

HEARTBEAT

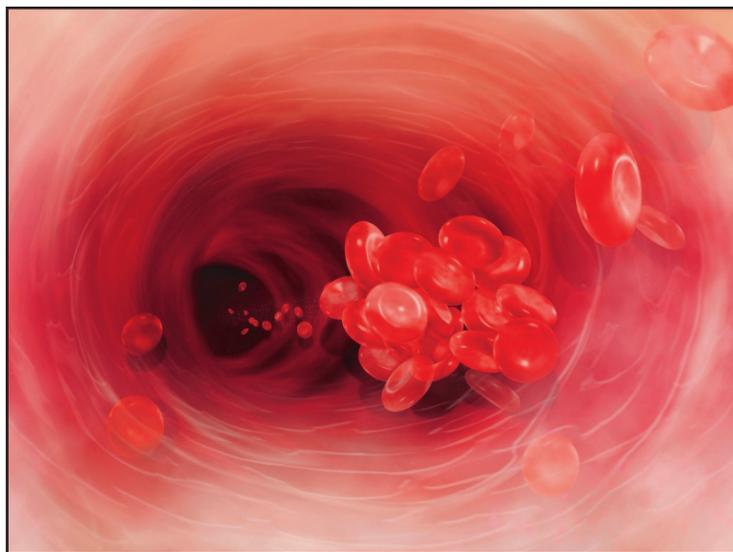
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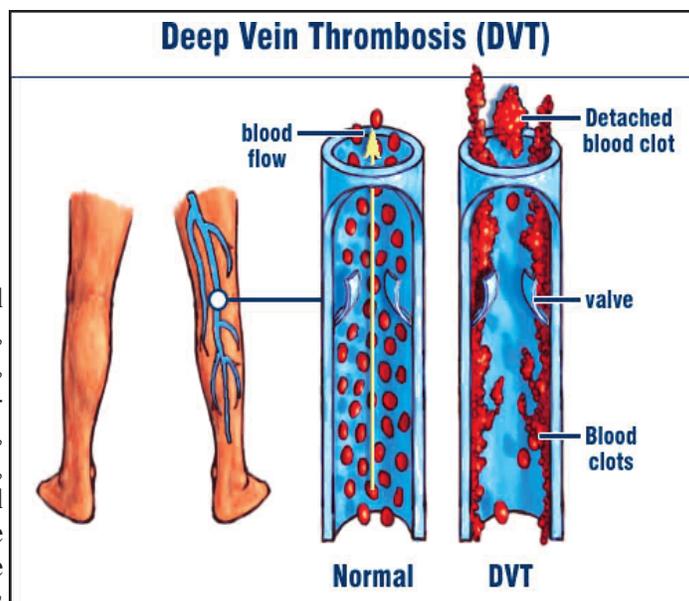
Dep Venous Thrombosis or DVT is blood clot formation in the deep veins of the leg. Usually clots form in the calf veins but they can also occur in the femoral or thigh veins and also in the iliac or hip veins. The clots accumulate behind the valves in veins which function to prevent blood from flowing backwards towards the feet. Symptoms of blood clots obstructing the leg veins are **redness, swelling, pain, and warmth.**

DVT formation occurs in veins with abnormal blood flow or abnormal blood itself. Injury to the walls of veins can also lead to clot formation. The abnormalities leading to clots may be due to coagulation imbalances, a "hypercoagulable" state, which is a condition when blood clots form more readily than normal. Risk factors for developing a blood clot in the leg veins are the following: **major surgery, bed rest** for several

days, **cancer, oral contraceptive use, estrogen replacement, prolonged immobilization during travel, pregnancy, obesity, inflammatory bowel disease, congestive heart failure, varicose veins, and previous history of a thromboembolism or blood clot.**

Almost 250,000 acute DVTs occur yearly in the U.S. DVT leads to complications such as pulmonary embolism and post-thrombotic syndrome. Pulmonary embolism is a condition when a clot travels from the leg veins and blocks an artery of the lung. It is a *potentially* fatal complication occurring in 10% of patients with acute DVT. Symptoms of a pulmonary embolism are sudden chest pain, sudden shortness of breath, a cough producing

New Intervention for Deep Venous Thrombosis



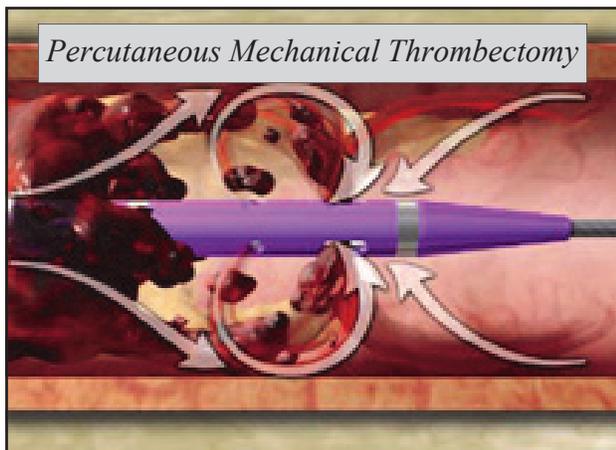
pink foamy mucus, or sudden death.

The most common complication from DVT is post-thrombotic syndrome. Obstructive clots remaining in the vein can cause the syndrome. The condition causes swelling, pain, darkening of skin color, and skin ulceration. If a DVT is suspected an ultrasound of the legs can be performed, which is a painless, noninvasive exam.

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An acute DVT requires hospitalization and treatment with a blood-thinner called heparin through an intravenous infusion. While in the hospital, the patient also begins treatment with the oral blood-thinner coumadin. When the coumadin level in the patients blood is therapeutic, the patient may go home and remain on the coumadin therapy as an outpatient for several months. Patients taking blood-thinners are at risk for bleeding, low platelet count, and osteoporosis. An alternative procedure called thrombolysis can be performed which is breaking down clots with a chemical called plasminogen activator. This procedure places patients at high risk for bleeding.

A safer treatment is surgical removal of the DVT directly using a catheter called venous thrombec-



tomomy. Traditionally, to perform surgical removal of the clot a small incision was made in the area of the affected vein. The vein is opened, the catheter inserted and moved past the point of the blood clot. At this point, a balloon was inflated and the clot was removed from the vein by withdrawing the catheter with the balloon inflated.

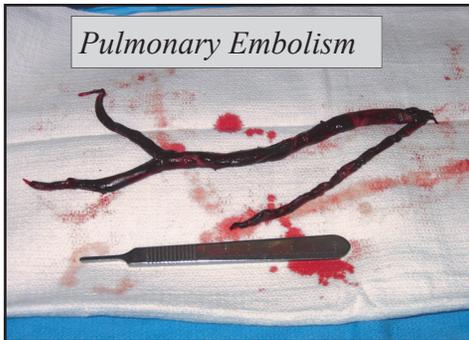
More recently a much **less invasive** intervention has been developed called **percutaneous mechanical thrombectomy**. This procedure removes blood clots without the trauma and operative exposure of traditional surgical thrombectomies. The procedure is performed via needle puncture and the placement of a small catheter into the affected vein allowing the surgeon to have access to the area where the blood clot exists. The

catheter uses high velocity saline jets which create a vacuum force drawing the blood clots into the catheter. Following the treatment an open vein remains which blood can flow normally through to return to the heart. By restoring appropriate blood flow to the vein using this new technique and not coumadin therapy alone, complica-

tions of DVT such as chronic leg swelling, pain, and discoloration are decreased dramatically.

After the DVT is removed from the vein follow up ultrasounds will be performed by a vascular specialist to monitor for further clot formation. Patients with DVT who have had the thrombectomy performed may still need to take a blood-thinner for a period following the procedure, but the swelling should immediately resolve. Any underlying medical condition contributing to forming blood clots must be addressed and treated by the patients' primary medical doctor.

**** The Vein Center ****
Offering treatment for spider veins, varicose veins, and venous insufficiency
Call 300.2240 for an evaluation



New Access Grafts for Hemodialysis

A new access graft from the company Atrium is now available allowing for less use of temporary catheters. This graft is made from PTFE with thicker walls that allow for access for dialysis the first day following surgery. When one of these grafts is used, a temporary catheter is no longer necessary for immediate access while waiting for the graft to incorporate. The walls of this graft are also designed to minimize bleeding complications. We have placed over forty of these grafts now with good reception from the nephrologists. When possible, Cardiovascular Associates will continue to maintain the national standards of fistula first!

Corner

Patient

Cholesterol Count-Down



Reduce your risk for a heart attack or stroke by lowering your cholesterol. To do this eat foods low in cholesterol and saturated fat and free of trans fat, maintain a healthy weight, and be physically active.

Low-density lipoprotein, or LDL, is known as "bad" cholesterol. High-density lipoprotein, or HDL, is known as "good" cholesterol. These two types of lipids, along with triglycerides and Lp(a) cholesterol, make up your total cholesterol count, which can be determined through a blood test. Current national cholesterol guidelines consider LDL levels less than 100 mg/dL and HDL levels more than 40 mg/dL acceptable for many individuals. **Total cholesterol should be less than 200 mg/dL.**

Office procedures get positive feed-back!



After opening the new office on Springhill, many procedures that were previously performed in the hospital now can be done in our office. This gives patients great satisfaction as they do not have to do all of the paperwork at the hospital, can avoid general anesthesia, and can get through with their surgery more quickly in a friendly environment. Patients do receive pain medication and local anesthesia in our procedure room while being closely monitored by our clinical staff. Procedures that are routinely done in our office include endovenous laser ablation for varicose veins and sclerotherapy for spider veins. Our patients with kidney disease can receive catheters for dialysis, have the clot removed from their access grafts, and have angiogram studies done to evaluate for blockages in their arteries or veins. Cancer patients can also have ports placed or removed in our office for chemotherapy access.

Our clinical staff welcomes **Wendi Herret, RN** to the team. She has previously worked as an operating room scrub nurse and brings her expertise in assisting to our office procedures. We are excited to have her on board!

The Vein Center is now operating at our Eastern Shore office at Thomas Hospital. Call 300.2241 to set up an appointment for an evaluation of your vein disease.

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 DeBakey 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.

Michael Damrich, M.D.



General, vascular, cardiovascular and thoracic training with Dr. DeBakey
Diplomate, American Board of Surgery, American Board of Thoracic Surgery
Fellow, American College of Surgeons

Carl Maltese, M.D.



General, vascular, cardiovascular and thoracic training with Dr. DeBakey
Diplomate, American Board of Surgery, American Board of Thoracic Surgery
Fellow, American College of Surgeons, American College of Chest Physicians

Ronald O'Gorman, M.D., PhD



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Dimitris Kyriazis, M.D.



General, vascular, cardiovascular and thoracic training with Dr. DeBakey
Diplomate, American Board of Surgery, American Board of Thoracic Surgery
Fellow, American College of Surgeons, American College of Chest Physicians

David Mull, M.D.



Cardiovascular and thoracic training at University of Texas Southwestern Medical Center
Diplomate, American Board of Surgery, American Board of Thoracic Surgery
Fellow, American College of Surgeons

Terri Rice



RN, MSN, CCRN

Nicole Lowe



Christy Paragone



Eva Bernacik



Anna Clark



Susan Angerholzer



Nationally Certified Physician Assistants

Surgical Procedures

Vascular

Carotid endarterectomy
 Repair of abdominal aortic aneurysms/ Endovascular options
 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

Cardiac

Coronary artery bypass
 Repair or replacement of valves
 of the heart

Repair of congenital defects and
 patent ductus arteriosus
 Implantation of pacemaker and
 defibrillator devices
 Minimize for atrial fibrillation

Thoracic

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

HEARTBEAT



CARDIOVASCULAR ASSOCIATES, P.C.
**CARDIAC, THORACIC
 & VASCULAR SURGERY**

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 Fairhope, Alabama 36532
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“We provide comprehensive cardiac, thoracic, and vascular care”



New Interventions for
 Blood Clots

New Hemodialysis
 Access Grafts

Cholesterol Count-
 Down

Office Procedures get
 Positive Feedback!