The first heart transplant (HTx) programmes in Asia began in Taiwan and Thailand in 1987. Since then, HTx has been accepted as a standard treatment for end-stage heart failure in Thailand. Currently, there are at least 10 Asian countries that have experience in HTx operations but few Asian countries (Taiwan, Korea and Japan) had more than 30 cases annually. The total number of HTx in Thailand during 2012–2017 ranged from 12–20. There are five institutions in Bangkok that perform cardiac transplantation; namely, Chulalongkorn Hospital, Siriraj Hospital, Ramthibodi Hospital and Mahidol University, Bangkok, Thailand. Currently, there are at least 10 Asian countries accepted as a standard treatment for end-stage heart failure patients on temporary mechanical circulatory support devices, a Super Urgent category was introduced in 2016. So far, ~15% of HTx in the UK are performed under (MCS) devices.

Growth waiting lists have led to increased implantation of bridge-to-transplant left ventricular assist devices (LVAD). However, the extended waiting times for donor hearts in stable patients mean that patients being bridged are effectively having destination therapy by default.

Whilst destination therapy is approved in some countries, the available evidence has not been accepted by other countries. The Swedish Evaluation of LVAD as Permanent Treatment in End-stage Heart Failure (SweVAD) is a prospective randomised study comparing LVAD therapy with optimal medical therapy. Recruitment commenced in 2016 with the aim of randomising 74 patients.

Outcomes and adverse events associated with implantable MCS will further improve as new devices using novel pumping mechanisms with lower shear stress are in development to address inherent limitations of current devices.

**REFERENCES**