Balloon from page C5

ine lining that is in an abnormal location. Also, women who want to have children shouldn't have the thermal balloon.

"The person would likely be sterile, but this is not a form of sterilization," said Cash, adding that a tubal ligation is often done at the same time as the thermal balloon procedure to ensure sterilization.

In Michigan, the procedure takes place in the hospital while the patient is asleep or under a local anesthetic. In other states, like California, however, the procedure is often done in doctors' offices.

Oakwood

Cash introduced the thermal balloon procedure to Oakwood Hospitals in 1999. Since then approximately 150 patients have received the treatment.

"There were trials worldwide three or four years before that," Cash said.

"A lot of people aren't aware of this alternative to a hysterectomy," said Cash, who is director of education for Oakwood's OB-GYN Residency Program and chairman of its Institutional Review Board.

"What's neat about gynecology is that it's high-tech driven," he added. "Patients need to ask their doctors what's available. The days are gone when a doctor said, 'This is what you need to do,' and walks out of the room. When you have an informed patient it makes for an easier care of that patient and it makes for a rewarding interaction. Many women don't want a hysterectomy."

There are psychological and physiological results from a hysterectomy that must be considered, he added.

For instance, after a woman has a total hysterectomy, with the uterus, ovaries and tubes removed, the woman will go into menopause. Many women experience depression because they've lost an organ.

"The beauty of (the thermal balloon procedure) is that the patient still has her uterus and there are no complications or side effects with respect to damaging bowel, bladder and blood vessels," Cash said. "It's a very clean procedure in that sense. It's much more economical in terms of cost and the price the patient has to pay out of her daily life."

Opting for the new procedure gave Maynard a new outlook.

"It's the best Ive felt in my life," she said. "I look younger. I don't have the same worry. I can get up in the morning and I know I'm not going to have any bleeding. After five weeks of bleeding you get depressed and you say, 'When is this going to stop?' "

Aspirin may be more effective than other drugs in preventing heart attacks

Giving heart attack patients a combined low dose of the anticoagulant drug warfarin with low-dose aspirin does not prevent second heart attacks or strokes better than aspirin alone, researchers report in today's Circulation: Journal of the American Heart Association.

A study among heart attack patients at 78 Veterans Administration medical centers found the blood-thinning benefits of daily aspirin are not enhanced by concurrent treatment with low doses of the more expensive blood-thinner warfarin (Coumadin), which is given to reduce risk of bleeding, report principal researchers Louis D. Fiore, M.D., and Michael D. Ezekowitz, M.D., Ph.D.

"We had hoped this might double the effectiveness of the drugs, but it didn't," says Fiore. "Lower anticoagulant levels of warfarin simply had no effect on preventing subsequent heart attacks or strokes. It was a bust."

Both drugs slow blood clotting. Blood clots can block vessels that carry blood to the heart, causing a heart attack, or to the brain, causing an ischemic stroke. Aspirin affects the blood platelets. Warfarin inhibits circulating clotting proteins in the blood.'

Fiore and colleagues at the Department of Veterans Affairs Cooperative Study Program, in New Haven, Conn., conducted a randomized, open-label study comparing aspirin alone with combined aspirin and warfarin in preventing death, second heart attacks, strokes and major hemorrhage in 5,059 heart attack survivors, average age 62.

Patients were given warfarin (1.5 to 2.5 International Units) and 81 mg of aspirin administered daily, or 162 mg of chewable aspirin alone daily. That latter dosage is in accordance with antithrombotic therapy guidelines. The standard dose of warfarin for treating heart attack patients is 2.5 to 3.5 units.

Patients began therapy within 14 days of suffering a heart attack and were followed for an average of 2.7 years.

Among the combined therapy group, 17.6 percent of patients died, compared with 17.3 percent in the aspirin-only group. A second heart attack occurred in 13.3 percent of those taking combination therapy, compared with 13.1 percent taking aspirin. Stroke occurred in 3.5 percent of patients who received both drugs compared with 3.1 percent in the aspirin group.

According to the American Heart Association, about 530,000 Americans die from heart attacks each year. Aspirin may increase the incidence of gastrointestinal bleeding and cause a small increase in the incidence of hemorrhage strokes, which result from bleeding in the brain. Although the benefits of aspirin outweigh the harm for people with an increased risk of heart attack, the harmful effects may exceed the benefits for those who are at average or low risk for heart disease. Patients should discuss these risks and benefits with their health care professional.

MU offers abstinence seminar

Michigan Nurses for Life and Educational Center for Life sponsor a seminar called Abstinence: Just Do It! from 8 a.m. to 2:30 p.m. March 23 at Madonna University, Livonia. Registration fees are $45 for nurses, $40 for Michigan Nurses for Life members, $25 for the public and $10 for student nurses. (248) 816-8489.