

Enríquez-Vázquez et al. *Impact of left ventricular unloading on post-heart transplantation outcomes of patients bridged with VA-ECMO. Rev Esp Cardiol. 2024*

SUPPLEMENTARY DATA

Specific definitions of in-hospital postoperative outcomes following heart transplantation.

Postoperative infection: Any culture-proven infection or empiric intravenous antibiotic therapy due to a high clinical suspicion of infection after heart transplantation and before hospital discharge.

Postoperative renal failure: Acute renal dysfunction requiring dialysis, hemofiltration, or ultrafiltration at any time after heart transplantation and before hospital discharge.

Open-chest cardiac reoperation: Any cardiac surgical intervention requiring sternotomy after heart transplantation and before hospital discharge.

Excessive postoperative bleeding: Postoperative bleeding after heart transplantation that requires transfusion of 10 or more packed red blood cell units or surgical exploration, or that causes hemodynamic instability requiring intravenous vasopressors.

Postoperative graft failure (left ventricular or biventricular): Contractile dysfunction of the graft that occurs during the first 24 hours after transplantation, which is defined by current ISHLT criteria as moderate or severe left ventricular (or biventricular) primary graft failure—left ventricular ejection fraction < 40% and/or a hemodynamic pattern with mean arterial pressure > 70 mm Hg lasting more than 1 hour, right atrial pressure > 15 mm Hg, cardiac index < 2 L/min/m² and pulmonary wedge pressure > 20 mm Hg, requiring high-dose vasoactive drugs (vasoactive-inotropic score >10), intra-aortic balloon pump or mechanical circulatory support.

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Postoperative graft failure (right ventricular): Contractile dysfunction of the graft that occurs during the first 24 hours after transplantation and is characterized by the presence of a preserved left ventricular ejection fraction (> 40%), together with a typical hemodynamic pattern with right atrial pressure > 15 mm Hg, cardiac index < 2 L/min/m², and pulmonary wedge pressure < 15 mm Hg, or the need for an RVAD.

Postoperative mechanical circulatory support: Insertion of a temporary MCS device –ECMO, surgically implanted LVAD or BIVAD, or percutaneous LVAD—at any time after transplantation and before hospital discharge. This definition does not include the intra-aortic balloon pump.