Commentary: Support for the Right

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Central Message:

Supporting the right ventricle is a growing concern in mechanical support.

Central Picture Legend:

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This timely and relevant contribution delineates technical advice in the implantation of right ventricular support devices.\(^1\) The mitigation of right ventricular dysfunction is of great import because right ventricular dysfunction is the Achilles’ heel of many pathophysiological processes that affect the left ventricle. As such these are tips for contemporary practice. The technical tip of augmentation using felt bolsters for the inflow cannula is of particular value and is likely to be well received. Nevertheless, the recommendation of an outflow graft anastomosed at 90° to the pulmonary artery may be somewhat contentious. Indeed, some might argue that a more acute angle would be less susceptible to turbulence and compression. In addition, although not explicitly stated, the implantation in this case necessarily pertains to long-term right ventricular support instead of short-term support using temporary devices that often overlap with extracorporeal support.

The value of transesophageal echocardiography cannot be overstated though the authors expressed reliance on making an imprint at the side of the cannula using the index finger pressed on the right atrium. This latter act may not necessarily always be achievable because of the anatomy and small size of the right atrium. The discussion regarding potential thrombosis and the prophylactic measures that could be deployed in the context is such thrombosis is also worthy of mention. The thrombosis in this regard is typically not in situ thrombosis but is instead usually a derivative of peripheral venous system stasis, particularly the pelvic veins. As such, the utility of a vena cava filter is certainly worthy of consideration.

One thing is clear; nevertheless, the continued reliance on the left ventricular devices will continue to drive interest and attention towards supporting the right.

**REFERENCES**
