

New Zealand Heart Transplant Service

Heart Transplantation in New Zealand Information for Referring Physicians 2025



Transplant Cardiologists

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- Dr Sarah Fitzsimons
- Dr Tom Pasley
- Dr Michael Stubbs
- Dr Natasha Altman

Transplant Co-ordinators

- Helen Gibbs
- James Rance
- Simon Olley
- Annabel Krawiec

Surgical staff

- Mr Amul Sibal. Surgical Lead, Heart Transplantation
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Snapshot of 2024

This document provides an overview of the activities undertaken by the New Zealand Heart Transplant Service during the 2024 calendar year. It is intended for the wider cardiology community and for clinicians involved in the referral process. Referral information has also been updated and is included to support timely and appropriate transplant referrals.

In 2024, a total of 19 heart transplants were performed, including three in paediatric recipients and of the 19 patients, 6 were Maori. Four patients received ventricular assist devices (VADs), one of whom required a bi-ventricular assist device (BI-VAD). Additionally, 68 new patients were reviewed in clinic, 850 transplant outpatient visits were conducted, and 208 cardiac biopsies were performed.

We are pleased to report the appointment of a new transplant co-ordinator, Ms. Annabel Krawiec. We also welcome Dr Natasha Altman to the team. Dr Altman has previously served as a transplant cardiologist in Colorado, USA.

A transplant cardiologist is available on-call at all times at Auckland Hospital, and we encourage referring clinicians to contact us directly for guidance on the management of advanced heart failure, transplant suitability assessment, or post-transplant care.

Introduction

The New Zealand Heart Transplant Service performs approximately 15-20 heart transplants annually, subject to donor availability. Increasingly, patients are bridged to transplant using mechanical circulatory support (MCS), including VADs. In 2025 to date, 8 patients have had VAD's implanted (2 patients BIVADS), reflecting the growth of our MCS program in line with global trends. The majority of patients are bridged to transplant with an LVAD alone, though some patients require durable bi-ventricular support (BIVAD).

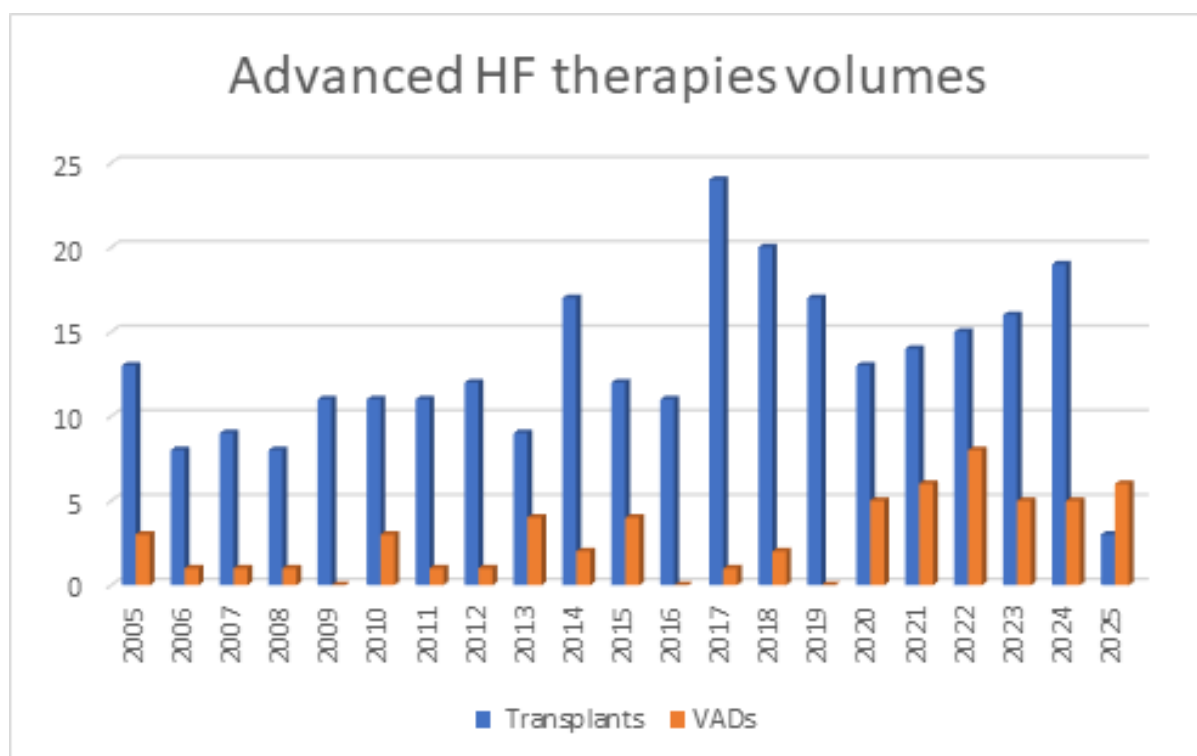
Survival outcomes following heart transplantation remain excellent. Current statistics include:

- 1-year survival: 90–95%
- 5-year survival: 85%
- 10-year survival: 76%
- Median survival: >15 years

Outcomes following VAD implantation (since introduction of Heartmate III device).

- >90% survival to Transplantation

Patients listed for transplantation are closely monitored by our transplant team in collaboration with their referring cardiologists.



Heart Transplant Recipient Suitability Criteria

Heart transplantation remains a life-prolonging intervention for patients with advanced heart disease. In Australia and New Zealand, median post-transplant survival exceeds 14 years, with one-third of recipients surviving beyond 20 years. This is in contrast to the prognosis of <2 years for eligible patients unable to undergo transplantation.

Referral Criteria

Most transplant candidates suffer from chronic heart failure due to:

- Ischaemic heart disease
- Dilated cardiomyopathy

Less commonly, conditions such as restrictive cardiomyopathy, congenital heart disease, and valvular disease account for referrals.

Pre-referral Management

- Patients should be on optimal medical therapy (maximum tolerated doses of ACE inhibitors, ARBs or ARNI, beta-blockers, mineralocorticoid receptor antagonists, and SGLT2 inhibitors).
- Poor tolerance of standard heart failure medications (due to hypotension, renal impairment, or worsening symptoms) suggests poor prognosis and should prompt referral.
- Frequent hospitalisations, intravenous diuretics or inotropic therapy also indicate a need for evaluation.
- Implantable Cardioverter Defibrillators (ICDs) are usually indicated; frequent ICD discharges or failed CRT therapy may also suggest transplant suitability.

Acute Presentations

Approximately 5% of recipients present with acute cardiogenic shock. Early consultation with the transplant team is strongly recommended.

Contraindications

Absolute Contraindications

- Irreversible dysfunction of other organ systems (e.g., neurodegenerative disease, severe PVD)
- Active infection
- Active substance abuse (requires 6-month abstinence)
- BMI >35 kg/m²
- Incomplete vaccination status (including COVID-19)
- Age >70 years

Psychosocial Factors

- History of non-adherence to medical therapy
 - Lack of social support
 - Cognitive or psychiatric conditions impeding compliance
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Combined Organ Transplantation

Combined heart-liver or heart-kidney transplantation may be considered in select patients who meet criteria for both organs. This requires comprehensive assessment and consensus between transplant teams. The NZ service does **not** perform heart-lung transplantation. Very rarely patients are referred to Australia for this procedure.

Heart Re-transplantation

Although rare, heart re-transplantation is an option in selected patients, typically for late graft failure due to cardiac allograft vasculopathy. Outcomes are favourable in carefully selected patients.

Referral Template

A detailed referral expedites assessment. Please include:

- Complete medical and surgical history (cardiac and non-cardiac)
- Medication list and any known intolerances
- Cardiac history, investigations, and functional status
- Examination findings (including height, weight, and BMI)
- Relevant imaging and investigation reports:
 - Echocardiogram
 - Coronary angiography
 - Cardiac MRI (if performed)
 - Right heart catheterisation (if performed)
- Psychosocial history:
 - Tobacco, alcohol, or drug use

- Support network and caregiver status
- Self-management and adherence
- Employment and socioeconomic status

We recommend referrals are sent promptly in order to optimise potential for transplant eligibility. For urgent queries or if in doubt, contact the on-call transplant cardiologist via the Auckland Hospital switchboard (09 367 0000).