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MINIMALLY INVASIVE SURGERY FOR ATRIAL FIBRILLATION MAKES LOS ANGELES RADIO BROADCASTER'S LIFE PREDICTABLE

LOS ANGELES (Feb. 23, 2007) – Dick Helton, senior political correspondent at KNX 1070 Newsradio, used to wonder how far he would be from medical help when his next episode of atrial fibrillation would strike.

“It makes you think about everything you’re going to do and how far you’re willing to stretch the umbilical cord to the hospital,” said Helton, 63, who experienced his first episode 13 or 14 years ago. Now he has been symptom-free for more than a year and is considered cured after undergoing a minimally invasive surgical procedure performed by cardiothoracic surgeon Gregory P. Fontana, M.D., at Cedars-Sinai Medical Center.

Helton’s procedure was performed on Nov. 1, 2005, and except for brief episodes of AF in the first couple of days after surgery – which is not unexpected when the heart has been manipulated – he has had no hint of a problem. “Absolutely nothing,” he said. “It’s like night and day.”

Atrial fibrillation affects more than 2 million Americans, according to the American Heart Association. Overactive and irregular nerve impulses cause the two upper chambers of the heart, the atria, to quiver instead of beating effectively. This leads to a variety of potential complications, including a 25 percent reduction in the heart’s pumping function and a high risk of stroke.

Although symptoms tend to vary by severity of the disorder, extreme fatigue and a low tolerance for exercise are common complaints. But even patients who have no recognized symptoms – and may not even be aware they have atrial fibrillation – can have a five- to eight-year reduction in life expectancy because of the stress placed on the heart.

Some patients rarely if ever have a normal rhythm. Helton, on the other hand, was diagnosed with paroxysmal, or intermittent, atrial fibrillation (AF). He could go days, weeks or months with a normal rhythm, never knowing when an episode might start.

“Your heart gets completely out of rhythm and your pulse races,” said Helton, who worked at a Chicago radio station for 29 years before moving to Los Angeles. In Chicago, a few episodes of AF came on while he was broadcasting, an experience he wryly describes as “completely unpleasant.” Those early episodes resolved after about 15 minutes, but as time went by, the episodes became less manageable, even though he was taking medication.

After the move to Southern California, episodes would sometimes continue for hours. Helton would go two or three times a year to Cedars-Sinai’s emergency room for intravenous intervention. Eventually, even that failed and physicians had to use cardioversion – electrical stimulation – to restore a normal rhythm. At that point, Helton was motivated to discuss more permanent solutions.

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Until very recently, patients with atrial fibrillation had no options other than long-term medication management – taking a variety of drugs to attempt to correct an abnormal rhythm, control a racing heart rate, and thin the blood to reduce the risk of blood clots and strokes.

“Just in the past few years, we’ve made real progress in actually curing patients,” said Fontana, a specialist in minimally invasive cardiothoracic procedures who serves as vice chairman of Surgery for Pediatric Surgical Services at Cedars-Sinai. One of the major advances is the one used in Helton’s case, the Wolf MiniMaze®™ procedure.

“There are other minimally invasive maze procedures being attempted, but they appear to have lower success rates. We have been using the Wolf procedure for about 18 months and have had very good success with it, and so have other hospitals around the country,” said Fontana, adding that Cedars-Sinai cardiothoracic surgeons are part of a national working group that is evaluating the technique. According to Fontana, who has performed about 30 of the procedures in the past year, the MiniMaze has been available in the U.S. for three years, and has very good outcomes.

He and his colleagues at Cedars-Sinai are believed to have the largest experience with surgical AF treatment in the western United States. In addition to the MiniMaze, they perform in certain cases the Cox-Maze procedure, which is done during open-heart surgery with the heart stopped and the patient connected to a cardiopulmonary bypass machine.

The MiniMaze procedure is accomplished by placing a thoracoscope and thin instruments through several short incisions in the chest. The surgeon, viewing the surgical site magnified on a monitor, identifies the target area of the heart and uses short bursts of radiofrequency energy to destroy a small amount of tissue and disrupt the overactive nerves causing the rhythm disturbance.

Typically, the surgeon also will remove two pieces of heart tissue that serve no useful purpose but can remain a source of trouble if left intact: The Ligament of Marshall, the remnant of a vein from fetal development, can cause atrial fibrillation even in an otherwise normal heart, and an appendage on the left atrium is a site where AF-related blood clots are likely to form.

“When the atria fibrillate, blood sits in the appendage, a little cul-de-sac on the left side of the heart. More than 95 percent of the strokes that occur in these patients are caused by blood clots that come from that little appendage,” Fontana said. “Therefore, there are two major objectives for this surgery. One is to cure the atrial fibrillation. The second is to reduce stroke risk even if A-Fib does recur. If a patient goes three months in a normal rhythm after surgery, we can begin to wean them off their blood thinners because the most significant risk related to atrial fibrillation is gone.”

“We can do the whole MiniMaze procedure in about an hour-and-a-half,” Fontana said. “Patients are in the hospital for a day or two or three, and we’ve had some patients back swinging a golf club within a couple of weeks.”

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