

HEART BEAT

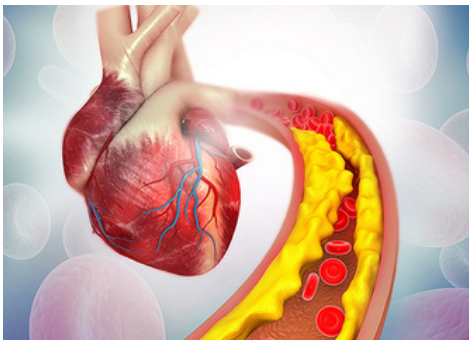
The Cardiovascular Newsletter for Our Partners in Care



SAN ANTONIO REGIONAL HOSPITAL

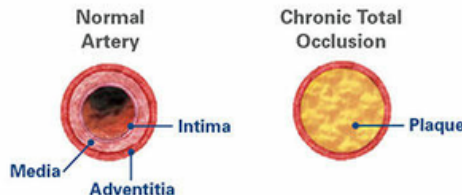


A State-of-the-Art Center for Cardiac Procedures



We recently opened our third Cardiac Catheterization Lab at San Antonio Regional Hospital. This brand new lab joins our two existing labs to address the growing volume of patients in the Inland Empire that we can care for safely and efficiently in our cardiac procedure rooms. Our physicians have been able to perform multiple procedures, from basic coronary angiograms, to advanced complex and high-risk PCIs.

Our procedure rooms are capable of performing these procedures with assist devices like IABP and Impella. Our program believes in advancement at all times. Multiple coronary atherectomy devices are being utilized for performing procedures on very calcified lesions (Rotablation Atherectomy, Orbital Atherectomy, and Laser Atherectomy), and we are performing advanced stents on CTO (Chronic Total Occlusion) patients utilizing advanced CTO



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"WE WORK AS A TEAM, WE USE THE LATEST STATE-OF-THE-ART TECHNOLOGY TO PERFORM COMPLEX PROCEDURES. WE GET THE JOB DONE!"



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wires and other wiring strategies depending on clinical situations. Physiologic testing modalities in the cath labs assist us in performing PCIs, and alert us when we don't need to perform the PCI, based on various iFR, DFR and FFR, as well as intravascular ultrasound device therapies available in our procedure rooms. We successfully initiated the IMPROVE Randomized Control Trial, which is a multi-national RCT. We were one of the first in the State of California to receive approval to participate and enroll patients. SARH is also an accredited Primary PCI Chest Pain Center through the American College of Cardiology.

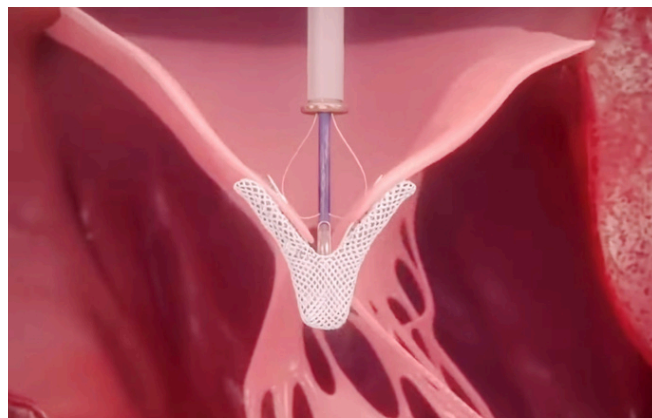
We also perform Impella RP, a right heart assist device that can help save the lives of certain patients with significant right heart failure. Aside from these advanced cardiovascular therapies we have a structural procedures program, including TAVR, PFO/ASD Closure, and more recently Mitral TEER (Transcatheter Edge to Edge Repair). Physicians also perform advanced EP cases like atrial and ventricular arrhythmia ablations, as well as Pacemakers and ICD device therapies.

With this background of our capabilities, I would like to give two patient examples. One in which we worked with another center to take their patient in for a higher level of care, and another example where we stabilized a very sick patient, and then transferred them out to a tertiary care center.

A hospital in Orange County needed our help to transfer in a heart attack patient. The facility did not have the capability to perform an angiography due to limitations of their procedure room. The patient was over 500 lbs., and thankfully due to our latest state-of-the-art catheterization lab, we worked quickly as a team, with case managers, nursing staff and leaders, administrative support as well as physician colleagues, to get this patient to our center. We performed the angiography the same evening and he was safely discharged within 1-2 days. We are happy to report that he has lost over 100 lbs. over a period of 10-12 months. He is extremely thankful for the care we provided when multiple other hospitals couldn't help him out, including some of the largest centers.

We had another patient who suffered a cardiac arrest and was in cardiogenic shock. We took him emergently to the cardiac catheterization laboratory, and performed SHOCK protocol therapies, including stenting the proximal LAD that was 99% thrombus filled, as well as supporting his heart pumping, which was only 10-15% with the Impella device, as well as advanced right heart catheterization numbers to guide therapy further. We quickly stabilized him and saw the need for further advanced potential LVAD therapies. We worked with a tertiary care center in Los Angeles to transfer him. We recently saw this patient in the office, where he came in walking and happy. He fully recovered from his cardiac arrest and near-death events. He told us that the larger tertiary center complimented the work we did at San Antonio Regional Hospital and told him that our quick interventions helped save his heart from permanent damage. This was a joint effort by our excellent cardiac catheterization lab staff, managers, patient transport teams, nursing staff from the ED and the critical care units, as well as multiple physicians taking care of this patient to give him his life back. This is the power of teamwork that we believe in at San Antonio Regional's Heart Center.

Bottom line, from the above case examples, you can see that we work as a team, we use the latest state of the art technology to perform complex procedures. We get the job done. We hope to continue to expand our services for years to come, to ultimately become the leading cardiovascular center in the growing Inland Empire.



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