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It is estimated that in the United States 30,000 patients with end-stage heart disease are eligible for heart transplantation, although less than 2500 are actually performed each year. As the population ages, several thousand other patients who are ineligible for cardiac transplantation will be left with limited options. Surgical strategies aimed at halting the progression of heart failure have therefore been devised. High-risk coronary artery bypass grafting can improve ejection fraction and alleviate heart failure symptoms in appropriately selected patients. Mitral valve repair and ventricular aneurysm resection/plication procedures may improve heart failure by decreasing the volume load on the left ventricle. Myoreduction operations (Batista operation) aim to improve the volume and wall stress relationship of the dilated left ventricle, but their clinical application has remained experimental.