy at the present time. Patients just do better than they do with a mechanical device. It is unquestionably the best thing to be able to receive a transplant. It is just better, physiologically."