

# HEARTBEAT

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Michael Damrich, M.D.

Carl Maltese, M.D.

Ronald O'Gorman, M.D., PhD



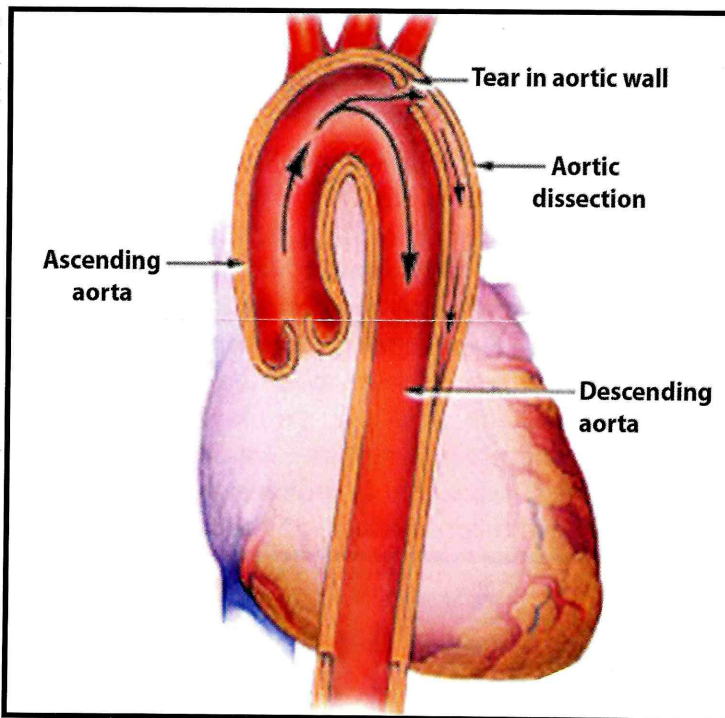
William Higgs, M.D., M.B.A.

Dimitris Kyriazis, M.D.

David Mull, M.D.

## Improved treatment for aortic dissection

Aortic dissections are one of the most catastrophic events that can affect a patient. The mortality rate of acute aortic dissections left untreated is 50% within 24 hours and 68% within a week. An aortic dissection is a tear in the wall of the aorta that causes blood to flow between the layers of the wall of the aorta and force the layers apart. This can quickly lead to death if the aorta completely tears apart.



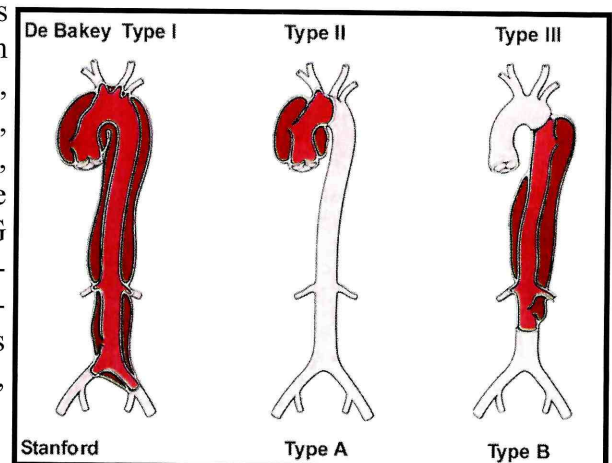
DeBakey type I or Stanford A aortic dissections require emergent surgical management. The objective in surgical management is to replace the ascending aorta. Without operation, the prognosis for Type I dissections is poor.

The treatment of DeBakey type III/Stanford type B aortic dissections still remains a challenge and the options include medical therapy, open surgical repair, or more recently endovascular repair. Traditionally, the method of choice was conservative with

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There are two different classification systems that categorize the dissection. DeBakey type I and II and Stanford A affect the ascending aorta. DeBakey type III and Stanford B are linked to the descending aorta. Aortic dissections are associated with hypertension and connective tissue disorders such as Marfans syndrome and Ehlers-Danlos syndrome. This most commonly occurs between the age of 50 and 70 with the incidence twice as high in males as in females. Most patients present to

the ER complaining of sudden tearing chest pain that radiates to the back. Less common symptoms include CHF, cardiac arrest, paraplegia, stroke, acute renal failure, and limb ischemia. There are no specific EKG changes found. A chest x-ray can show a widened mediastinum. The diagnosis can be confirmed by echo, MRI, or CT scan.







CT scan of aortic dissection

Repair of aortic dissection with endovascular stent graft

aggressive medical therapy to control blood pressure. Surgical approach is reserved for all cases with a complicated course such as malperfusion, impending rupture, paraplegia, and limb ischemia. The results with open operative repair for acute type III/Stanford B dissections have been dismal with early mortality rates approaching 50% along with significant risk of paralysis affecting 10 to 30%. We, at Cardiovascular Associates, have begun using thoracic endovascular aortic repair (TEVAR) to repair acute and chronic type III/Stanford B aortic dissections.

The thoracic endovascular aortic repair (TEVAR) for repair of descending thoracic aortic dissections is associated with less

early postprocedural morbidity and mortality. It is less invasive and does not require cardiopulmonary bypass. The postoperative length of stay is significantly shorter for TEVAR vs. open repair. Therapeutic goals for patients with acute dissections are to reperfuse the lower body and prevent rupture. Cardiovascular Associates is utilizing this new treatment modality of stent-

graft treatment. Currently, eleven consecutive patients have had TEVAR repair for type III/Stanford B aortic dissections with good clinical outcomes and no mortality or paralysis. We, at Cardiovascular Associates, will continue to employ the most up-to-date, cutting-edge technology to improve the care to our patients.

## Patient Corner

# Healthy Goals: Nutrition

*By living a healthy lifestyle with regular physical activity, maintaining a healthy weight, managing blood pressure, cholesterol, and glucose, refraining from cigarette use, and eating a nutritious diet, you can reduce your risk of heart disease. The American Heart Association recommends the following nutritional plan:*

**Fruits and vegetables:** At least 4.5 cups a day

**Fish (preferably oily fish):** At least two 3.5-ounce servings a week

**Fiber-rich whole grains:** At least three 1-ounce-equivalent servings a day

**Sodium:** Less than 1,500 mg a day

**Sugar-sweetened beverages:** No more than 450 calories (36 ounces) a week

**Nuts, legumes and seeds:** At least 4 servings a week

**Processed meats:** No more than 2 servings a week

**Saturated fat:** Less than 7% of total energy intake

Remember, every small change you make adds up to improve your overall health and well being!

### Cardiovascular Associates offers many procedures in our office.

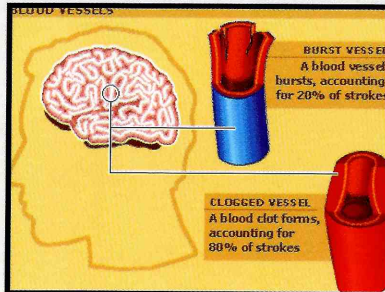
These include port placements, spider vein injections, endovenous laser ablation for varicose veins, hemodialysis catheter placement, thrombectomy of access grafts, and angiograms to evaluate hemodialysis access.



## Stroke Awareness: Carotid Artery Screening

Stroke is the No. 3 cause of death in the United States. A stroke can occur in two ways: a blood vessel that carries oxygen and nutrients to the brain is blocked by a clot, known as an ischemic stroke, or a blood vessel in your brain bursts, known as a hemorrhagic stroke. When either of these happens, part of the brain dies as it no longer gets the oxygen it needs to survive. Ischemic strokes account for about 80 percent of all cases.

It is important to catch a stroke before it occurs. A common screening method is Doppler or ultrasound of the carotid arteries in the neck that carry blood to the brain. This is a simple, painless procedure available in our office. One of our



vascular technicians applies a clear lubricant to both sides of your neck and places a probe over the artery. Using this modality, they are able to see if any plaque is present in your arteries and place you in either a mild, moderate or severe stenosis category.

If you are in the severe category, or if you are in the mild or moderate category and have had TIA or stroke symptoms (dizziness, numbness or weakness on one side of your body, trouble speaking, blurry vision, or severe headache) the next step is to have a CT scan of your neck. This test will give a better picture of your arteries and show exactly where the plaque buildup is located. The surgeon will be able to decide if surgery to clean the artery out (carotid endarterectomy) or placement of a stent is the best plan to prevent stroke.

*Remember, if you experience any of the symptoms above, call 911 immediately: Time lost is brain lost!*

## IN GOOD HANDS

Although many think of them simply as *heart surgeons*, the physicians at Cardiovascular Associates are trained in all areas of cardiac, thoracic, and vascular surgery. Their backgrounds include training with the distinguished surgeon Dr. Michael De-Bakey of Houston, attendance at various medical schools across the country, and yearly postgraduate courses. All are Fellows of the American College of Surgeons, and hold membership in multiple professional societies.

Dr. David Mull

Dr. Ronald O'Gorman

Dr. Carl Maltese



Dr. Michael Damrich

Dr. Dimitris Kyriazis

Dr. William Higgs

**The Vein Center**  
Offering treatment for  
spider veins,  
varicose veins, and  
venous insufficiency  
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evaluation

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free screenings:*

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Carotid artery disease  
Peripheral vascular  
disease*

Terri Rice



RN, MSN, CCRN

Christy Paragone



Eva Bernacik



Anna Clark



Susan Angerholzer



Claire Hinton



Nationally Certified Physician Assistants





**CARDIAC, THORACIC  
& VASCULAR SURGERY**

**1901 Springhill Avenue  
Mobile, Alabama 36607  
(251) 300-2240**

**24220 US Highway 98  
Fairhope, Alabama 36532  
(251) 300-2241**

***We provide comprehensive cardiac, thoracic, and vascular care***

# HEARTBEAT



***In This  
Issue....***

- ♦ **Aortic endovascular repair**
- ♦ **Carotid screening**
- ♦ **Healthy habits**
- ♦ **Meet the staff**

## **Surgical Procedures**

### **Cardiac**

- ♦ Coronary artery bypass
- ♦ Repair/replacement of heart valves
- ♦ Repair of congenital defects and patent ductus arteriosus
- ♦ Implantation of pacemaker and defibrillator devices
- ♦ Minimaze for atrial fibrillation

### **Thoracic**

- ♦ Repair of chest wall defects
- ♦ Lung biopsy/Removal of lung lesions/  
Lung cancer surgery
- ♦ Esophageal repair/  
Resection of esophageal cancer

### **Vascular**

- ♦ Carotid endarterectomy
- ♦ Repair of abdominal aortic aneurysms/  
Endovascular option
- ♦ Peripheral vascular surgery &  
peripheral balloon angioplasty
- ♦ Dialysis access grafts
- ♦ Varicose vein & other vein disease
- ♦ Vascular Studies

### **Other**

- ♦ Spinal exposure for neurosurgery and  
orthopedic surgery
- ♦ Consultant to hyperbaric and  
wound care center