

Editorial

In Germany 300 to 400 heart transplantations per year stand against the sobering figure of 200,000 to 300,000 patients suffering from heart failure. These numbers illustrate the hopelessness of trying to compensate for the increasing lack of organ donors by the acceptance of so-called “marginal” donor grafts as well as the need for alternative therapies, e.g. by the improvement of mechanical circulatory assist devices. However, up to now heart transplantation represents the “Golden Standard” of (surgical) therapy of terminal heart failure since the parameters “long-term outcomes” and “quality of life” are so far unmatched by ventricular assist systems.

The purpose of this issue was to depict heart transplantation in the context of anesthesiology and intensive care medicine. To that end the content was divided into three sections that treat the relevant aspects before, during and after the operation until discharge from the hospital.

Whereas the trend of specialization is splitting down branches of medicine further and further, transplantation medicine requires the daily cooperation of transplant surgeons, anesthesiologists, intensive care spe-

cialists, cardiologists, immunologists, clinical pharmacologists, pathologists but also many other medical specialists and finally even basic scientists. This circumstance may be one reason for the continuing attractiveness of transplantation medicine and is reflected by the diversity of the medical branches from which the contributing authors come.

In a field as complex as transplant medicine it is not surprising that, despite all guidelines and the attainment of general high standards, experienced transplant centers contribute their own specialties and their own “handwriting”. Therefore, it is very good to see that the “large” German transplant centers have made their contributions.

With the hope of having composed an interesting overview and in the name of all authors,

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