

Coronary artery bypass is not always necessary

Approximately 30,000 patients a year in the United States could forego coronary artery bypass surgery, according to a federally funded, nationwide study of heart patients. The study showed there was no significant difference in survival overall between heart patients in the study who underwent medical and drug treatment and those undergoing bypass surgery.

The study was discussed recently by Dr. Thomas Killip, chairman of Internal Medicine at Ford Hospital. Dr. Killip reported findings of the Coronary Artery Surgery Study (CASS), of which he was steering committee chairman, at a press conference at the National Institute of Health (NIH), the funding agency, in Bethesda, Md.

The study further concluded that patients similar to those enrolled in the trial—those with stable heart disease and mild symptoms) can safely defer bypass surgery with no penalty until symptoms worsen to the point that sur-

gery is required. At an estimated cost of \$15,000 to \$20,000 a surgery, this could represent a saving of about \$400 million a year.

THE FIVE-YEAR study involving 15 medical centers included a patient group (700 patients, half medical and half surgical) in a randomized, controlled clinical trial. The study was designed to compare the effectiveness on survival of coronary bypass surgery to traditional medical and drug treatment in certain patients with stable heart disease.

The average age of patients studied was 51, 90 percent were male, and 60 percent reported having had a prior heart attack.

In his announcement Dr. Killip said, "After six years, 90 percent of the medical and 92 percent of the surgical patients studied are alive. The medical survival rate is the best that has been reported in any study comparing medi-

cal and surgical treatment in coronary artery disease.

As expected, surgical patients in the study have enjoyed greater relief from angina (chest pain) during follow-up. They were also able to exercise longer and took fewer drugs than the medical group. However, there is no difference between the two groups in recreational activity or return to work. There are more hospitalizations in the surgical patients."

AT A PRESS briefing, Dr. Eugene Passamani, associate director for cardiology at National Institute of Health, said, "It had been clearly demonstrated that bypass surgery prolongs life in patients with left main coronary narrowing, the most dangerous coronary lesion. In addition, coronary artery bypass surgery results in partial or complete relief of angina in 70-80 percent of patients."

"Coronary artery bypass surgery is

clearly indicated in patients with 60 percent or greater narrowing of the left main coronary artery and in patients whose symptoms impose unacceptable limitations. In these two categories, surgery increases both the quantity and quality of life."

CASS studied patients with only mild symptom for which the indications for surgery are less clear, said to Dr. Killip.

According to an article prepared by the CASS principal investigators and their associates to appear in the November issue of "Circulation" magazine, medical and surgical treatment for heart patients have changed considerably over the past 20 years. Medical therapy today includes aggressive modification of risk factors (high blood pressure, cholesterol level, weight, smoking, exercise habits, etc.), liberal use of nitrates and beta-blocker drugs, and more recently, use of calcium antagonists.

"The outlook for patients undergoing medical therapy currently is much improved compared to when the coronary artery bypass operation was first introduced," Dr. Killip emphasized.

Surgical treatment of coronary artery disease today often involved coronary artery bypass grafting, which experienced surgical teams now perform with low risk to the patient.

Other interventions include implanting a pacemaker to help correct abnormalities of the heart's rhythm and balloon angioplasty (in which a balloon catheter is inserted into the obstructed vessel in the heart to dilate the lesion).

While HFH, a regional referral center for cardiac care, was not a site for this heart study, it has been and continues to be actively involved in the nation's large multifaceted basic and clinical research effort in heart disease. Such collaborative studies have resulted in known improvements in both diagnosis and treatment of patients with heart disease.

FOR EXAMPLE, HFH's Dr. Sidney Goldstein, head of Cardiovascular Medicine, chaired the nationwide, NIH-funded study of "beta blockers" for heart patients. That study was concluded eight months early (in late October 1981) after analysis of data showed the group receiving the drug propranolol, a "beta blocker," had a 26 percent lower death rate than the control group not receiving the drug. Of the almost 4,000 patients in that study, almost 150 were patient volunteers for HFH.

A number of cardiac studies are currently under way at HFH, where an integrated research-clinical program is coordinated between the Division of Cardiovascular Research Laboratory, and the Division of Cardiac Surgery. Some of those involve detecting clues to early degeneration of heart processes, preventing problems associated with heart surgery, identifying and testing agents capable of dissolving blood clots and those for correcting irregular heart beats; and other.

Ultrasound used in brain surgery

Ultrasound, best known for providing images of developing fetuses, has been moved into the operating room at the University of Michigan Hospitals where it is making brain surgery safer for many patients.

Radiologists James E. Knake, M.D., and Terry M. Silver, M.D., and neurosurgeon William F. Chandler, M.D., lead a U-M team that has pioneered the use of ultrasound during brain surgery.

Safe, high-frequency sound waves are beamed into the brain to locate abnormal growths and guide surgical procedures. In the last three years, intraoperative ultrasound has been used in almost 100 selected brain and spinal cases at the U-M Hospitals.

"Clearly, it has made brain surgery safer," Dr. Chandler reports. "Ultrasound provides very accurate localization of tumors and cysts; it provides very accurate guidance for biopsies, and it tells us the shortest pathway pos-

sible for removing abnormal tissue. It's gotten to the point where in some cases I will postpone surgery until this equipment is available."

ULTRASOUND MIGHT spare certain patients a second or third biopsy operation, Dr. Knake adds. "There are times when the quick pathology report (the frozen slice of tissue examined under a microscope within 20 minutes) gives uncertain results," Dr. Knake explains. "The definitive results permanent sections take three days. The ultrasound images give us confidence that we have indeed taken tissue from the abnormal area, regardless of the frozen section report."

Ultrasound creates images from very high frequency sound bounced off tissues. A transducer generates the sound waves and then transforms the returning signal into an image that appears on a television screen. The shadow

ranges from black for areas such as water that return no signal, to white for solid surfaces which produce very intense return signals. Differences in density between normal tissue and abnormal growths create patterns that reveal abnormalities to the surgical team. Videotape, X-ray film and Polaroid pictures can be used to retain the images.

Because the soundwaves cannot penetrate bone, in neurologic imaging the ultrasound device is used after an opening is cut in the skull. The U-M physicians wrap the flat-sized transducer in sterile coverings and place it on the brain, moving it around as necessary to get angles they need for an image.

One major advantage of ultrasound is that there is no time delay in producing the image, making it possible to use it to guide surgical instruments into the brain.

WORKING WITH the division of physics and engineering in the department of radiology the U-M team has fashioned a stainless steel device that attaches to the ultrasound transducer. This allows the surgeon to following the beam or intersect it at specified depths. The beam marks a direct path to the cyst or tumor for the surgeon's scalpel or needle. The guide is especially useful for biopsies and for draining cysts.

Silver says that use of ultrasound during operations is being expanded to other parts of the body, including locating deep liver tumors, small pancreatic tumors, and kidney and bile duct stones.

Ultrasound also provides a way to monitor the placement of shunts in the brain of infants, sparing these children exposure to X-rays. The shunts drain off cerebrospinal fluid that otherwise would build up and cause brain damage.

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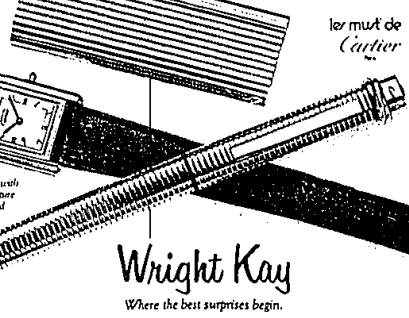
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