

Heart and Heart/Lung Transplant Guidance

All post heart transplant patients will have a combined risk of morbidity and mortality of >5% per annum and so inferred subtle or sudden incapacitation risk of >5% per annum. Thus, none can reach the regulatory standard for Class 2 ORL.

It may be possible for an AME to provide some applicants with a restricted LAPL (OSL/ORL) after considering the following:

Assessment will be no sooner than 1-year post transplant and applicants should have:

- made an uncomplicated recovery with no readmissions
- no evidence of rejection at any time
- no donor specific antibodies at any time

An assessment will be made after submission of the following to the applicant's AME:

- A satisfactory resting ECG, CXR and 24hr ECG
- A satisfactory exercise ECG
- A satisfactory echocardiogram or cardiac MRI
- A normal invasive coronary angiogram (ICA) or computed tomography coronary angiogram (CTCA) (depending on the findings of the CTCA, an ICA may be required to complete an assessment).

An AME may issue a LAPL medical certificate with either OSL or ORL following consultation with a CAA medical assessor. The certificate should also include a 'no aerobatics' limitation.

Following certificate issue, all transplant team specialist reports should be provided to the applicant's AME every 3 months for the first 2 years, consideration will be given to increasing the periodicity thereafter to 6 months.