

UCLA Thoracic Transplant Programs are among the nation's largest and busiest



UCLA has been a pioneer in the field of thoracic transplantation, providing optimal care for patients with end-stage heart and lung disease since the inception of the UCLA Heart Transplant Program in 1984. UCLA surgeons have performed heart transplants on more than 2,000 adult and pediatric patients.

The Lung Transplant Program, established in 1988, recently performed its 1,000th transplant surgery, becoming the first program on the West Coast, and one of only seven centers nationwide, to achieve this milestone.

Comprehensive clinical care

The resources and expertise available at UCLA enable our thoracic transplant programs to care for the most complex cases, including older and more acutely ill patients usually not considered for transplantation, while continuing to achieve the most favorable outcomes.

Every patient undergoes a thorough evaluation. A collaborative team of nationally recognized physicians and surgeons including specialists in cardiology, pulmonology, thoracic surgery, immunology and infectious diseases tailors an individual treatment plan for each patient, ensuring seamless care — including providing continuity during the transition from pediatric to adult care.

Making life-saving transplantation available to more patients

“UCLA was the first center to successfully match older patients with organs from older donors, expanding the use of life-extending heart and lung transplantation to both recipients and donors who might be rejected at other centers,” says Abbas Ardehali, MD, professor of cardiothoracic surgery and director of the UCLA Heart and Lung Transplant Program. “We were also among the first to take less-than-perfect hearts and lungs that would have been rejected for use as transplant organs, repair them and use them to treat patients for whom no donor organ would have been available.

“This approach has been validated by its successful outcomes, which are comparable to those of our larger heart and lung transplant population,” says Dr. Ardehali. “Because of the increased availability of donor organs, patients can be offered transplantation sooner, resulting in less time spent waiting for a heart or lung and lower waiting-list mortality.

“Our mission is to make life-saving heart and lung transplantation procedures a reality for as many people as possible who would otherwise have had no chance.”

Our physicians have developed many of the approaches and protocols that now define the standards of heart, lung and heart-lung transplantation care.

Heart transplantation and mechanical circulatory support

The UCLA Heart Transplant Program was the first to develop an alternate waiting list pairing older patients with older donors and has been at the forefront of developing new medications for immunosuppression. These advances enable more patients to benefit from heart transplantation. Even with the inclusion of the riskier, alternate-list heart-transplant patients, only 5 percent of our adult patients experience rejection of a donor heart, compared to 25 percent of all adult recipients nationwide.

An additional UCLA innovation is the AlloMap blood test, a non-invasive test that has proven to be as effective as tissue biopsy in predicting organ rejection.

Our ventricular assist device (VAD) and artificial heart program complements our heart transplant program in providing a bridge to transplantation and as destination therapy, offering long-term circulatory assistance to patients who are not candidates for transplantation. The Berlin Heart is a VAD that is small enough even for newborns, offering mechanical circulatory support for up to one year with a success rate of nearly 90 percent.

UCLA is the only heart transplant program in the U.S. to have twice earned a silver ranking for excellence from the Health Resources and Services Administration, which has federal oversight of the nation's organ-donation and transplantation network.

Full spectrum of pulmonary transplantation care

The UCLA lung transplant team offers specialized care for the most challenging lung-failure patients. In cases where a cardiac defect would normally disqualify a candidate from receiving a transplanted lung, UCLA surgeons can transplant the lung and repair the heart defect during the same procedure, for example performing cardiac bypass surgery along with lung transplantation.

For complex cases that require transplantation of multiple organs, UCLA physicians and surgeons are highly skilled and experienced in transplantation of all solid organs including heart, lung, liver, kidney and pancreas.

UCLA is one of the few centers able to offer the around-the-clock pulmonology, intensive-medicine, heart-lung machine and other care specialists needed by patients receiving extracorporeal membrane oxygenation (ECMO).

Expanded donor pool

The UCLA heart and lung transplantation teams are currently leading national, multicenter clinical trials of an experimental organ-preservation system that allows organs to travel farther and reach more recipients. Both the “heart in a box” and “lung in a box” devices allow donor organs to be delivered to transplant recipients warm and perfused — supplied with blood — rather than preserved on ice. This leading-edge technology, now in advanced clinical trials, may expand the donor pool while improving the overall quality of donor organs.

Participating Team Members

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