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TAVR: New Option for Those Without Options

FIRSTHEALTH VALVE CLINIC OFFERS CUTTING-EDGE LIFESAVING PROCEDURE

Sometimes surgery is the only option. For some high-risk heart patients, however, it's not an option at all—unless they're patients at the FirstHealth Valve Clinic at Reid Heart Center. Physicians completed the Sandhills region's first transcatheter aortic valve replacement (TAVR) procedure there on Oct. 8.

"TAVR involves replacing the aortic valve, either through a small surgical incision in the leg, using the leg artery as a means by which to deliver the valve, or using a small incision through the chest wall at the tip of the heart," says interventional cardiologist Steven J. Filby, M.D.

"Both the leg and chest-wall procedures are done using a catheter to deliver a valve that's mounted on a balloon," Dr. Filby says. "That balloon catheter gets inflated across a patient's native heart valve, which gets pushed aside by the

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prosthetic valve that takes its place."

As an interventional fellow at the Cleveland Clinic, Dr. Filby was part of the PARTNER trial, a seminal 2010 study that demonstrated TAVR's benefits for U.S. patients.

Approved in 2011 by the U.S. Food and Drug Administration (FDA) for high-risk and non-operable patients, TAVR can be a life-saver for patients who suffer from severe aortic stenosis. According to the American Academy of Family Physicians, this valvular condition affects about 3 percent of the population over age 65.

Aortic stenosis is caused by a thickening of tissue in the aortic valve that restricts arterial blood flow from the heart to the rest of the body. It can cause chest pain, shortness of breath, dizziness and fatigue and, if left untreated, is fatal.

"It's a very lethal condition, and the prognosis is similar to that of many cancers," says Dr. Filby. "Once patients start to show symptoms, their life expectancy is typically on the order of two to three years."

Although heart valve replacement is the only effective treatment for severe aortic stenosis, one study showed that as many as 40 percent of patients over age 75 were ineligible for traditional open-heart surgery due to risk from other diseases and conditions. For those patients, says Dr. Filby, TAVR is the best resort. Peter I. Ellman, M.D., agrees. "TAVR is one of the most important innovations we've seen for cardiovascular therapy in the last 10 or 20 years," he says.

The TAVR procedure requires the collaboration of a fairly large team to deploy the stented valve successfully. Dr. Filby performed the recent procedure with the help of two

Steven J. Filby, M.D., and Peter I. Ellman, M.D. (l-r, above) led the surgical, anesthesiology, radiology, echocardiology and cath lab specialists (left) in the Sandhills region's first TAVR procedure. The successful valve-replacement surgery was performed on Oct. 8, 2013.

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cardiologists: Interventional cardiologist Peter Duffy, M.D., aided procedurally while Steve Kent, M.D., provided echocardiographic support. Cardiovascular surgeons Peter I. Ellman, M.D., and Art Edgerton, M.D., helped with access, and David Chandler, D.O., provided anesthetic expertise. Sam Wahl, M.D., provided radiologic interpretations prior to the procedure. Surgical technologists, perfusionists, echocardiology technologists and catheterization laboratory technologists were also key players in the procedure.

Unlike traditional valve replacement surgery, TAVR is performed without a cardiopulmonary bypass pump. "It offers people who are prohibitively risky or very high risk for surgery

"TAVR is one of the most important innovations we've seen for cardiovascular therapy in the last 10 or 20 years."

a much less invasive alternative," says Dr. Ellman. "This will have a significant impact on not only improving survival specifically related to their aortic valve disease, but also

the quality of their lives will be much improved."

Before the Oct. 8 TAVR procedure, the FirstHealth TAVR team received intensive, hands-on training from Edwards Lifesciences, the nation's only FDA-approved manufacturer of the transcatheter heart valve. The result was a successful inaugural surgery and the establishment of cutting-edge valvular care in the Sandhills region.

"Though this is a new program for FirstHealth, this procedure is not new to Dr. Filby," says John F. Krahnert Jr., M.D., FirstHealth's chief medical officer. "He comes from one of the top TAVR sites in the U.S. and brings unrivaled experience. This blends nicely with Dr. Ellman's experience in minimally invasive aortic valve surgery. It's a great combination that gives our program a real advantage."

"When this facility was built, the plan was for us to be a state-of-the-art hospital," Dr. Ellman says. "This is state-of-the-art, and you don't have to drive to Raleigh or Charlotte to get it. It's right here in Pinehurst."

Minimally Invasive Aortic Valve Replacement

While TAVR is reserved for high-risk and inoperable patients, the FirstHealth Valve Clinic also has a new surgical option for healthy heart patients: minimally invasive aortic valve replacement or mini-AVR. "It's a fine-tuning of the standard sternotomy for aortic valve replacement," says cardiothoracic surgeon Peter I. Ellman, M.D. "You have a smaller incision, and you don't have to divide the

entire breastbone, only part of it." The result is not only a cosmetic but also a recuperative improvement over traditional open-heart surgery. "Because a significant amount of the patient's chest cage stays intact, he or she gets back to activities sooner," Dr. Ellman says. "There's less bleeding and usually shorter hospital stays. It's a nice approach that has a very low risk and great long-term durability."

Learn & LIVE

CHRONIC HEART FAILURE TRIAL ENROLLING PATIENTS AT MOORE REGIONAL

For more than 20 years, FirstHealth of the Carolinas has used the invaluable tool of clinical trials to advance clinical knowledge and, more importantly, provide new state-of-the-art treatments for patients.

Chris Miller, administrative director of Community Health Services, encourages participation in the trials. "We are running these trials to provide the best treatment options for our patients and, at the same time, enhance the toolbox for clinicians," he says.

According to Miller, clinical trials also give participants the chance to get cutting-edge treatments near their home—without the stress of travel.

FirstHealth Cardiology Services currently has several heart trials under way. They include research for coronary artery disease, coronary heart disease, heart disease and heart failure. A current clinical trial is investigating cardiac resynchronization therapy (CRT) for patients with uncontrolled heart failure.

The CRT pacemaker being studied in the trial is FDA-approved for patients with moderate-to-severe heart failure. The study will determine if CRT can help restore a normal coordinated heart rhythm by delivering pacing treatment to both sides of the heart.

Participants in the trial will be men and women 18 years and older with a diagnosis of chronic heart failure. Pregnant women are not eligible.

Mark Landers, M.D., a cardiologist with FirstHealth Cardiology Services, is the principal investigator.



To refer a patient for this trial or for more information on patient eligibility, contact the FirstHealth Clinical Trials office at (910) 715-2200. To find out more about upcoming trials, please visit www.firsthealth.org/clinicaltrials.

HONORS

ART EDGERTON, M.D., NAMED MOORE REGIONAL HOSPITAL'S PHYSICIAN OF THE YEAR

Art Edgerton, M.D., has been a respected member of the medical staff at FirstHealth Cardiovascular & Thoracic Center since the fall of 2010. Earlier this year, he was named Moore Regional's 2013 Physician of the Year. "I feel extremely humbled and honored," he says.

Nominations for the Physician of the Year Award come from members of the hospital's clinical staff, who also make the final selection. One of the nurses who nominated Dr. Edgerton called him "the most kind and understanding doctor in this hospital." Other nurses noted his respect for the nursing staff and the above-and-beyond care that always includes personal time with his patients and their families.

"[Nurses] feel appreciated and respected for our part in the patient's recovery," said one nomination.

Another nomination described Dr. Edgerton's gifts as an educator, saying "Dr. Edgerton is always willing to share his knowledge and willingly offers explanations

concerning the patient's plan of care."

Dr. Edgerton himself compliments the "good team chemistry" he shares with FirstHealth's two other CVT surgeons, John Krahnert, M.D., and Peter I. Ellman, M.D., and the administrative and community support that went into the development of Reid Heart Center.

"To me, it's an award that reflects the entire team at FirstHealth—a team that makes it possible for each physician to provide exceptional care for their patients," he says.

Dr. Edgerton's surgical specialties include coronary artery bypass, valvular heart surgery, lung surgery and carotid endarterectomy. He is certified by the American Board of Thoracic Surgery.



Art Edgerton, M.D., a cardiothoracic surgeon with FirstHealth's Reid Heart Center, has been named Moore Regional Hospital's 2013 Physician of the Year. He is shown with Karen Robeano, R.N., DNP, Moore Regional's chief nursing officer.

 To refer patients to Dr. Edgerton, please call (910) 715-4111.

ON THE MOVE in Hoke

CARDIOLOGY PRACTICE MOVES TO NEW LOCATION

Fellowship-trained cardiologist Debbie Wright-Thomasson, M.D., has been offering cardiology services to Hoke County residents through FirstHealth Cardiology Services since July. Her office is located in the FirstCare Specialty Services building (near Wal-Mart) until the opening of the FirstHealth Medical Office Building adjacent to FirstHealth Moore Regional Hospital-Hoke Campus on Highway 401. The anticipated opening date for cardiology is December 18, 2013.

Dr. Wright-Thomasson's FirstHealth practice focuses on non-invasive cardiology including

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Debbie Wright-Thomasson, M.D.

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ON THE MOVE in Hoke

complete echocardiography (with stress test, TTE and TEE services), nuclear studies, and Holter and event monitoring. With her interest in integrative medicine, she also coordinates various medical services into her patient treatment plans.


"I try to help people improve and maintain their own health," she says.

Daniel Barnes, D.O., president of the FirstHealth Physician Group, calls Dr. Wright-Thomasson a "wonderful addition" to FirstHealth Cardiology Services and the FirstHealth Physician Group. "Her experience and

passion for patient care make her a perfect choice to further expand cardiology services in Hoke County," he says. "We feel that she delivers high-quality, patient-centered care with a personal touch."

FirstHealth Moore Regional Hospital-Hoke Campus operates under the same name, leadership and medical staff as Moore Regional Hospital in Pinehurst. The same Pinehurst-based physicians—including emergency room doctors and specialists—provide services at the Hoke County hospital.

FirstHealth Moore Regional Hospital-Hoke Campus has an emergency department providing care 24 hours a day, seven days a week; inpatient beds; an operating room; imaging services including X-ray, ultrasound, CT and MRI; diagnostic cardiology; and lab services. The adjacent Medical Office Building will open in stages in December and through early 2014.

 *Appointments with Dr. Wright-Thomasson are now being accepted and can be made by calling (855) 695-7915.*



Art Edgerton, M.D., and Robert Hodge, P.A.-C, consult on cases at Reid Heart Center.

A New Way In

VATS LOBECTOMY OFFERS LESS INVASIVE LUNG CANCER TREATMENT

Lung cancer surgery involves significant trauma to the patient's chest. Fortunately, an option exists for many patients that requires much less trauma. It's called video-assisted thoracoscopic surgery or VATS lobectomy.

"VATS lobectomy can potentially be recommended for any patient who has a lung tumor or another issue that requires removal of a portion or complete pulmonary lobe," says Art Edgerton, M.D., cardiothoracic surgeon with FirstHealth Cardiology Services. "As long as the extent of disease, location or patient anatomy is conducive to removal with the video-assisted technique, there is the potential to approach the surgery with that technique."

VATS lobectomies are typically performed on patients with tumors smaller than 4 cm maximum diameter, although larger tumors have been resected using the procedure. The procedure can be per-

formed on tumors regardless of location, although procedures on very proximal hilar tumors are converted to open thoracotomy whenever pneumonectomy is contemplated.


Studies have shown that VATS lobectomies have the same rate of success as lobectomies through open thoracotomy. Removal of tumors, lymph nodes and mediastinum is essentially the same either way. During VATS procedures, specimens are kept intact and are placed inside watertight bags before being pulled out of the chest. This prevents seeding of the incision with cancer cells while providing intact specimens for pathology examination.

Less Trauma

The obvious advantage of VATS over open thoracotomy is the reduced chest trauma.

"A VATS lobectomy negates the need for rib spreading and is performed through a smaller incision as compared to a traditional open surgical lobectomy," Dr. Edgerton says. "Therefore, there is less postoperative pain, improved preservation of lung function, a shorter hospital stay and quicker return to full activity."

According to fellow FirstHealth cardiothoracic surgeon Peter Ellman, M.D., other advantages to the VATS procedure include a decreased need for blood transfusion and a decrease in postoperative air leaks and arrhythmias.

 *Surgeons at FirstHealth have performed VATS lobectomies since November 2011. Patients referred to the Chest Center of the Carolinas can be readily evaluated for a VATS lobectomy. Call (877) 715-4111 to refer a patient.*