

# Center surgical volume linked to LVAD patient outcomes

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compared with medium-volume centers (odds ratio, 1.35 [P = 0.04] and 1.28 [P = 0.018]). For very-low, low-, and high-volume centers, the adjusted hazard ratio for mortality was 1.32 [95 percent confidence interval, 1.11 to 1.56], 1.07 (95 percent confidence interval, 0.95 to 1.21), and 1.17 (95 percent confidence interval, 1.03 to 1.3), respectively.

"Center volume correlates with post-VAD survival, with worse survival noted at very-low-volume centers," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

**More information:** [Abstract](#)

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(HealthDay)—Center surgical volume is associated with left ventricular assist device (LVAD) patient outcomes, with worse survival at very-low-volume centers, according to a study published online Sept. 6 in *JACC: Heart Failure*.

Jennifer A. Cowger, M.D., from Henry Ford Medical Center in Detroit, and colleagues examined the impact of center LVAD surgical volumes on [patient outcomes](#). Data on center volume were available for 7,416 [patients](#); volume was categorized as very low ( $\leq 10$  implants/year; 617 patients), low (11 to 30 implants/year; 2,561 patients), medium (31 to 50 implants/year; 2,458 patients), and high ( $> 50$  implants/year; 1,750 patients).

The researchers found that there was a correlation between overall survival and center volume (71 $\pm$ 1.8, 81 $\pm$ 0.8, 83 $\pm$ 0.8, and 79 $\pm$ 1 percent at very-low-, low-, medium-, and high-volume centers at one year; P = 0.003). The 90-day mortality was higher in very-low-volume and high-volume centers

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