

Q&A: Life after a heart transplant

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Dear Mayo Clinic: My dad is 66 and was just put on the waitlist for a heart transplant due to coronary artery disease. How soon after the transplant would we know that he's out of the woods and his body didn't reject the new heart? Are there other complications he might face? What is the life expectancy for someone who's had a heart transplant if all goes well?

A: Although rejection can happen at any time, the first year after a [transplant](#) is the most critical. People who have a [heart transplant](#) are closely monitored by a transplant care team for rejection, as well as infection—a common complication after a transplant—and other health concerns. Life expectancy varies considerably, but once a patient gets past the first year after a transplant without significant complications, [life expectancy](#) tends to rise.

A heart transplant is a surgery in which a failing or diseased heart is replaced with a healthier donor heart. A heart transplant is a major operation that has significant risks. One of the most serious is rejection.

Rejection happens when the body's immune system sees a new organ as something foreign, or unknown, and tries to destroy it. The risk for rejection is highest immediately following [transplant surgery](#). That risk then slowly declines throughout the first year after a transplant.

To help prevent rejection, people who have a transplant need to take anti-rejection medications for the rest of their lives. These medications keep

the body's immune system from attacking the transplanted heart. Because they suppress the body's immune system, anti-rejection medications put [transplant patients](#) at high risk for infections.

To catch rejection, infection and other possible complications as quickly as possible, transplant patients have frequent follow-up appointments with their care team. Along with a physical exam, those appointments include blood tests to check for infections and track how well the anti-rejection medications are working.

Heart transplant recipients also need heart biopsies regularly after a transplant to check for rejection. The procedure involves removing a tiny piece of tissue from the heart for testing. Heart biopsies are done frequently in the months following surgery. They are needed less often as time goes by. After three years, routine biopsies typically are not necessary.

Beyond [rejection](#) and infection, another possible complication of a heart transplant that can occur as time goes on is coronary artery disease. Coronary arteries are the blood vessels that supply blood, oxygen and nutrients to the heart. After a transplant, the walls of the arteries in the transplanted heart could thicken and harden. This can make blood circulation through the heart difficult and lead to other heart problems.

You mention that your father needs a transplant due to coronary artery disease. That diagnosis won't affect his risk for the disease after a transplant. The risk of [coronary artery disease](#) in a transplanted heart is similar for all patients.

Life expectancy after a heart transplant depends a great deal on a person's medical condition and age. In general, though, statistics show that among all people who have a heart transplant, half are alive 11 years after transplant surgery. Of those who survive the first year, half are

alive 13.5 years after a transplant.

Getting regular follow-up care, seeking prompt medical attention for any symptoms or other concerns, and taking all medications exactly as prescribed can help decrease the risk of complications after a [heart](#) transplant. As he waits, your father also can increase the likelihood of a successful transplant by following a healthy lifestyle, including eating well, not smoking, staying active and reducing stress. If he has questions or concerns, encourage him to talk with his transplant team.

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