

Thursday, October 2, 2003

THE BATTALION

Heart attack treatments becoming more effective

By Daniel Q. Haney
THE ASSOCIATED PRESS

WESTON, Fla. — Almost anywhere else, the ambulance crew would have gathered up Buddy LaRosa in mid-heart attack and roared off to the closest emergency room.

They arrived that hot summer afternoon to find a classic cardiac emergency, the kind suffered by more than 1 million Americans a year. LaRosa had just climbed out of his pool from swimming laps, and he had an awful pain in his chest. His left arm was numb.

Soon the paramedics had a dozen electrocardiograph leads hooked to his chest. The spiky waves showed an ominous pattern. ST-segment elevation, they call it, the worst kind of heart attack.

Somewhere inside his heart, a blood clot had blocked one of the major arteries. Muscle downstream from it would starve and die unless something was done, and fast.

So the usual practice of heading for the nearest medical facility — in this case, a perfectly competent community hospital just five minutes from LaRosa's house — would seem to make perfect sense.

There, he would probably get a shot of a clot-dissolving drug, standard treatment since the mid-'80s.

But heart attack treatment has undergone a quiet revolution. Many heart specialists now agree that the clot-dissolving drugs are passe, or should be, and large hospitals have generally stopped using them. Instead, the best treatment is an emergency procedure called a primary angioplasty.

Even more reliably than clot drugs, it can stop a heart attack

cold if done within the first two or three hours. But it is available only at major hospitals with top-tier cardiac centers.

So the little community hospital is no longer the ideal place to treat a heart attack.

Nevertheless, specialists estimate that only about a third of heart attacks in the United States are treated with primary angioplasty. Most end up at hospitals that can't do them, and they aren't transferred to places that can.

So the most remarkable thing about LaRosa's otherwise run-of-the-mill heart attack last July was what happened after the medics loaded him into their big red ambulance. They raced right by that community hospital, then past another one, eating up 20 precious minutes to deliver LaRosa to Cleveland Clinic

Florida, a new hospital in Fort Lauderdale's lush western suburbs. The medics transmitted LaRosa's EKG ahead, giving the four-member angioplasty team time to get ready.

Twenty minutes after they wheeled him through the ER doors, LaRosa was stretched out in the second-floor catheterization lab beneath a big overhead X-ray camera. The pictures showed his right coronary artery blocked. Quickly, Dr. Howard Bush pushed a wire through the clot, then briefly inflated a balloon.

The obstruction disappeared. The heart attack was over.

LaRosa's experience was unusual because the Broward County ambulance service is one of the nation's few with a policy of driving heart attack patients to medical centers that can do primary angioplasty.

"In our community, this system has worked," says Bush. "I know we are saving lives."

"This system has worked. I know we are saving lives."

— Dr. Howard Bush
cardiologist

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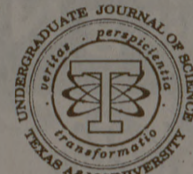
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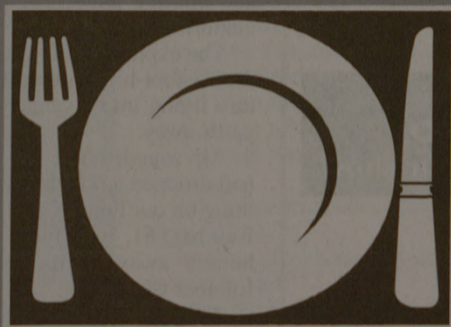
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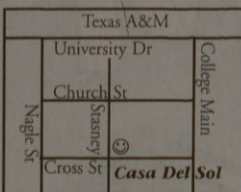
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