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The prevalence of obesity and heart failure is increasing in the United States. Heart transplant is contraindicated in morbidly obese patients due to poor outcomes. Bariatric surgery may increasingly be considered for patients with heart failure to achieve transplant eligibility and improve cardiac function.

A 54 year-old male with non-ischemic dilated cardiomyopathy underwent LVAD (HeartMate II, Thoratec Corp, Pleasanton, CA) placement in December 2010, for New York Heart Association Class IV heart failure symptoms and inotrope dependence. The patient was not eligible for heart transplant due to morbid obesity (BMI 41). Other notable comorbidities included diabetes mellitus, renal insufficiency, atrial fibrillation, ventricular tachycardia, depression, hypertension, hyperlipidemia, and GERD. Bariatric surgery consultation was obtained and standard multidisciplinary evaluation was completed.

Laparoscopic gastric bypass (LGB) was performed in September 2012. The abdomen was marked to avoid the LVAD and driveline during port placement (Figure 1). The peritoneal cavity was insufflated through the epigastrium using a Veress needle and five trocars were placed across the upper abdomen. The LVAD was never exposed. LGB was completed without technical difficulty or intraoperative complications.

The patient recovered and was discharged on postoperative day ten. His perioperative course was challenging as maintaining adequate oral hydration for LVAD function was limited by the size of his gastric pouch. Medical management was continuously titrated to account for changes in his body size, hemodynamics, and

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