

A 57-year-old male patient with dilated cardiomyopathy and congestive heart failure is admitted with severe heart failure. He was intubated on admission to ICU, due to severe biventricular dysfunction, his BP was very low even with high-dose inotropes. The family was counselled about the condition of the patient, and given an option of VA ECMO followed by Heart transplant or VAD. The family agreed to ECMO, so the patient was put on VA ECMO and stabilized, on the 4<sup>th</sup> day patient started showing improvement with VA ECMO support. He was waiting for a donor's heart to get a heart transplant for the next 18 days. Unfortunately, he couldn't get a donor's heart. They were given the second option of LVAD now which the family accepted. Patient family education followed while the process started for LVAD implantation.

LVAD implantation was done 20<sup>th</sup> day of VA ECMO, and it was weaned off, and there is an RV dysfunction also for which we supported with external RVAD (CENTRIMAG). Slowly patient's haemo dynamics became better, his right heart improved on 24<sup>th</sup> day and we could stop the external RVAD, 26<sup>th</sup> day was extubated, and after a few days shifted to the room.

His family was counselled for LVAD Maintenance and handling, post-implant 30 days after he is discharged. The patient is now back to his office life on LVAD.