

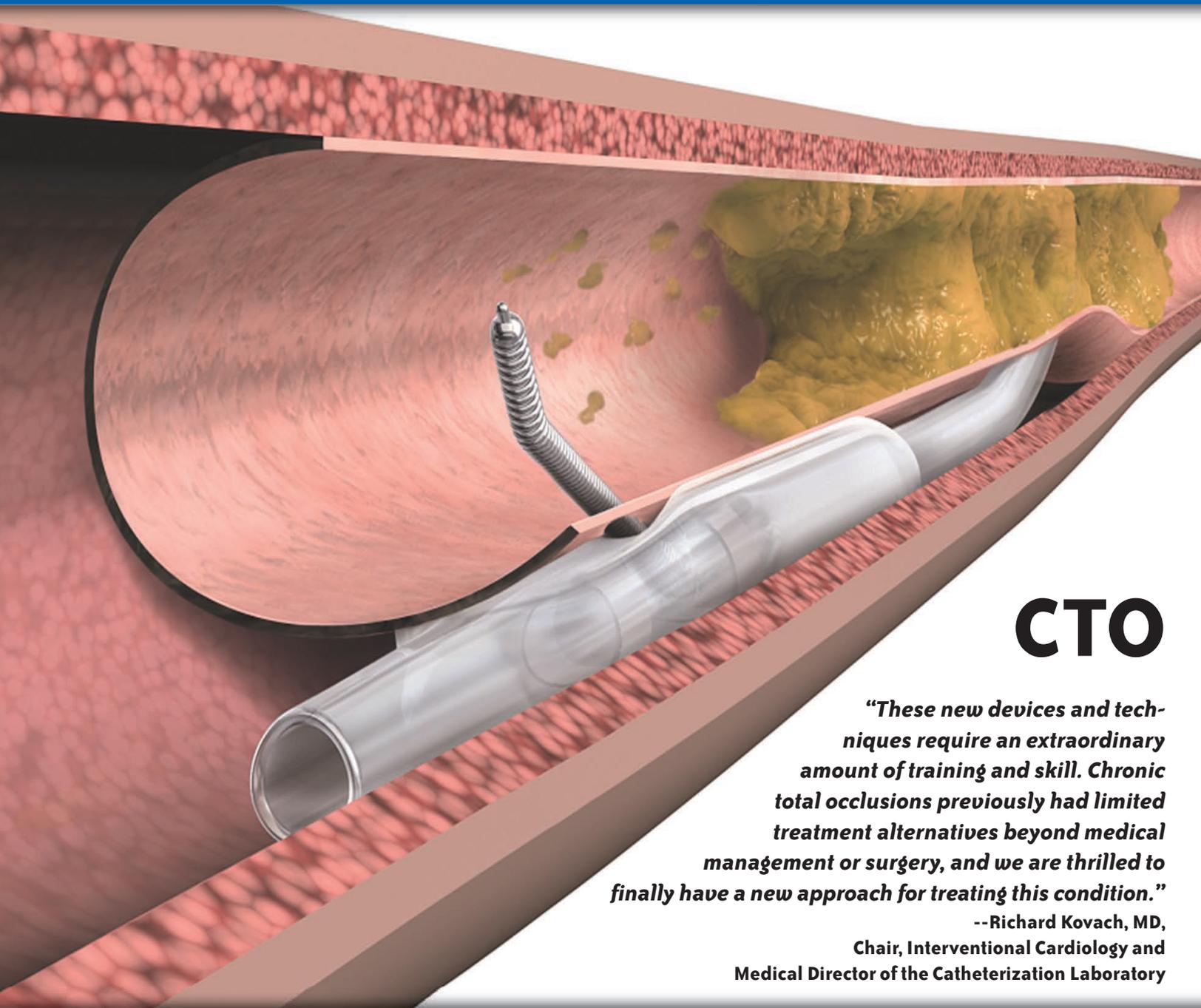


Clinical

# UPDATE

Issue 1, 2014

DEBORAH® Heart and Lung Center



## CTO

*“These new devices and techniques require an extraordinary amount of training and skill. Chronic total occlusions previously had limited treatment alternatives beyond medical management or surgery, and we are thrilled to finally have a new approach for treating this condition.”*

*--Richard Kovach, MD,  
Chair, Interventional Cardiology and  
Medical Director of the Catheterization Laboratory*

### *Inside this issue you will find:*

- Hybrid OR Procedures
- CTO Program
- Hyperbaric Oxygen Therapy
- Bariatrics at Deborah

# Hybrid OR Procedures



**D**eborah recently opened its state-of-the-art Hybrid Operating Room. The new 1,000-square-foot \$4 million Hybrid OR features a 3-station computer system for continuous monitoring of a patient's hemodynamics. Real-time imaging is delivered through the robotic Siemens Artis zeego® multi-axis angiography system which permits integration with retrospective scans to drive extensive data analysis, increasing both the precision and safety of complex cardiovascular interventions.

The operations performed at the hospital represent collaboration among Deborah's skilled cardiac surgical staff, vascular surgeons and interventional cardiologists working side-by-side in one operating suite for blended procedures which combine multiple disciplines. With a full surgical and interventional team, joined with echocardiography and anesthesia professionals, the new Hybrid OR offers minimally-invasive approaches to challenging cardiovascular procedures.

A variety of procedures will be performed in the new Hybrid OR, including transcatheter and transapical aortic

valve replacement, carotid stenting, subclavian angioplasty, endovascular repair of thoracic aortic aneurysms, endovascular repair of abdominal aortic aneurysms, mesenteric angioplasty and stenting, renal artery angioplasty and stenting, complex hybrid peripheral vascular revascularization procedures, ASD closure, VSD repairs,

***"A distinct advantage for patients in the Hybrid OR is greatly reduced patient recovery time. Additionally, patients who formerly would have to undergo two separate procedures for bypass surgery and stenting now are afforded an opportunity to receive both at once with hybrid coronary revascularization. This approach reduces hospitalization time. From many perspectives the new Hybrid OR is a win-win situation."***



**Lynn B. McGrath, MD**  
Vice President  
Medical Affairs,  
Chair, Department  
of Surgery

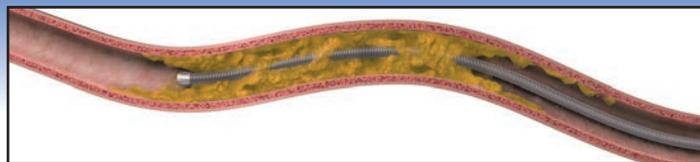
hybrid PCI/CABG procedures, atrial appendage closure, and other complex repairs. Patients who are considered for Hybrid OR procedures will be thoroughly evaluated for suitability, based on strict clinical criteria, including exclusion from other surgical or interventional options and must meet inclusionary criteria for hybrid procedures.♥

# CTO Program

**T**echnologic advances for treating 100% chronically occluded coronary arteries is enabling numerous Deborah patients to avoid open heart bypass surgery, and have given them a new lease on life. Deborah's Chronic Total Coronary Occlusion (CTO) Program uses novel tools and techniques to approach CTOs and is achieving significant procedural success rates in crossing and opening these complex lesions.

In conjunction with new technologies from Boston Scientific and other manufacturers—such as the CrossBoss™ and Stingray™ Coronary CTO Crossing and Re-entry System, the only FDA-cleared devices for use in CTOs—Deborah's Program offers a fresh approach to these complex cases, especially for those considered too risky for bypass operations or with anatomy not technically amenable to bypass surgery, and for those others whose surgical bypass grafts have also become occluded.

With these new technologies in place, along with Deborah's specialists' rigorous training in the techniques required to use these technologies, the hospital's interventional cardiologists



are now able to create a new pathway for the treatment of completely blocked arteries. These new devices are able to either move directly through the occlusion, or—if the blockage is too hard—to go around the blockage by entering the deeper layers of the arterial wall, using additional technology to reenter the open blood vessel beyond the blockage, thus creating a successful avenue for blood to flow around the blockages. Alternatively, these 100% blockages can be crossed in reverse by advancing special wires and devices through collateral channels arising from other open vessels that connect with the totally blocked artery.♥



Richard Kovach, MD



Jon George, MD



Kintur Sanghvi, MD



Vincent Varghese, DO

# Hyperbaric Oxygen Therapy

**D**eborah has opened The James Klinghoffer Center for Wound Healing and Hyperbaric Treatment. The new wound care center features hyperbaric oxygen (HBOt) chambers delivering 100% pure oxygen in a pressurized environment two to three times higher than normal air pressure, enabling quicker resolution for non-healing wounds. The program offers a comprehensive approach from Deborah specialists to care for patients with non-healing wounds and complex medical issues, in partnership with a strong panel of board certified wound and hyperbaric specialists. The new Center provides a natural extension for Deborah's core specialty services, and additional continuum of care, since many cardiovascular patients suffer with poor circulation and diabetes, often leading to slow-healing wounds, especially on the lower extremities.

Patients who use the hyperbaric chambers for oxygen therapy enter and



remain inside the state-of-the-art chamber—equipped with TV and ease of communication—from one to two hours, usually every other day, until the healing is complete.♥

***“There are many slow-healing chronic wounds including venous leg ulcers, arterial insufficiency, diabetic foot ulcers, bed sores, burns and spider bites. Our wound therapy team is experienced in standard treatments like debridement, advanced dressing, compression therapy and nutritional support. When these therapies alone are not enough, the new hyperbaric chambers will provide an extremely valuable tool, working in tandem with other advanced therapies available at Deborah such as transluminal angioplasty and stenting, laser atherectomy, venous ablation and skin substitutes.”***



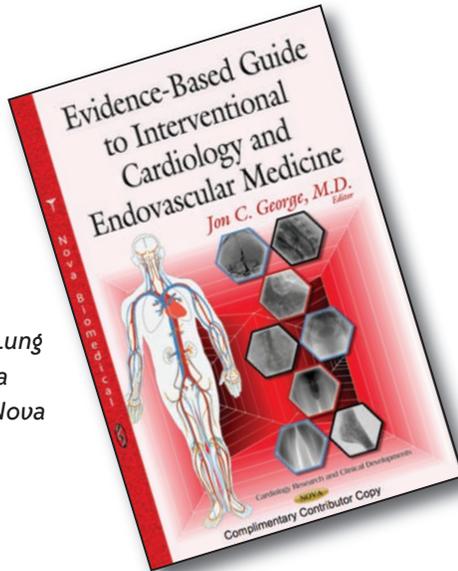
John Cooper, DO, FACOS,  
Medical Director  
Wound Care Center

## Clinical UPDATE

*published by*

Deborah Heart and Lung Center, Browns Mills, NJ 08015  
Joseph P. Chirichella, President and CEO  
Lynn B. McGrath, MD, Vice President, Medical Affairs  
Thomas J. Campbell III, Director, Marketing and PR, Editor;  
Donna McArdle, Writer; June Lambert, Coordinator;  
Susanna Kanzler, Proofreader; Frances Marshall, Layout/Design;  
Barbara Minnick, Cover Design; Agnes Marsala, Photography

*Jon George, MD,  
Director, Clinical  
Research and  
Assistant Director,  
Cardiac Catheteriza-  
tion Laboratory,  
Deborah Heart and Lung  
Center recently had a  
book published by Nova  
Science Publishers.*



*For registration information on this symposium go to  
[www.deborah.org](http://www.deborah.org)*

## Bariatrics at DEBORAH

**D**eborah is pleased to announce its new Bariatric Program for patients suffering with morbid obesity and its associated conditions including: diabetes, high blood pressure, sleep apnea, and degenerative joint disease. These patients will benefit from the hospital's new partnership with surgical weight loss experts from Garden State Bariatrics and Wellness Center.

The hospital now features a comprehensive on-site bariatric program offering patients gastric bypass, gastric sleeve and duodenal switch surgical procedures, as part of an overall program focusing on nutrition, healthy living, and exercise.

Patients whose Body Mass Index (BMI) -- relationship of height to weight -- is greater than 40 are candidates for bariatric surgery. Patients whose BMI is between 35-39.9 with other serious health complications such as Type II Diabetes, high blood pressure, or sleep apnea, are also suitable candidates for weight loss surgery.

***"The majority of obese patients with diabetes who undergo gastric bypass, experience not only significant weight loss, but the possibility of diabetes remission as well. New research suggests these patients may also cut their risk of heart attack by 40% and their risk of stroke by 42% over a 10-year time period."***

*\*(as reported during Obesity Week 2013, Atlanta, GA)*



**Michael Bilof, MD**  
Medical Director  
Bariatric Program