

# HEART & VASCULAR NEWS

SPRING 2011

## SU & NBA BASKETBALL LEGEND TOURS HEART CENTER

**B**asketball star Derrick Coleman visited Upstate's Heart and Vascular Center where he met staff and toured the new facility. See pages 3, 6 and 8 for more on the new center.



At 6'8", Derrick Coleman towers above Upstate's OR team members (left to right) Velma Thomas, surgical technologist; Shannon Card RN and Leanne Devito, surgical technologist.

Coleman played basketball at Syracuse University (1986-1990), then spent 15 years playing in the NBA. He was sidelined by a heart condition in 2004.

FROM THE UPSTATE HEART AND VASCULAR CENTER,  
UPSTATE UNIVERSITY HOSPITAL



Georgi with grandkids and husband

## THE HEART OF THE MATTER

**L**ast spring, 57-year-old Georgi Duprey of Ogdensburg, NY, was in extra-high gear, juggling her career as a health teacher with her cherished, hands-on role as grandmother. Then one morning, during a spring-break visit with a daughter in Baldwinsville, NY, Georgi was gripped by sudden, stabbing chest pains. "Without skipping a beat, my daughter said, 'I'm taking you to Upstate.'"

Forty-five minutes after entering the Emergency Department at Upstate University Hospital, "I was having three stents placed in two blocked arteries," Georgi reports. "The last thing I remember saying, as they wheeled me off to the cardiac catheterization lab, was 'Tell the little ones I love them.'"

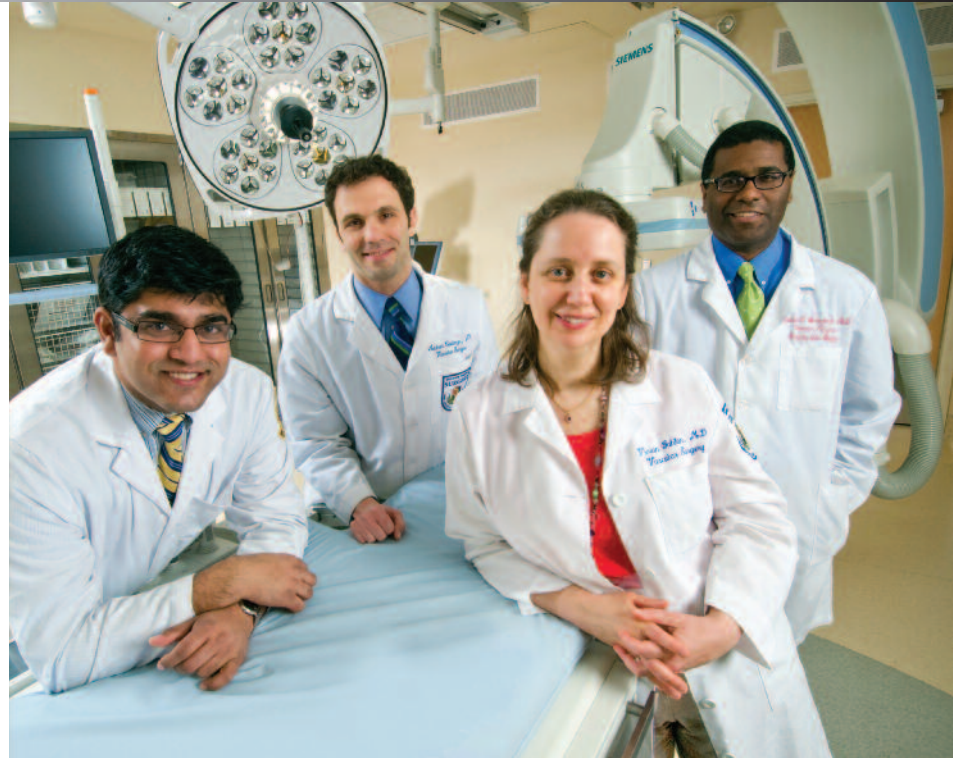
A few months later, Georgi delivered that message in person (with hugs and kisses), when her six grandsons — and two brand-new granddaughters — assembled at the family cottage on the St. Lawrence River. "I was so lucky to be with them — and so lucky to have been taken to Upstate when I had the heart attack," says Georgi. "The skills, knowledge, and passion of their heart team made all the difference." ■



Cardiac surgeon Gregory Fink MD

## KEY MEMBER OF OPEN HEART SURGERY TEAM RECOGNIZED

Upstate University Hospital's cardiac surgeon Gregory Fink MD had one of the lowest cardiac mortality rates in the state for open heart surgery between 2006 and 2008, according to a recently released report from the New York State Department of Health. Dr. Fink, Upstate's chief of cardiac surgery and an associate professor of surgery, was one of only five heart surgeons in New York with a statistically lower-than-average mortality rate. That rate was zero. ■



Upstate's Vascular Surgery team, from left: M. Asad Khan MD, RVT, assistant professor of surgery; Michael J. Costanza MD, associate professor of surgery; Vivian Gahtan MD, chief, section of Vascular Surgery and Endovascular Services; and Kwami S. Amankwah, assistant professor of surgery

## UPSTATE SURGEON HEADS EASTERN VASCULAR SOCIETY

Vivian Gahtan MD, chief of the division of vascular surgery and endovascular services at Upstate, is the first woman to head the largest regional vascular society in the United States. She became president of the Eastern Vascular Society in October.

The Eastern Vascular Society has over 575 members who are primarily vascular surgeons representing both major academic medical centers and community hospitals in the eastern United States and Canada. The society seeks to promote the exchange of scientific and technologic advances among its members.

Dr. Gahtan, the Lloyd S. Rogers Professor of Surgery at Upstate, is a director of the Vascular Surgery Board of the American Board of Surgery and former president of the Association of Women Surgeons.

Dr. Gahtan specializes in treating aortic aneurysms, carotid artery disease, peripheral arterial disease, varicose veins, diabetic foot problems, and providing dialysis access. In addition to her clinical work, she maintains a significant research agenda with federal grant funding from the Veterans Administration. Dr. Gahtan joined the Upstate faculty in 2003. ■



Members of Upstate's Electrophysiology Lab team, from left: Jen Lagoy RT(R); Amy Tetrault RN, supervisor; Dee Geb RN; and Lynne Costello RN with the Stereotaxis® magnetic navigation system.

## TREATING ABNORMAL HEART RHYTHMS

Upstate is the only hospital in Central New York offering the new Stereotaxis magnetic navigation system, pictured at left. The system assists in the diagnosis and treatment of both common and complex cardiac arrhythmias.

Through precise catheter positioning, often in hard to reach regions of the heart, the system uses computerized magnetic navigation to guide the catheter to the region of the heart requiring treatment. In a treatment procedure called **ablation**, the arrhythmia is stopped by a burst of radio-frequency energy aimed at small areas of heart tissue that give rise to abnormal electrical signals. Normal rhythm pattern is restored.

The traditional procedure uses relatively inflexible catheters which are manually guided into the blood vessels and then to the heart muscle. Of concern is the potential for damaging heart structures which can occur when the procedure encounters a complex heart chamber anatomy. The Stereotaxis system, on the other hand, features a catheter that is softer and more flexible and uses computer mapping and magnets which safely guide the catheter to its target. This catheter cannot be used in traditional ablation procedures because it is too flexible to be guided manually. ■

## HEART & VASCULAR CENTER OPENS

The Upstate Heart and Vascular Center opened in January 2011. The 18,500-square-foot center is located on the renovated sixth floor of Upstate University Hospital in Syracuse.

With a staff of 30, the Upstate Heart and Vascular Center offers invasive and non-invasive cardiac diagnostic testing in one space with integrated data management systems for maximum efficiency.

An endovascular imaging suite accommodates peripheral\* and hybrid\*\* vascular and cardiac procedures; a digital-based cardiac catheterization lab; a new Stereotaxis magnetic navigation system; and expanded echocardiography capabilities that offer 3D and 4D imaging.

Cardiac computed tomography and magnetic resonance imaging capabilities have also been expanded in the new center.

The Center features an 8-bed recovery area and family and patient education and consultation centers and waiting rooms. ■



Upstate cardiologist Timothy D. Ford MD talks with Derrick Coleman during a tour of the new Heart and Vascular Center.

\* procedures on arteries that lead from the heart to other organs  
\*\* a combination of invasive and non-invasive procedures



Michael J. Costanza MD

## PREVENTING PERIPHERAL ARTERIAL DISEASE (PAD)

**Y**ou can prevent PAD by decreasing your risk factors for atherosclerosis.

- If you smoke, stop!
- Follow your health care provider's instructions on diet, exercise, and medications in order to keep your arteries healthy.



Artery narrowed by plaque

## PERIPHERAL ARTERIAL DISEASE (PAD) WHY DO MY LEGS HURT WHEN I WALK?

By Michael Costanza MD, Associate Professor of Surgery,  
Division of Vascular Surgery and Endovascular Services

**P**eripheral arterial disease (PAD) is poor circulation in the legs caused by atherosclerosis, the narrowing or blocking of arteries. PAD can lead to pain in legs, feet and toes; sores; blisters on feet; cold feet; and cuts that won't heal. PAD can be a disabling and limb-threatening condition.

### The Cause of PAD

Normal arteries have a smooth inner lining that allows blood to flow freely to muscles and other organs. Atherosclerosis causes plaque to build up inside blood vessels, restricting blood flow. It can occur in any artery.

### Related Conditions

Many people with PAD have atherosclerosis in other blood vessels as well. Most heart attacks are caused by atherosclerosis in the coronary arteries (blood vessels supplying the heart). Strokes are often caused by atherosclerosis in the arteries that go to the brain.

### Symptoms

The most common symptom of PAD is claudication—discomfort in the hip, thigh, or calf muscles brought on by walking. It occurs because there is a mismatch between blood supply and energy demand in the leg muscles. With PAD, blockages in the arteries cause lack of blood flow, resulting in pain and cramping because muscles are energy- and oxygen-deprived. Standing still or sitting allows muscles to recover and the pain and cramping usually goes away after 5 to 15 minutes of rest. About 50 percent of patients with PAD have blockages severe enough to experience claudication. As PAD becomes more advanced, leg pain occurs after shorter distances.

In extreme cases, PAD causes critical limb ischemia, constant pain in the feet or toes. This occurs because the leg muscles are not getting enough circulation, even at rest. If circulation does not improve, dry gray or black sores on the feet can become dead tissue, gangrene.

### Risk Factors

Risk factors for developing PAD include smoking, diabetes, high blood cholesterol, high blood pressure, and a family history of circulation problems. PAD also occurs more frequently in older people: 1 in 3 people over the age of 70 have PAD.

### Testing

Symptoms and risk factors often determine if PAD could be present, and a physical exam checks pulses in legs and feet. (Many patients with PAD do not have pulses that can be easily felt.)

*Continued on page 5*

**PERIPHERAL ARTERIAL DISEASE**, *continued from page 4*

Ankle brachial index (ABI) is a painless test that compares blood pressure at the ankle and the arm. People with PAD have ankle pressures that are more than 10 percent lower than their arm pressures.

Other tests for PAD include ultrasound, computed tomography angiography (CTA), magnetic resonance angiography (MRA), and contrast angiography.

**Treatment**

All treatments for PAD begin by addressing the risk factors for atherosclerosis. People with PAD should stop smoking. Medications can normalize blood pressure, lower cholesterol, and control diabetes. Aspirin and clopidogrel (Plavix) thin the blood and reduce the chance of heart attack, stroke, and blood clot. Daily exercise and a well-balanced diet help maintain healthy blood vessels.

Patients with mild PAD symptoms may improve with medication and regular walking. The

medication cilostazol (Pletal) relaxes blood vessels and may increase blood flow to the legs, allowing some patients with PAD to walk farther without discomfort.

Procedures to improve circulation may be required for severe blockages. Endovascular treatment involves threading a wire through the blocked area and inflating a small balloon to widen the artery and increase blood flow. Sometimes a stent (a small, flexible metal mesh tube) is inserted and left in place to keep the artery open. Endovascular therapy immediately improves blood flow and the recovery time is short.

Blockages that cannot be treated with a balloon or stent may require surgery to remove the blockage or create a bypass around the blockage using a piece of vein or synthetic material. Surgery for PAD is highly successful, but recovery can be lengthy and there is a higher risk of complications. ■



**RAISING AWARENESS OF WOMEN AND HEART DISEASE**

Many Upstate employees celebrated “Go Red for Women Day” by wearing red, including these members of the 8E and 8F cardiac care floor at Upstate University Hospital. “Go Red for Women” is a fundraising and awareness-building initiative of the American

Heart Association which is held in February, commonly known as “Heart Month.” Donations support medical research, awareness, education and community programs — all designed to help women improve their chances of living longer, heart-healthy lives. ■

VIEWS OF THE NEW  
UPSTATE HEART & VASCULAR CENTER



The new vascular hybrid suite (above) is one of three diagnostic labs in the new Upstate Heart and Vascular Center.



Nurses Station



Chantel Henry RT(R), radiology, with James Fitzgerald RN and James Glowacki RT(R), cardiac catheterization lab, in a control room adjacent to one of the diagnostic labs in the Upstate Heart and Vascular Center.

NEW BLOOD-  
THINNING DRUG  
ALTERNATIVE  
TO COUMADIN®

By Jackie Fredericks, PharmD

The most common cardiac arrhythmia is atrial fibrillation, commonly referred to as AFib. This condition is characterized by a quivering of the heart muscle resulting in an erratic heart beat. Often this arrhythmic action encourages blood to pool and form clots. When a blood clot breaks off, it can travel to the brain and cause a stroke. The standard medical treatment for atrial fibrillation has been the blood-thinning drug Coumadin (warfarin sodium).

Recently, a new blood-thinning drug, Pradaxa® (the generic name is dabigatran etexilate), was approved by the Federal Drug Administration (FDA) as an effective alternative to Coumadin. Unlike Coumadin, Pradaxa does not require frequent monitoring of blood levels and studies show that it is equally effective.

Patients should know that like all medications, dabigatran etexilate has side effects. In clinical trials, the most common reason for stopping the medication was gastrointestinal symptoms such as upset stomach or indigestion. Because it is a blood thinner, dabigatran etexilate has the potential to increase bleeding. Patients may notice that they bruise more

Continued on page 7



**NEW BLOOD-THINNING DRUG,**  
*continued from page 6*

easily or that it takes longer for them to stop bleeding. Potentially harmful activities should be avoided. Any signs of bleeding should be reported to a health care provider as soon as possible.

Dabigatran etexilate therapy may not be suitable for all patients requiring blood-thinning therapy for stroke prevention. Patients with impaired kidney function may need lower or less frequent doses than patients with normal kidney function. Other medications may increase or decrease the effect of this medication. For instance, it should not be taken with other medications that increase the risk of bleeding, such as aspirin, clopidogrel (Plavix<sup>®</sup>) or prasugrel (Effient<sup>®</sup>). Over-the-counter and herbal medications also have the potential to interact with dabigatran etexilate. Patients should always consult their pharmacist or physician before taking any new medications. ■

## HEART-HEALTHY LASAGNE

By Jill Weatherly RD, CDN

**C**raving a hearty pasta dish? Try this recipe, which is low in sodium and fat. Using low-fat ricotta, part-skim mozzarella and reduced-fat Parmesan you'll find these low fat alternatives are really tasty. Enjoy!

### Ingredients

- 1.5 cups uncooked whole-wheat or high fiber ziti or penne pasta
- 1 cup thinly sliced onion
- 2 cups chopped brown mushrooms
- 1 tbsp. chopped garlic
- 2 cups fresh spinach
- ¾ cup low fat/light ricotta cheese
- 2 tbsp. chopped fresh basil
- 1 ½ cups canned crushed tomatoes
- ½ cup plus 2 tbsp. shredded part-skim mozzarella cheese, divided
- 2 tbsp. reduced-fat Parmesan-style grated cheese topping

### Cooking Instructions

Preheat oven to 375 degrees

Prepare pasta al dente according to package directions. Drain well, place in large bowl, and set aside. Meanwhile, spray an extra-large skillet with nonstick spray and heat it to medium heat on the stove. Add onion and, stirring occasionally, cook until slightly softened, about 3 minutes. Add mushrooms and garlic, and raise temperature to medium high. Continue to cook, stirring often, until mushrooms are soft, about 3 minutes. Add spinach to the skillet and, stirring often, cook until spinach has wilted and excess moisture has evaporated, about 8 minutes. Remove from heat, and stir in ricotta cheese and basil.

Transfer contents of the skillet to the bowl with the cooked pasta. Add tomatoes and ½ cup mozzarella cheese. Toss gently to mix.

Spray an 8 in. x 8 in. baking pan with nonstick spray, and fill with contents of the bowl. Evenly top with Parmesa-style cheese topping and remaining 2 tbsp. mozzarella cheese.

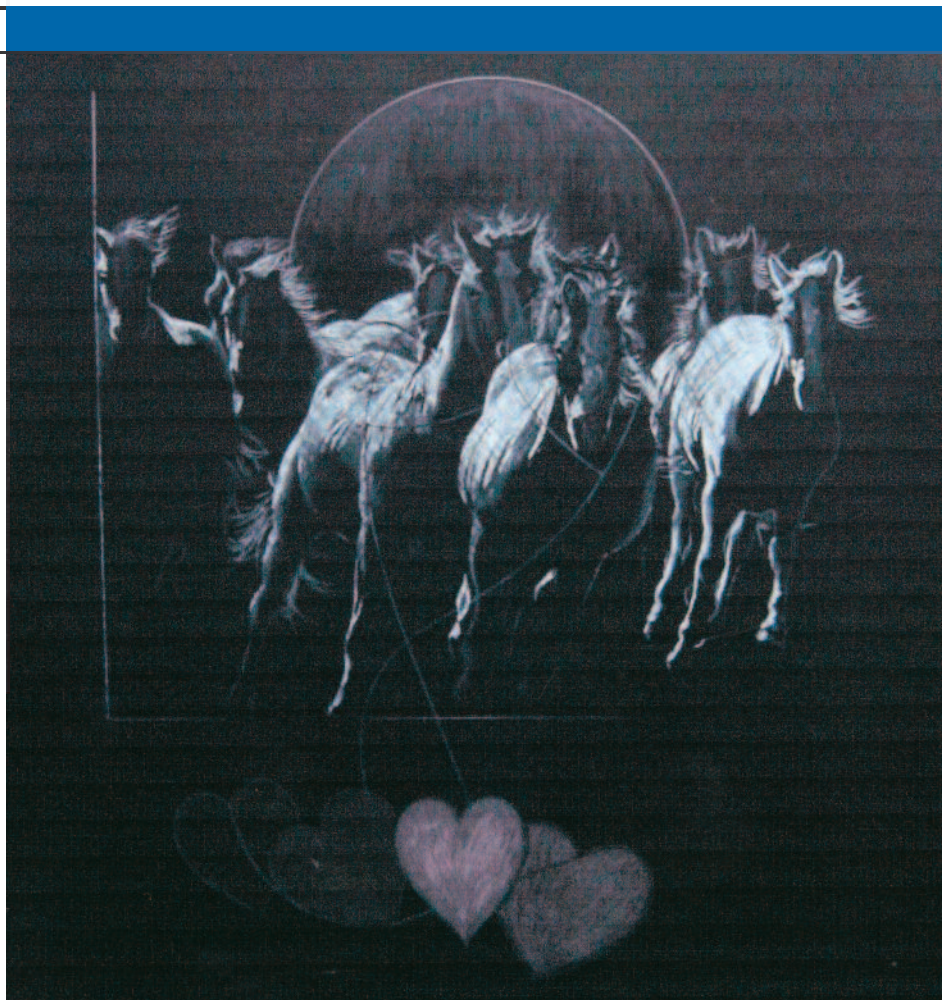
Bake in the oven until entire dish is hot and the cheese on top has melted, about 15 minutes. Allow to cool slightly. Makes 4 servings. ■



### Serving size: 1/4th of recipe

- Calories: 286
- Fat: 7 g
- Sodium: 455 mg
- Carbs: 41 g
- Fiber: 5 g
- Sugars: 7 g



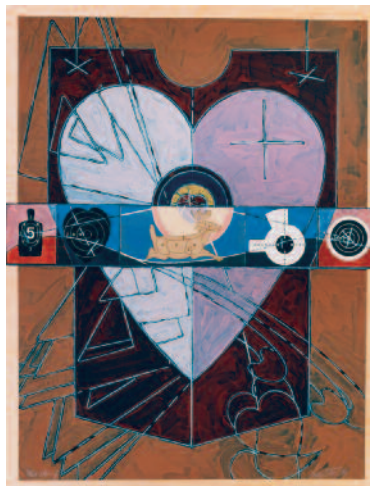


"Beating Hearts" (above) and "Dear Heart" (below right) are two of the 22 Valentine paintings that adorn the walls of the new Upstate Heart and Vascular Center.

## A HEARTFELT GIFT

The new Upstate Heart and Vascular Center has a number of amenities that make it comfortable and attractive for patients and families (see pages 3 and 6). Among these features are the Valentine Paintings, a collection of 22 original works of art created by the renowned painter, Ludwig Stein, for his wife, Dr. Nancy Jermanovich.

On their second Valentine's Day, Stein presented Jermanovich with a painting which featured a stylized heart. When she asked where her painting was the following year, an annual tradition was born. Until Jermanovich's death in 2000, Stein honored every Valentine's Day with a new painting for her, each with a heart as its central theme. ■



Ludwig Stein with his late wife, Dr. Nancy Jermanovich

Artist Ludwig Stein, a professor at Syracuse University, donated his series of Valentine paintings to Upstate University Hospital in memory of his wife, Dr. Nancy Jermanovich, and their 22 years together.

Dr. Jermanovich was an internist who taught nephrology at Upstate Medical University's College of Medicine.

## Newsletter Staff

### Editors:

Karen A. Gibbs MSN, RNC,  
Nurse Practitioner,  
Cardiopulmonary Surgery



Amy Tetrault RN,  
Head Nurse,  
Cardiac Catheterization Lab



Melanie Rich, Director, Marketing  
& University Communications

Designed by Upstate Marketing  
and University Communications