

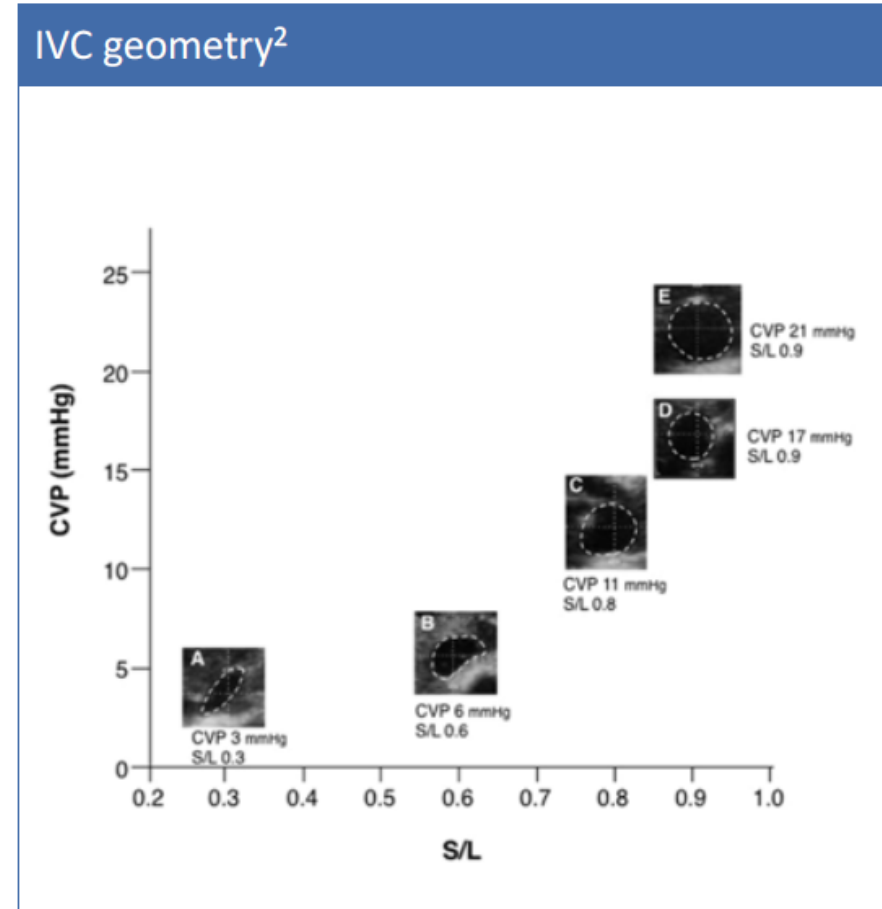
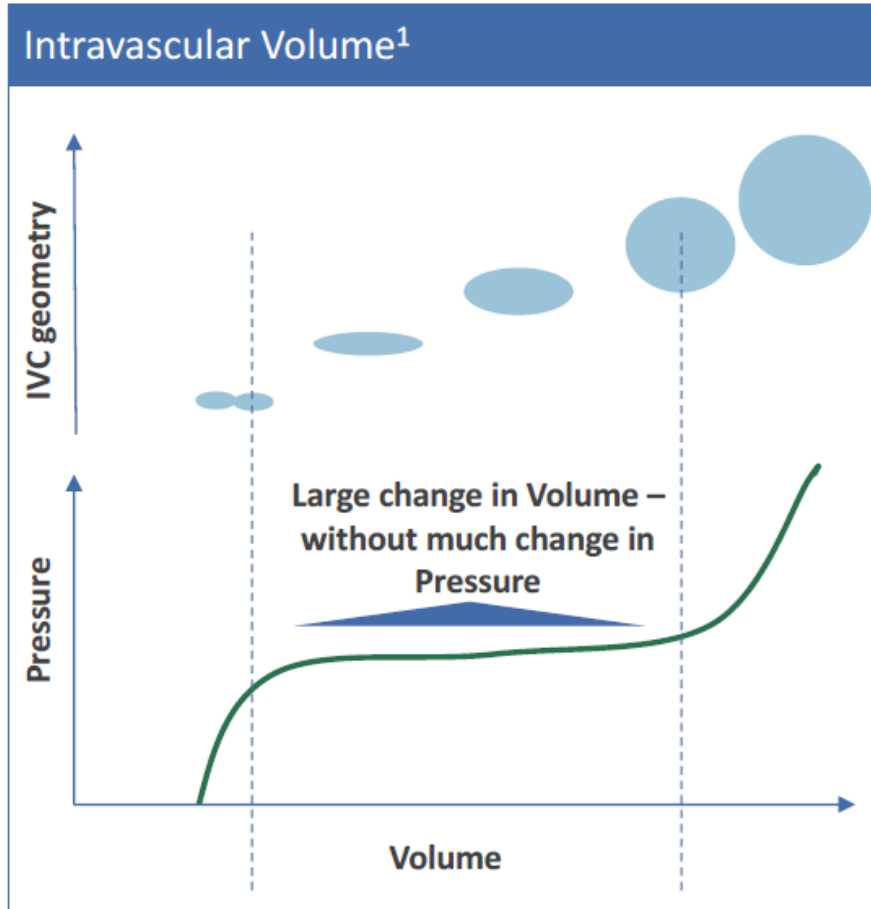
Monitoring of volume status using a novel sensor for the assessment of inferior vena cava area and collapsibility in a patient with HFrEF receiving advanced heart failure therapies

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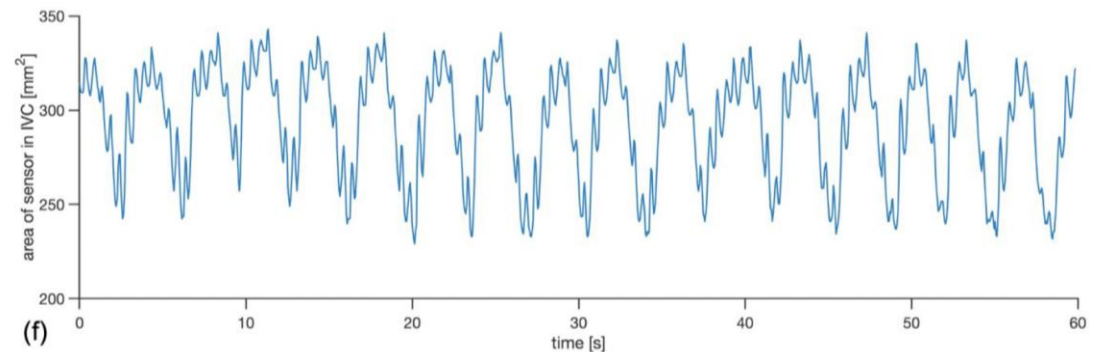
Background: Dynamic changes of IVC morphology precede systemic congestion



The novel remote monitoring system for IVC area (FIRE 1)

- The system consists of an implantable permanent sensor in the IVC and an externally worn belt
- Radio-frequency energy generated energises the sensor
- Sensor produces a signal
- Detected by the externally placed belt
- Provides a measure of IVC

Cross Sectional Area



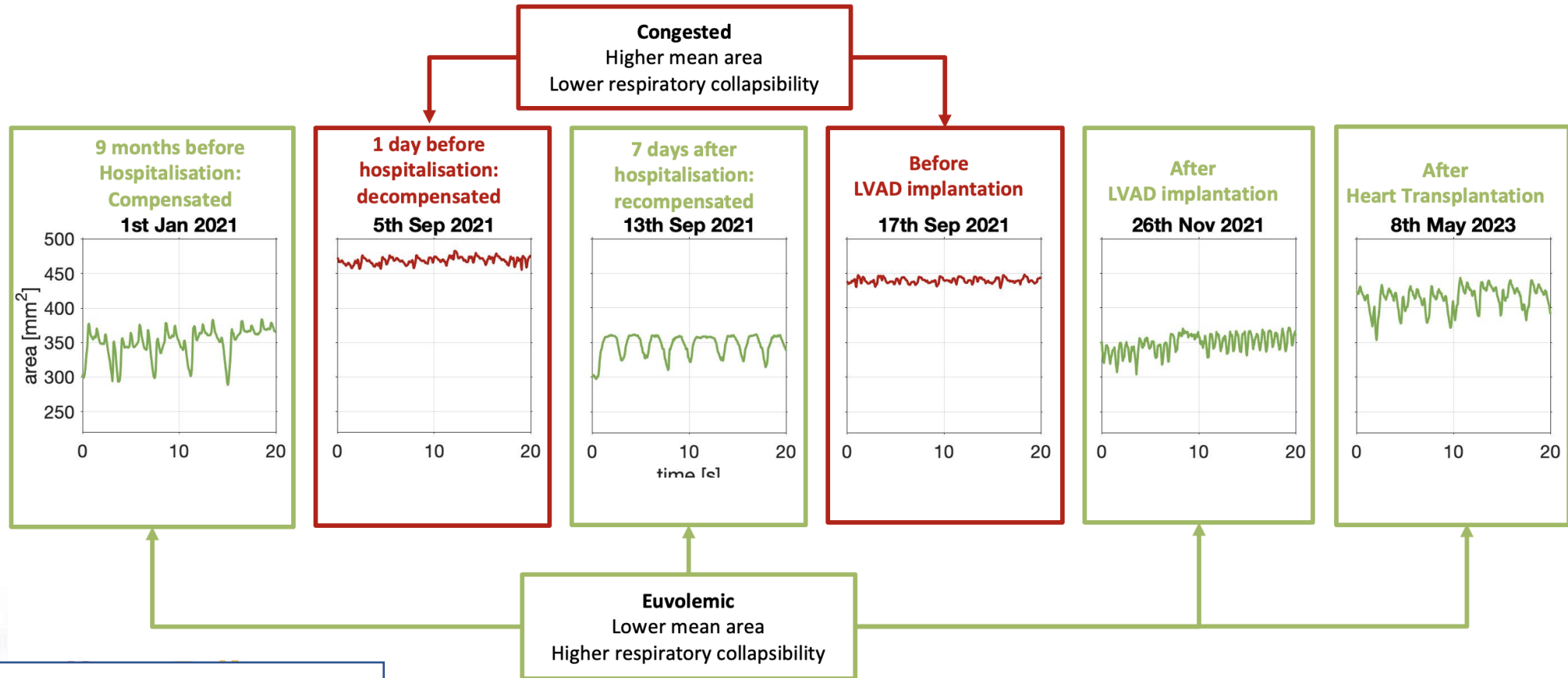
A case study

- A patient, 48 years old male
 - six years history of chronic HFrEF, - idiopathic dilated cardiomyopathy
- Patient had stable NYHA class III symptoms at time of study entry (Jan 2020) - FIRE 1 study
- Episodes of rapid AFib with inadequate ICD therapies
 - Upgrade to CRT-D with subsequent A-V nodal ablation (Dec 2020)
 - Status remained stable for several months

A case study – cont.

- Admitted to hospital due to worsening HF (signs of low CO and congestion due to slow VT) (Sep 2021)
- Dependent on inotropes and referred for advanced HF therapy
- → Received LVAD (HeartMate 3) as a bridge to HTx (Oct 2021)
- and → then HTx (March 2023)
- **IVC area changes at time worsening HF and after LVAD and HTx are shown**

Area and collapsibility changes of IVC as assessed by a novel sensor during follow-up of a patient receiving advanced heart failure therapy



CCRID 2023, Prague

Table - IVC area and IVC collapsibility index during patient's journey

$$\text{CI} - \text{collapsibility index} = (\text{IVCe} - \text{IVCi}) / \text{IVCe} \times 100\%$$

Observation time	IVC area max, mm ² [mean ± std]	IVC collapsibility index, % [mean ± std]
Baseline Jan 1-3 2021	393±10	22±12
Deterioration 3-5 Sept 2021	478±6	5±1
Recompensated Sept2021	357±8	17±2
Before LVAD 15-17 Oct 2021	430±21	5±1
After LVAD 6-8 May 2022	380±4	20±7
Before Tx 22,24, 25 Jan 2023	466±10	14±0.4
After Tx 21May, 6-7 July 2023	370±34	28±14

Conclusions

- The FIRE1 IVC sensor represents a novel approach for remote monitoring of HF via IVC area and collapsibility
- IVC changes as assessed by novel sensor appeared to have predictive value of the subject's deterioration towards advanced therapies, and subsequently responded positively post LVAD implantation and after heart transplant

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