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CARDIO BEAT

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DOCTORS AT HENRY FORD HOSPITAL Replace Heart Valve *Outside* the Heart

A 57-year-old Metro Detroit woman, who was not a candidate for traditional open-heart surgery to replace her failing tricuspid valve, was the first U.S. recipient of a heart replacement valve placed just outside the heart.

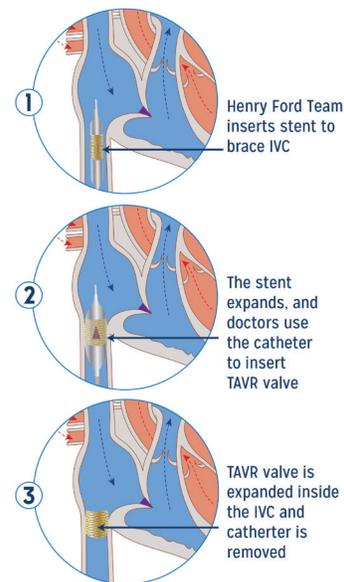
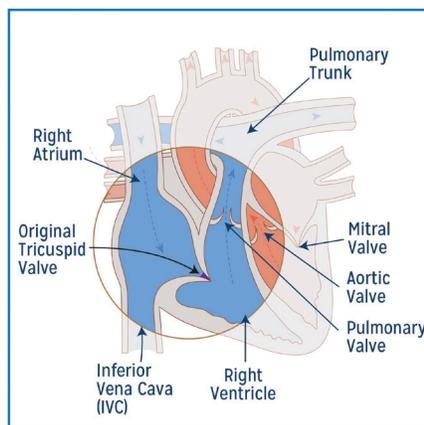
More than 9,100 heart patients undergo tricuspid valve surgery in the U.S. annually, and its replacement is one of the more difficult heart surgeries due to the valve's location. This procedure typically requires open-heart surgery. With an aging population who are often too frail for open-heart surgery, this new procedure offers a new option.

During the ground-breaking procedure at Henry Ford Hospital, William O'Neill, M.D., medical director of the Structural Heart Disease program, threaded a catheter through a vein in the patient's groin to her upper abdomen where he inserted a TAVR valve at the junction of the right atrium and the inferior vena cava (IVC), the main vein that brings deoxygenated blood back into the heart.

Prior to the procedure, the Henry Ford Innovation Institute used the patient's scans to create a 3D model of the heart. The Structural Heart team then planned the procedure and sized the valve in advance, using the 3D model.

The Henry Ford team first braced the inside of the IVC with an expandable metal stent. They then used a balloon to expand the TAVR valve to fit snugly inside.

Dr. O'Neill was assisted by Adam Greenbaum, M.D., co-director of the Structural Heart Disease program at Henry Ford Hospital and visiting cardiologist Brian O'Neill, M.D., assistant professor of medicine at the Temple Heart and Vascular Center.



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CENTER FOR STRUCTURAL HEART
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NATIONAL AND INTERNATIONAL
MILESTONES

New Cardiac Catheterization Lab Director Named

Khaldoon Alaswad, M.D., RVT, FACC, FSCAI, was recently appointed the director of the Cardiac Catheterization lab at Henry Ford Hospital. Dr. Alaswad is one of the pioneers in the United States for the hybrid recanalization of chronically occluded coronary arteries. He brings significant expertise and growing national recognition in the revascularization of chronic total occlusions and in complex coronary artery procedures in patients who are not candidates for CABG or prefer less invasive approaches and who benefit from complete revascularization.

He is also skilled in high-risk PCI, transradial interventions and is a national leader in chronic total PCI via bilateral transradial access, and peripheral interventions, including carotid. Dr. Alaswad is board certified in internal, vascular medicine, cardiology, and interventional cardiology.



**Khaldoon Alaswad, M.D.,
RVT, FACC, FSCAI**

Gurjit Singh, M.D., Joins Staff

Completing his clinical cardiac electrophysiology and cardiovascular fellowship at Henry Ford Hospital, Gurjit Singh, M.D., joins as an attending physician. He is board certified in internal medicine with a cardiovascular subspecialty, electrophysiology and nuclear medicine. He has been a member of the heart failure program at Henry Ford as well, co-managing patients with VAD and heart transplantation. He has special interest in ventricular arrhythmias, ventricular tachycardia and ablation techniques. Dr. Singh's research interests include ventricular arrhythmias, cardiac imaging in electrophysiology and cardiac resynchronization devices.

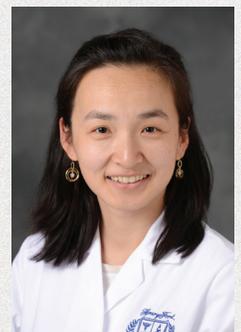


Gurjit Singh, M.D.

Dee Dee Wang, M.D., Appointed Staff Physician

Dee Dee Wang, M.D., completed her internal medicine residency and served as chief medical resident at the University of Michigan. She completed her general cardiology fellowship at Henry Ford Hospital, and did an additional fellowship in Advanced Cardiac Imaging with an emphasis on structural heart and TAVR at Henry Ford.

Dr. Wang is Level 3 Cocats trained in Echocardiography (with 3D TEE), Nuclear, Cardiac CTA, and Level 2 Cocats trained in Cardiac MRI and Cardiac PET. She specializes in Interventional Echocardiography in Structural Heart Interventions including Mitral e-clip, complex TAVRs/mitral cases, and ASD/PFO closures. Dr. Wang's research interest is in advancing Structural Heart periprocedural planning utilizing 3D imaging and 3D printing.



Dee Dee Wang, M.D.

Watch the new Emmy award-winning "Minds of Medicine Last Chance: Saving Hearts and Lives" featuring the Henry Ford team of experts. The show follows two structural heart disease patients from Lansing and Warren and highlights the new telemedicine clinic.

To view the show, visit henryford.com/structuralheart

These doctors are accepting new patients and can be reached at 1-877-434-7470.

Advanced Health Failure Program: On a Mission

In 2013, the American Heart Association reported that about half of the 5.1 million people diagnosed with heart failure in the United States will die within five years of the initial diagnosis. A staggering \$32 billion is estimated to treat heart failure, including medications and missed workdays. The growing Advanced Heart Failure program at the Henry Ford Heart & Vascular Institute has declared its mission to reduce the number of deaths and improve the quality of life for these patients through its expertise and working in partnership with community physicians.

Through a multidisciplinary team approach, challenging or high-risk heart failure patients gain access to physicians who are board certified in advanced heart failure. The team also includes cardiothoracic surgeons, nurses, pharmacists, psychologists, social work, and palliative medicine and quality specialists, all of whom are completely focused on advanced heart failure and treating the most complex cases.

“Partnering and collaborating with our colleagues in the community helps us provide better access and seamless care for their heart failure patients,” says David Lanfear, M.D., head of the Advanced Heart Failure and Transplant Cardiology section at Henry Ford Hospital. “These patients then have access to the most advanced treatments and clinical trials, things not offered anywhere else in the area. We see this as a big part of our mission – to reach out and be a community resource and partner.”

Celeste Williams, M.D., medical director of the Cardiac Transplant and LVAD program at Henry Ford Hospital and medical director of the Pediatric Cardiac Transplant program at Children’s Hospital of Michigan, says, “A good example of our collaborative spirit is Henry Ford’s working relationship with Children’s Hospital of Michigan for the benefit of their pediatric and adult patients with congenital heart disease.” At Children’s, she shares her expertise in heart transplantation and LVAD therapy, helping provide a continuum of care through adulthood and a better quality of life.

“The gold standard for end-stage heart failure is heart transplantation,” says Dr. Williams. “However, there are certainly not enough donor organs to meet the need.” For patients who have the option of a heart transplant, Henry Ford Hospital’s heart transplant program has been active since 1985 with nearly 500 heart transplants performed. If transplant is not an immediate option, ventricular assist devices (VAD) can provide mechanical circulatory support for patients with end-stage heart failure.

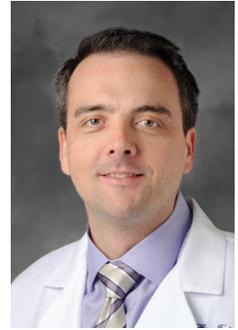
For some patients, the left ventricular assist device (LVAD) is the bridge to transplantation, while for others the LVAD may provide life-long therapy known as destination therapy. The Henry Ford VAD program, due to the complex nature of the evaluation, and pre- and post-operative care required, embraces a multidisciplinary team approach to successfully manage individual patient needs across the spectrum.

In an effort to continually innovate, the Advanced Heart Failure team of five heart failure cardiologists and three surgeons, participates in a large variety and number of clinical trials, including every major VAD trial. Both Dr. Lanfear and Dr. Williams agree that their participation in the research studies definitely benefits their own patients and those cared for collaboratively with community physicians. “Due to clinical trials, research and experience, our LVAD volumes are up 30 percent over the last seven years. In 2013, we performed 40 LVADs,” says Dr. Williams.

The Interagency Registry for Mechanically Assisted Circulatory Support (Intermacs®) is the United States national registry for FDA-approved VADs which tracks data on major outcomes after an LVAD implant. Henry Ford’s patient survival rates meet and often exceed these national benchmarks. Expertise and quality is further assured by continuous certification for LVAD therapy since 2008 from The Joint Commission. Dr. Williams supports the multidisciplinary team to maintain these high standards set forth by The Joint Commission.

Physicians interested in learning more about advanced heart failure treatments are encouraged to request a meet-and-greet session. At this session, the Advanced Heart Failure team will share their experience and the many treatment options available to patients. Training is available for physicians who are interested in providing LVAD aftercare for their own patients, as well.

Please call the Henry Ford Heart Failure Transplant team at (313) 916-5620 to request a patient consultation or a physician meet-and-greet session.



David Lanfear, M.D.



Celeste Williams, M.D.

To connect with a Henry Ford physician, call:

Heart & Vascular Institute
1-877-434-7470

Center for Structural
Heart Disease
1-855-518-5100



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LATEST BREAKTHROUGHS

CENTER FOR STRUCTURAL HEART DISEASE Achieves Local, National and International Milestones

Since his appointment as medical director of the Structural Heart Disease program, William O'Neill, M.D., and his team of cardiac surgeons have achieved many significant milestones in treating the disease. Their efforts are advancing the care and treatments for thousands of patients who before had few, if any, surgical options.

Michigan Firsts

- ❑ First Lariat™ in Michigan on June 25, 2012
- ❑ First trans-apical TAVR in Michigan on Oct. 11, 2012
- ❑ First percutaneous trans-apical PVL closure in Michigan on Sept. 11, 2013
- ❑ First percutaneous transcatheter mitral valve-in-ring on Dec. 10, 2013

National Firsts

- ❑ First transcatheter placement of Melody valve in bioprosthetic aortic valve on April 18, 2013
- ❑ First implantation of direct flow medical valve in aortic position on Sept. 5, 2013

International Firsts

- ❑ First cryoplasty balloon atrial septostomy to reduce spontaneous closure on Oct. 19, 2012
- ❑ First closure of a spontaneous recanalization of the LAA atrial Lariat™ suturing using amplatzer septal occluder device in Dec. 2012
- ❑ First trans-caval transcatheter aortic valve implantation on July 3, 2013
- ❑ First percutaneous transcatheter heart valve implant in a native mitral valve on Aug. 9, 2013
- ❑ First simultaneous transcatheter AVR and native MVR via transapical approach on March 18, 2014
- ❑ First percutaneous transcatheter heart valve implant in a native MV in a patient with prior TAVR on Aug. 7, 2014
- ❑ First percutaneous placement of transcatheter valve in IVC position on July 31, 2014
- ❑ First corevalve-in-valve via transcaval approach in September 2013
- ❑ First fully percutaneous placement of a 5 liter impella via transcaval access in September 2013