Guidelines and Precautions for Outpatient Cardiac Rehab

*For the HeartMate II and HeartWare LVADs*

**Note to patients:** Please give this sheet to your cardiac rehab therapist.

### Precautions

- Follow sternotomy precautions for 6 weeks post-op.
- No biking due to increased risk of infection near LVAD percutaneous line exit site. Patient can do StairMaster or NuStep. Limit knee lifts and avoid the rowing machine.
- Encourage activities such as treadmill, stair climbing and arm ergometer. The goal is for the patient to achieve 30 minutes of continuous treadmill walking prior to heart transplantation.
- Attempt to achieve a target of 11 to 14 on the Rate of Perceived Exertion (RPE) scale.
- In some cases, we encourage light muscle conditioning with upper and lower body. Patient's native heart rate should not exceed 120 beats per minute during exercise, unless there is a physician's order.
- Patients should always wear a driveline stabilization belt during exercise.
- The patient should have his or her travel bag nearby at all times. It should include a back-up controller, battery clips and spare batteries. Two batteries will last 3 to 5 hours.

### Other information

- Telemetry will be helpful to identify sustained V-tach or other underlying arrhythmias. Keep in mind that the patient may or may not be symptomatic with arrhythmias.
- It may be difficult to obtain manual and automatic cuff blood pressures. This is due to the narrow pulse pressure created by the axial flow pump.
- Oximetry readings may also be difficult to obtain due to low pulsatility.
- Symptoms that may result from activity intolerance include lightheadedness, shortness of breath, tachycardia and exaggerated blood pressure response.

### LVAD coordinating team

If you have questions regarding cardiac rehab of the LVAD patient, contact any member of the LVAD team at 612-273-3000. Ask the operator to page the LVAD coordinator on pager: #0700. Please stay on the line.