

HEARTBEAT

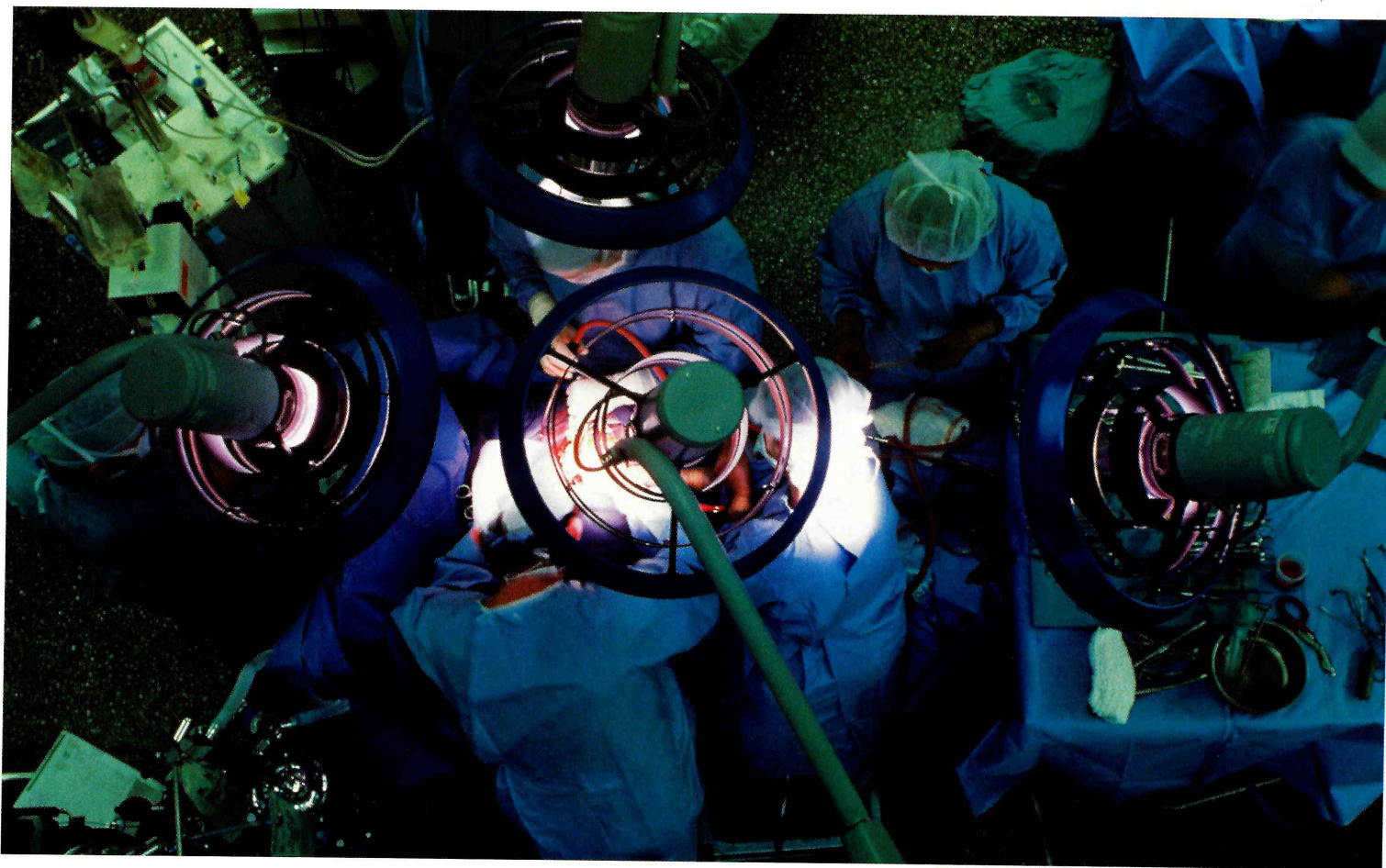
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New Cardiac Surgery Techniques Reduce Pain, Cost and Length of Hospital Stay

Imagine heart bypass surgery that requires only two days in the hospital ... a three-inch incision in the chest wall ... no leg incision ... no sternal incision ... no heart/lung machine during surgery ... comparatively less overall pain ... and reduced complications.

MIDCAB — Minimally Invasive Direct Coronary Artery Bypass — is a new use of established surgical techniques that enables cardiac surgeons to perform coronary artery bypass grafting through significantly smaller incisions in the left chest wall. For a number of

patients with certain types of heart blockage (atherosclerotic occlusive coronary artery disease), it is a safer, easier and less costly surgical option.

Traditionally, the surgical approach has been to bypass around blockage in the heart arteries using an incision in the sternum (breastbone), removing the saphenous vein from the leg, stopping the heart while supporting the body with the heart/lung machine, and then suturing the relocated vein into place to detour around the heart blockage.

With MIDCAB, surgeons make an

incision approximately three inches long in the left chest wall. The internal mammary artery, which runs behind the breastbone, is harvested and is placed onto the LAD — left anterior descending artery located on the front of the heart. The heart is slowed with drugs so that its continued beating does not interfere with suturing. No heart/lung bypass machine is needed, and the procedure is generally less time-consuming than the traditional technique.

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(continued cover story)

MIDCAB

- Less time on the operating table means less time under anesthesia.
- Less time under anesthesia reduces risk of complications.
- Because it is not necessary to harvest the saphenous vein from the leg or make a sternal incision, patients experience less pain, require shorter hospitalization and can resume activity more quickly.

MIDCAB is one of several new cardiac surgery procedures making health news here on the Gulf Coast, and Cardiac Surgery of Mobile has been performing it since early summer 1996. However, four other less invasive bypass techniques are now available for the right surgical candidates. They are: (1) MIDCAB utilizing the gastro-epiploic artery; (2) endoscopic saphenous vein harvesting; (3) coronary artery bypass with sternotomy but without cardiopulmonary bypass; and (4) multiple arterial bypass (for patients with no saphenous vein).

MIDCAB, utilizing the gastro-epiploic artery, is a form of direct bypass that relocates the artery running along the border of the stomach, passing it through the diaphragm. The artery is then attached directly to heart arteries. This approach eliminates the need to open the sternum or use the heart/lung machine.

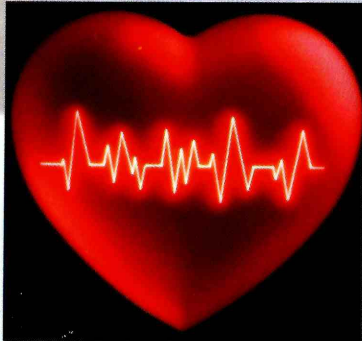
EVH – Endoscopic Saphenous Vein

Harvest – is revolutionary in that it needs only a one-inch incision and an endoscope to accomplish the same goal as its predecessor — but with less pain. In the past, harvesting the saphenous vein meant making an incision of 18-24 inches from the thigh down to the calf. The pain, for many, is worse than the pain of the sternal incision. Also, the risk of infection and swelling from such a long incision is higher. EVH, however, eliminates these problems, enabling patients to recover faster and return home sooner.

Although patients with extremely complex problems or the need for repeat bypass surgery may not be good candidates for the new minimally invasive techniques, less invasive/lower risk adaptations are still a possibility. They include: **coronary artery bypass with**

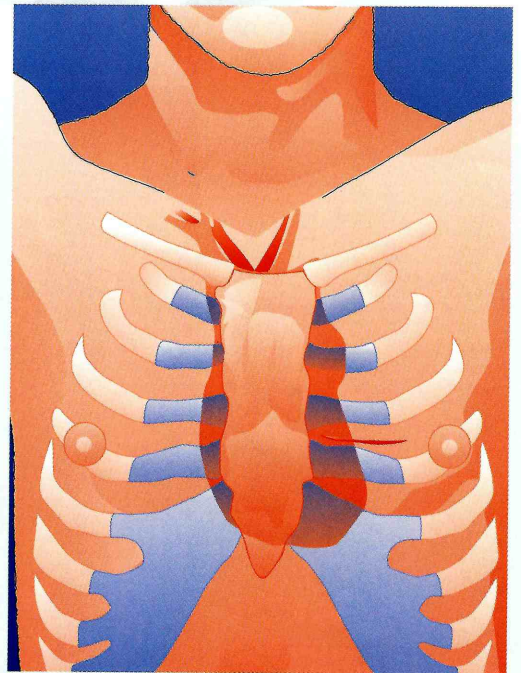
sternotomy/without cardiopulmonary bypass and multiple arterial bypasses for patients with no saphenous vein.

Sometimes blocked arteries are located in places that can only be reached by opening the sternum. **Coronary artery bypass with sternotomy** allows surgeons to access these blockages using the right or left mammary arteries behind the breastbone (or by vein grafts from the leg) without putting patients on the heart/lung machine. By avoiding the heart/lung machine, the potential need for blood transfusion is reduced, the operation is shorter and recovery is faster.



CARDIACFACT: Heart disease is the #1 killer of women, according to the American Heart Association. It is associated with more deaths than breast cancer.

CARDIACFACT: Lean muscle outweighs fat but forces the body's metabolism to work faster and more efficiently. Lean muscle can only be obtained — and maintained — through exercise.



Less invasive MIDCAB surgical technique requires no sternal incision, no heart/lung machine and reduces recovery time.

Rarely, patients who have had surgery previously and who have no saphenous vein in either leg need surgery again. In these cases, **multiple artery bypass for patients with no saphenous vein** is possible via the right or left mammary (as above), via the epiploic artery from the stomach or even by taking the radial artery from one of the forearms. These techniques, while less common, can still minimize risk, reduce length of hospitalization and speed recovery.

If you or someone you care for needs bypass surgery, discuss these less invasive methods with your health care team. One may be suitable for your needs.

(continued back cover)

In Good Hands

The Surgeons of Cardiac Surgery of Mobile, P.C. are Caring, Competent and Highly Qualified

Although many think of them simply as *heart surgeons*, the physicians at Cardiac Surgery of Mobile are trained in all areas of cardiac, thoracic and vascular surgery. All trained in both general and vascular surgery with the distinguished surgeon Dr. Michael DeBakey of Houston; all hold memberships in a number of medical associations and societies, including fellowships in the American College of Surgeons.



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Fellow, American College of Surgeons



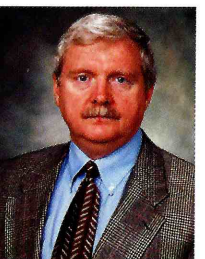
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Certificate, special qualification/vascular surgery



*Connie L. Pennington
Critical Care Registered Nurse*

INTRODUCING CONNIE PENNINGTON, RN, MSN, CCRN

As of September 1, 1996, Connie Lynn Pennington became the newest face at Cardiac Surgery of Mobile. Connie holds a Master of Science degree in nursing from USA and is a certified critical-care registered nurse and advanced cardiac life-support instructor.

As a patient liaison, Ms. Pennington will be working closely with the surgeons, participating in critical-care meetings and providing patient education during their hospitalization as well as providing follow-up after discharge.

She has worked as a critical-care nurse at both Mobile Infirmary and Providence Hospital and most recently served as the cardiovascular clinical nurse specialist for Providence.

Less Invasive Heart Surgery

FASTER RECOVERY

MIDCAB

MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS

NO STERNAL INCISION

NO HEART/LUNG MACHINE

EVH

ENDOSCOPIC VEIN HARVEST

SMALL LEG INSISION

LESS PAIN



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