

THE MERCY

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SPECIAL
HEART EDITION 2018

touch MAGAZINE



SAVOR THE VICTORY

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FAST CARE SAVES A LIFE

Right place at the right time, p.12

TECHNOLOGY MAKES TREATMENT POSSIBLE

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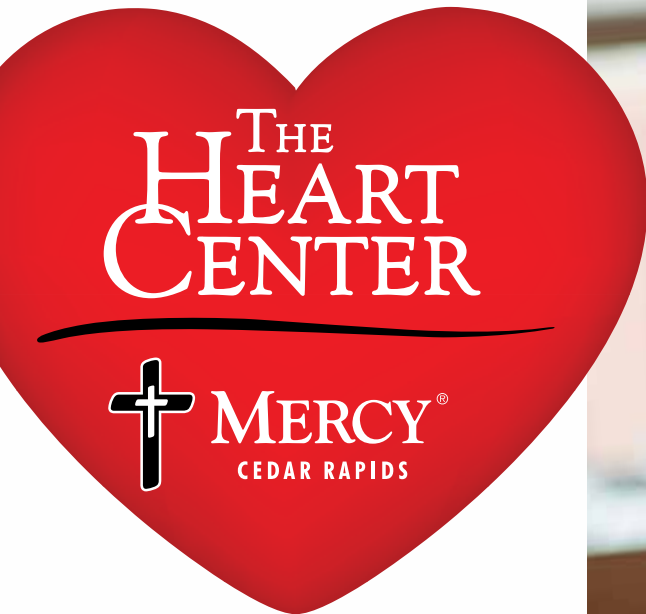
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Follow your Heart to Mercy

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Advancing heart care with *The Mercy Touch*

Based on the growing need for cardiovascular surgery and more timely access to this life-saving care in our community, Mercy was granted permission from the state to pursue an open heart surgery program in November 2016.



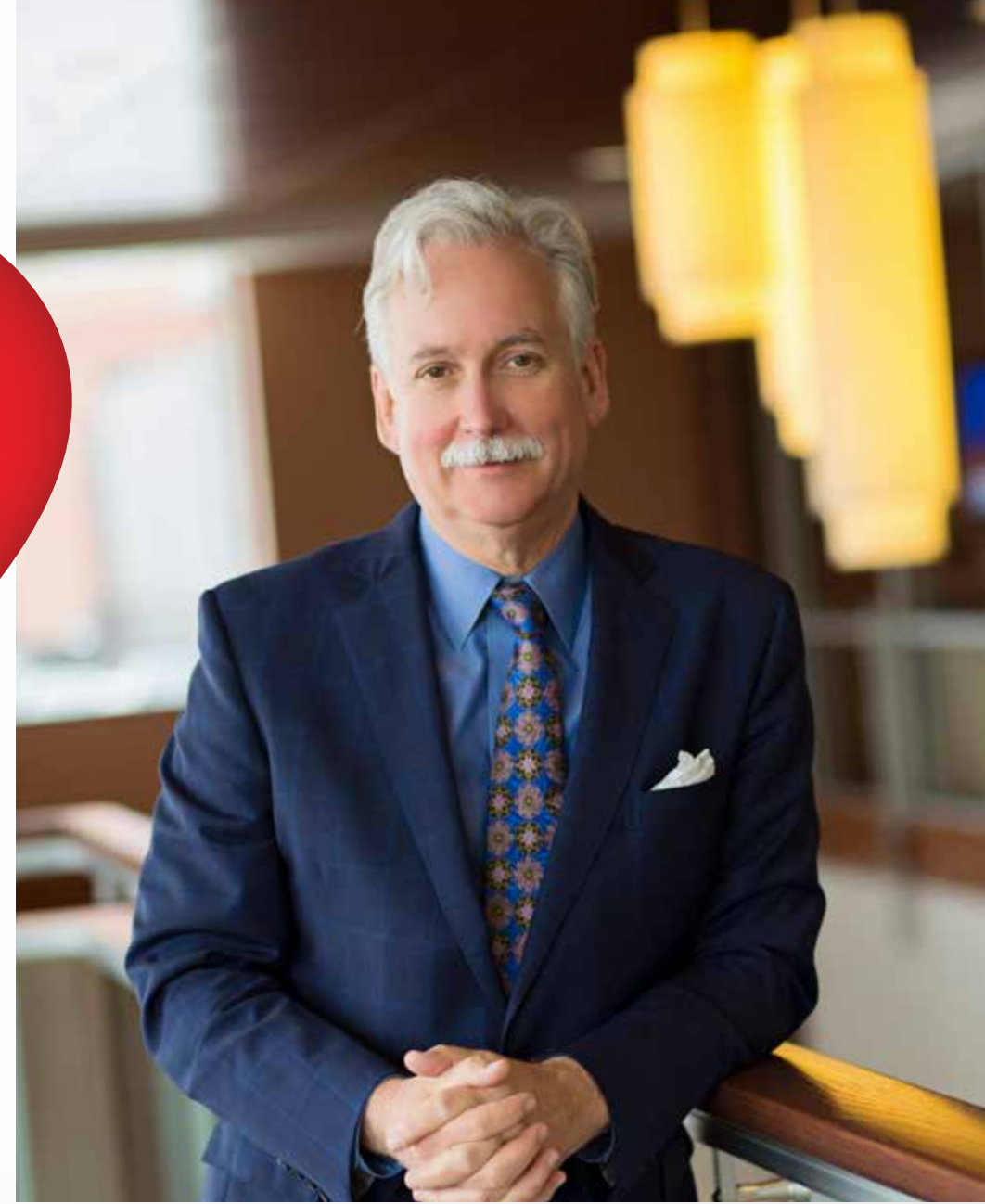
We welcomed C.C. Lee, MD, FACS, as medical director of Mercy Cardiac, Thoracic and Vascular Surgery Services in March 2017 and by June the Cardiothoracic and Vascular Clinic had joined the scope of

Mercy's heart clinics, including adult cardiology and pediatric cardiology (learn about the role Mercy Pediatric Cardiology Clinic played in baby Carter's journey on page 6).

Before 2017 came to an end, the hospital had completed its first open heart surgery (read about Rusty's

surgery on page 4 and Kathy's on page 10). This natural step forward in the progression of our award-winning cardiac services now allows patients to access a full continuum of heart care within Mercy, their preferred medical home.

This full spectrum of heart and vascular services that meet or exceed national standards of care from The Heart Center at Mercy. With advanced technology (this played an important role in saving Melvin's life on page 18), compassionate care and expert specialists (see this expertise at work in



Tim Charles, President and CEO, Mercy Medical Center

Tom's story on page 12), the teams come together to advance heart care and offer comprehensive treatment that improves quality of life.

If you find yourself in need of cardiac care, or if the stories in this special heart-focused edition prompt you to investigate a concern, I hope you follow your heart to *The Mercy Touch*.

Thank you for reading.

Sincerely, Tim

The Mercy Touch® Magazine is published as a community service for the friends and patrons of Mercy Medical Center, 701 10th St. SE, Cedar Rapids, IA (319) 398-6011.

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The Mercy Touch® Magazine features insightful and practical medical information, warm human interest stories, medical triumphs, medical breakthroughs and new technologies at Mercy Medical Center.

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LESS INVASIVE OPEN HEART SURGERY ONLY AT MERCY

An advanced, safer option for high-risk heart patients.



Mark Valliere, MD, FACP
MercyCare Internist
Associates of Iowa



Nick Hodgman, MD, FACC
Mercy Cardiology Clinic

A CLEAR PATH TO A HEALTHY HEART

John “Rusty” Fritz was mowing a steep ditch last summer when he felt a burning sensation in his chest.

“It was pretty warm,” Rusty remembers. “I thought, ‘Well, I’m 66-years-old. I’ll just take a break.’”

The retired pipefitter started feeling better and continued on with the strenuous work that comes with maintaining the Fritz family’s four acres near Marion, quickly forgetting about the strange episode in the Iowa heat.

Later that fall, Rusty experienced numbness in his leg that was hard to ignore. After some convincing from his family, he agreed to visit his MercyCare internal medicine provider, Mark Valliere, MD, who referred him to cardiologist Nick Hodgman, MD, FACC, for a stress test.

“My blood pressure was too high to do the stress test,” Rusty says. “So I went in for a heart catheterization.”

“Simply put, those tests showed Mr. Fritz needed open heart surgery — a procedure called coronary artery bypass grafting — to repair his hardened arteries,” explains Dr. Hodgman. “We brought Dr. Lee in right away.”

The Fritzes met Mercy cardiothoracic and vascular surgeon C.C. Lee, MD, FACS, and learned what they could expect in the days ahead. Rusty would become the first person to have open heart surgery at Mercy, his preferred medical home.

“It sounds strange, but I got more worked up about going to the dentist than I did about the thought of this open heart surgery,” Rusty explains. “I knew I was in good hands.”

Dr. Lee has done a lot of these surgeries. The people were all well-trained with plenty of experience and prep.”

Sixteen family members cheered Rusty on from the waiting room during his surgery on Nov. 1, 2017. A little more than five hours later, the coronary artery bypass grafting was complete and he was on the path to recovery.



Rusty Fritz was up and smiling just a day after open heart surgery.



“I’m so pleased by the outcome and glad he’s back to the things he enjoys.”

— C.C. Lee, MD, FACS, Mercy Cardiothoracic & Vascular Clinic

“I think Dr. Lee’s experience is incredible,” says Rusty’s daughter, Jenny Hawkins. “It’s state-of-the-art and was really reassuring. It truly is *The Mercy Touch*.”

Five days after surgery, Rusty was home. With help from cardiac rehab and physical therapy, he’s rebuilding a stronger heart, a healthier weight and learning about good nutrition.

“It’s terrifying to know that I was so bad and I’d been doing all this work at home, you know — clearing the fence row of hackberry trees, clearing gutters,” he says. “Four acres is no walk in the park. It takes a lot to maintain that. I never had that elephant-standing-on-your-chest feeling or anything down my arm, just that one instance last summer.”

“Mr. Fritz was a phenomenal patient,” states Dr. Lee. “His procedure was a great success and he’s on a good, healing track. I’m so pleased by the outcome and glad he’s back to the things he enjoys.”

“I’ve always been good at art,” Rusty says. “I’ve done a little air brushing. I’ve done one-stroke painting. I’m pretty good at it. Glass sculpture — I was self-taught with that.”

Now he’s trying his hand at wood carving, too, in addition to caring for the Fritz homestead.

“We are a very close-knit family,” Jenny says. “We never know when our last day will be, but Mercy and Dr. Lee have given Dad the possibility of many more days, years and, most important, time with our family. I’m grateful for that.”



“...I got more worked up about going to the dentist than I did about the thought of this open heart surgery. I knew I was in good hands.”

— Rusty Fritz, survivor



Learn more about Rusty’s story in the video “*Mercy Performs First Open Heart Surgery*” at mercy.org/heart.



Under the pediatric heart care of Dr. Zittergruen, little Carter Ballew has a colorful future ahead of him.

A *little* **BIG** WARRIOR'S BATTLE

Hayley Ballew HAD A FEELING SOMETHING WASN'T RIGHT AS SHE NURSED HER NEWBORN SON, *Carter*, IN SEPTEMBER 2016.

"I could tell he was latching really well but he had to let off to take a breath," the Marion mother of two remembers. "It was harder for him to eat."

Hayley and her husband, Eric, noticed Carter's head bobbed slightly with each breath and his chest retracted in unusual places.

When tests revealed a congenital heart defect (CHD), specifically an atrioventricular (AV) canal defect with two holes in his heart and leaky valves, 2-week-old Carter and his family began care at Mercy Pediatric Cardiology Clinic with Mark Zittergruen, MD, FAAP, FACC, MBA.

"When we went to our first appointment with Dr. Zittergruen, he went into full detail," Hayley says. "He gave us a sheet with a picture of a heart, drew where the holes were and explained how it happened between conception and six weeks of development — when Carter's heart was forming, it just didn't come together all the way so it left two holes between the chambers. He put Carter on a diuretic right away to get the fluid out of his lungs so he could

breathe easier; that's one of the biggest things with these AV canal babies, they have difficulty breathing."

Surgery at the University of Iowa Stead Family Children's Hospital would be needed to repair Carter's heart when he reached at least 6 months of age. In the meantime, Dr. Zittergruen would see him every week to manage his condition.

"The time from diagnosis to surgery can seem like an eternity for families," Dr. Zittergruen says. "I keep a close eye on these tiny hearts during that time and try to empower families with as much understanding about their child's condition as possible so they can focus all their energy on simply loving their baby."

With Dr. Zittergruen's guidance, the Ballews began navigating the challenges of Carter's heart defect.

"At 6-weeks-old, I had to call 9-1-1 because he turned completely white and pale on me in the car," Hayley remembers. "At 2-months-old he started projectile vomiting everything we'd put into his stomach."

"Vomiting, difficulty feeding and poor weight gain are all fairly common with the congestive heart failure associated with AV canal defects," explains Dr. Zittergruen. "The heart

sometimes has a difficult time properly supplying blood to the stomach for digestion and the babies are often too fatigued to eat well."

The doctor ordered a feeding tube placed at Mercy to help give Carter's body more support.

When Carter's oxygen started dropping as he slept, Dr. Zittergruen helped the family secure an oxygen monitor to watch his levels at home.

"Just to have the peace of mind that he was O.K.; it was great," says Hayley. "Dr. Zittergruen helped us get that monitor — he fought our insurance company — I can't thank him enough for that."



Mark Zittergruen, MD,
Mercy Pediatric
Cardiology Clinic



Mercy Pediatric Cardiology Clinic is accredited in echocardiography from the Intersocietal Accreditation Commission. That means our littlest patients — and their loved ones — can be assured of the highest quality care.

Only one week before his scheduled heart surgery, Carter became ill with influenza A and an E. coli infection. He was hospitalized for a short stay in Mercy's pediatric unit.

"We had to push surgery back — six weeks needed to pass from the day he had a clear test," Hayley remembers. "So, at that point, we didn't even know when surgery was going to be."

Disappointment was replaced with fear when Carter was admitted to the University several weeks later.

After kicking the flu, he contracted respiratory syncytial virus — commonly known as RSV — a dangerous and potentially deadly illness for babies with fragile hearts and lungs.

"He stopped breathing and had a vent placed," says Hayley. "The second night on the vent his heart rate dropped to 30 and they had to do chest compressions. I just fell to my knees beside him. I was an emotional wreck."

But Carter, the brave heart warrior, wasn't giving up. He fought his way back.

After an exhausting and frightening series of infections and multiple hospital stays that spanned more than three months all together, Carter was finally well enough to undergo successful heart surgery at UI Stead Family Children's Hospital on June 1, 2017. He was 9 months old.

Eight days after the procedure, Carter, all smiles and wearing a shirt that read "this heart warrior is going home," did just that.

Dr. Zittergruen saw him twice a week. Echocardiograms performed by his clinic's certified pediatric echocardiography technicians ensured the best views of Carter's healing heart to help Dr. Zittergruen continue providing the right care.

With help from therapies, his loving family and his determined little spirit, Carter wasted no time catching up to the milestones his body had put on hold, even taking a bottle when most AV canal babies don't. Today, he's standing, taking steps and will likely go from a lightning-fast crawler to a lightning-fast runner in no time. Carter is a typical, active 1-year-old boy who adores toy cars and is certain his big sister, 3-year-old Aubrey, hung the moon.

After taking nine different medications at one point, Carter only takes one medicine today to help his blood pressure. He no longer needs an oxygen monitor or a diuretic and his feeding tube is long gone.

"We went from almost 10 months of not eating to scarfing down food and yelling at me from his high chair," laughs Hayley.

She says if there's a silver lining around their family's battle with CHD it's the lessons learned along the way. "I've learned to not waste my days with them, with him and his sister," she says. "I've learned that if I'm sitting here on my phone for five minutes that's five minutes I could've been playing with them. It's definitely opened my eyes."

Hayley's doing what she can to help other families fighting CHD. She is mentoring a newly diagnosed family and even assembled a care package of helpful hospital-stay items for them, including button-down sleepers "because all the cords can fit out of them."

Carter sees Dr. Zittergruen every six months now, which will soon transition to an annual visit because he is doing so well.

"Dr. Zittergruen and his team coached us through this," states Hayley. "If it wasn't for them, I don't think we would have survived. They would call me when we were in Iowa City just to check up on Carter. I couldn't have asked for a better provider."

"Carter has made wonderful progress," says Dr. Zittergruen. "I can't wait to watch him grow and make his mark on the world."



"Dr. Zittergruen and his team coached us through this. If it wasn't for them, I don't think we would have survived."

— Hayley Ballew, Carter's mom

The Ballew family enjoys every moment together.



Learn more about Mercy Pediatric Cardiology Clinic at mercyare.org/pediatric-cardiology

TUNING IN TO WARNING SIGNS



Persistent headaches and extremely high blood pressure — that didn't come down even after a change in medication — sent Kathleen Gorski, 70, to Mercy Cardiology Clinic in late November.

The amateur radio enthusiast was going to get checked out, even though she didn't really think the symptoms were being caused by her heart.

"Most people usually have subtle pain with activity that they attribute to something else," explains Mercy cardiothoracic surgeon C.C. Lee, MD, FACS. "They usually think it's a gastrointestinal upset or something wrong with their food pipe."

"I never dreamed it would have anything to do with my heart," Kathleen says.

"Anytime I take someone to surgery, my expectation is you're going to come out of that operation alive and you're going to walk out of the hospital and you're going to enjoy life again."

— C.C. Lee, MD, FACS
Mercy Cardiothoracic & Vascular Clinic

A stress test at the cardiology clinic

showed something was definitely wrong with her heart and a cardiac catheterization the same day uncovered multiple blockages in her coronary arteries.

"The 'widow maker' as they call it, was totally clogged," states Kathleen. "I had three major clogs. Any one of them could've killed me at any second. I never knew I had any problems. It shocked me, totally."

"Kathleen's problem was unique in the fact she had multi-vessel blockages," says Dr. Lee. "She

didn't just have a simple blockage. She had multiple blockages in each of the arteries, which creates a very challenging problem. After the heart catheterization was completed, we knew the only and best option for her was to have open heart surgery."

Kathleen didn't hesitate about having triple bypass surgery. She thought about the great strides in medicine since her mother succumbed to cancer many years ago. She remembered the frequent strokes her grandmother suffered with no identified cause.

"Back then you didn't do anything," Kathleen states. "You just died. You didn't have a choice about living or doing anything different to be around for your kids or grandkids or friends. I feel lucky that we have the chance."

And she had complete confidence in Dr. Lee.

"I really was impressed with him from day one," says Kathleen. "I liked his approach. He was interested in me and paid attention to what I said and what I did. He's very definite about what needs to be done."



Kathleen Gorski appreciated Dr. Lee's clear explanations of what to expect when she underwent open heart surgery at Mercy.

"I had three major clogs. Any one of them could've killed me at any second. I never knew I had any problems."

— Kathleen Gorski, survivor

"Having to have open heart surgery is a life-altering event," Dr. Lee adds. "Most patients are very scared; they don't know what to expect. It's always best to be truthful. I always give them the right expectation — what to expect from the surgery and afterward."

Dr. Lee says coronary arteries are different sizes inside different bodies and typically, women's arteries are smaller, making surgery more difficult.

"Kathleen's surgery was particularly challenging," he explains. "She had severe, diffuse disease and extremely small arteries with multiple blockages, which makes it very challenging to put bypasses on. At the time of surgery, we have what's called a probe that we pass inside the artery and even the smallest probe was very, very tight, so making each bypass was very methodical."

Kathleen's surgery, though challenging, was a success. She was soon on the mend and working her way back to independence with help from cardiac rehab near her home in Vinton.

"I was pleased with everything," says Kathleen, who's doing quite well and is back to regular routines following surgery on Dec. 1, 2017.

"I have had absolutely no problems whatsoever," she adds.

"Anytime I take someone to surgery, my expectation is you're going to come out of that operation alive and you're going to walk out of the hospital and you're going to enjoy life again," explains Dr. Lee.

Appreciating life and taking "each day as it comes" is exactly what Kathleen is doing now.

She and her husband, John, enjoy involvement in Benton County Emergency Management and Cedar Valley Amateur Radio Club. The pair uses their ham radio skills to keep communities informed during severe weather conditions. They also enjoy driving across country, especially to New Mexico where they own a short-wave radio station.

"We need to get back out there," states Kathleen, grateful to have the chance to do so.

"Heart disease is still the number one killer in this country," Dr. Lee says. "It's a silent killer. There are people who don't realize they have heart disease. It's very important to seek medical attention when you need it."



Learn more about open heart surgery with *The Mercy Touch* at mercy.org/heart.



Back in the Game

When 49-year-old Tom Jackson walked into Mercy Cardiology Clinic for an electrocardiogram (EKG) at the direction of his doctor in January, he thought he was dealing with a bad case of indigestion.

The Cedar Rapids father of two was blaming his cold, clammy sweats and the pressure in his chest and back on a slice of pizza eaten the night before. He had a bout of heartburn after a handful of spicy peanuts days earlier. With his active lifestyle, a more serious cause of his discomfort was hard to imagine, but EKG results would prove a life-threatening reality.

“Tom’s technician was worried about the EKG so he came immediately to me because I was the on-call physician,” says Shiny Mathewkutty, MD, FACC. “He showed me the EKG, which showed high concern for acute heart attack.”

A major artery was likely 100 percent blocked, the test results showed.

“When you have a type of heart attack like that, time is key,” explains Dr. Mathewkutty. “The longer you wait, the more heart muscle is getting damaged. It’s hard to meet patients in that type of situation, to walk in and have someone tell you that you could be dying right now and we need to do something to save your life.”

“It was like, O.K., do what you have to do; I’m in your hands,” Tom remembers. “Literally 15 minutes later I’m off to surgery and a half hour after that they have a stent put in.”



Tom Jackson is back in the game after a heart attack just months ago.



“It’s hard to meet patients in that type of situation, to walk in and have someone tell you that you could be dying right now and we need to do something to save your life.”

— Shiny Mathewkutty, MD, FACC
Mercy Cardiology Clinic

“Door-to-balloon time” is what the American College of Cardiology (ACC) calls the window between identifying a heart attack and clearing an artery blockage. It recommends a 90-minute door-to-balloon time for the best patient outcome. Mercy’s cardiology team consistently outperforms the ACC’s 90-minute benchmark.

“We took Tom emergently to the cath lab,” Dr. Mathewkutty says. “The EKG was right; he did have a 100 percent blockage on one of his blood vessels. I was able to open it up. We were able to get the (blood) flow going within 45 minutes from the time he walked into the hospital and, because of that, he actually did pretty amazingly well.”

“I feel really good,” states Tom. “In fact, right after the surgery I felt really good, even better than I do right now. When you get enough blood around where it needs to go, it really makes a difference.”

Tom has recuperated from his heart attack with help from cardiac rehab and is back to work at Perfect Game, enjoying the athletics that are a big part of his life.



"I'm just living for every day, for the chance to see my kids grow up."

— Tom Jackson, survivor

"I like to be around active people," he says. "I played baseball in high school and a couple years in college at Coe. I was involved with such an athletic background; my dad was a teacher, an athletic director. My brother's a coach. Athletics has always been a part of our family."

He and his wife, Rhonda, cheer on middle-school daughter Lydia at sporting events and encourage daughter Taylor in her college studies.

Tom's not taking a single moment for granted.

"I'm only 49 and if it can happen to me it can happen to anybody," he says. "I'm just living for every day, for the chance to see my kids grow up. My wife and I can celebrate our 25th anniversary this June and many more years after that. Being at the right place at the right time really was a Godsend for me."

"Usually patients feel chest discomfort and an uncomfortable sensation that makes them feel very uneasy,"

Dr. Mathewkutty says. "If you have that feeling, go to the emergency room and get yourself checked out. And if it's not a heart attack that's great, but if it is a heart attack you may have saved your own life. Tom had a great outcome and, from a physician's standpoint, that's what we want for each and every one of our patients."



Read more about Mercy's quality heart care in the 2018 Quality Report at mercy.org/quality-report.



Safer, more advanced treatment for your hardest working muscle.

*Transforming heart care with
The Mercy Touch.*



Advanced treatments for your hardest working muscle:



Off-pump bypass surgery offers a less invasive option for some high-risk patients



Vincent Ridsen, 85, of North Liberty, recently underwent off-pump heart bypass surgery at Mercy. He's thankful off-pump surgery is available because other health issues, including recurring pneumonia, left

him unable to undergo traditional open heart surgery to repair his heart blockage. **Mercy is the only hospital in Cedar Rapids currently offering the less invasive off-pump coronary artery bypass surgery, also called "beating heart" surgery.**

Off-pump surgery does not use a heart-lung machine to stop the heart, as in traditional coronary artery bypass surgery. Rather than stopping the heart, technological advances allow the surgeon to stabilize portions of the heart during surgery. With a particular area of the heart stabilized, the surgeon can safely bypass the blocked artery in a highly controlled operative environment. Meanwhile, the rest of the heart keeps beating and circulating blood to the body.

"This type of surgery may be the best option for sicker patients or ones with other health issues," says C.C. Lee, MD, Director of Mercy's Cardiothoracic and Vascular Surgery Program.

Following his off-pump surgery, Vincent is looking forward to actively enjoying his retirement years.

"It's always our desire to offer our patients the latest advances in technology and, of course, to have successful outcomes," says Dr. Lee. "Providing the off-pump bypass procedure here at Mercy is another way we can offer patients the very best surgical heart care."

Off-pump coronary artery bypass surgery is performed in certain patients with coronary artery disease. Certain patients at increased risk for complications from cardiopulmonary bypass, such as those who have heavy amounts of calcification in the aorta or compromised lung or kidney function, may be ideal candidates. The technology allows patients who cannot have traditional bypass surgery to be evaluated for off-pump surgery.

David Glassman, MD,
Mercy Cardiology Clinic



C.C. Lee, MD, FACS,
Mercy Cardiothoracic
& Vascular Clinic



Bluetooth pacemaker for automatic, wireless remote monitoring



Mercy Medical Center was the first hospital in Iowa to implant a pacemaker equipped with Bluetooth technology.

The device, a Medtronic Azure™ pacemaker with BlueSync™ technology, offers patients an advanced pacemaker with improved battery life and secure wireless remote monitoring.

The new pacemakers enable automatic, secure wireless remote monitoring through the Medtronic CareLink™ Network, providing timely alerts of clinically relevant patient events that can be reviewed by a physician at any time.

The devices are designed to communicate directly with smartphones and tablets eventually, allowing another option for patients to stay connected with their healthcare providers and more involved with their own health care.

Pacemakers are the most common way to treat bradycardia (a heart rhythm disorder in which the heart beats too slowly to support a person's level of activity), restoring a normal heart rate and alleviating symptoms by stimulating the heart with electrical impulses to increase the heart rate.



Convergence of technology and technique benefits AFib patients

Mercy now offers a treatment option for patients with long-standing atrial fibrillation (AFib) – a type of irregular heartbeat – and associated structural heart changes. **The new option, a first for Iowa, is called a convergent hybrid procedure** – a convergence of technology and technique. The procedure combines the expertise of two doctors working together: a cardiothoracic surgeon and a cardiac electrophysiologist. **Mercy has the only team in Iowa currently offering the procedure.**

In the procedure, the surgeon creates a tiny incision in the patient's upper abdomen instead of a large chest incision as is the case in open heart surgery. That small incision means the surgery is minimally invasive, which can often result in a shortened hospital stay and a faster recovery time for the patient, compared to a full-length chest incision. The surgeon uses

radiofrequency ablation (targeted heat to destroy tissue in problem areas of the heart to restore its regular rhythm) to create an area of ablated tissue on the floor of the left atrium from the outside of the beating heart.

Later, an electrophysiologist threads a catheter up to the left atrium of the heart. Again using radiofrequency energy, the electrophysiologist ablates regions of the heart that cannot be reached from the outside and are best approached from inside the heart. The electrophysiologist also closes any gaps that may have developed in the lines created by the surgeon and tests to confirm all of the target lesions are intact.

"This new, minimally-invasive approach provides another treatment option for our patients," says Dr. C.C. Lee. "The procedure uniquely combines the best of both traditional catheter and surgical ablation treatments to restore normal

heart rhythm, resulting in a hybrid treatment approach to treat complex atrial fibrillation."

"The convergent hybrid procedure allows a surgeon to approach the regions of the heart that are best reached via a surgical approach and the electrophysiologist to ablate the regions that are best reached with a catheter," says David Glassman, MD, Mercy Cardiac Electrophysiologist.

Dr. Lee performed convergent procedures at his Wisconsin practice before joining Mercy last year. He says the approach allows for an overall improved quality of life; patients feel better and have more energy. Many patients, he says, also are able to go off heart medications, another significant benefit.

The recovery time from having the convergent procedure is typically a short hospital stay.

Acing heart care



It was a rainy Saturday last October when Melvin Kummerfeldt, 80, started feeling queasy.

"I was impressed by Dr. Hodgman. There wasn't time to get scared. Things just happened so fast and Melvin was being taken care of."

— Marietta Kummerfeldt, Melvin's wife

After being dealt a heart attack last fall, Melvin Kummerfeldt is "all in" today.



Learn more about Mercy's cardiology team at mercy.org/services/heart/cardiologists.

"When I tried to eat anything, I would throw it up right away," he remembers. "My original thought was that I had some kind of intestinal bug."

"He doesn't get sick very often," says Melvin's wife of nearly 59 years, Marietta. "He's always been the healthy one."

As Saturday turned to Sunday, Melvin told Marietta his body was aching, especially his chest, and he just couldn't seem to get comfortable.

"I took an aspirin and started feeling better after that but I still wasn't recuperated," he says.

Marietta did some online research into what might be making Melvin sick. Symptoms started pointing to his heart.

"I was in bed and got so restless," Melvin says. "I just couldn't sleep. I couldn't get comfortable. I took another aspirin and it didn't help that time. I just couldn't stand it in bed anymore."

The Kummerfeldts walked into Mercy's Emergency Room, where cardiologist Nicholas Hodgman, MD, FACC, wasted no time assessing Melvin's condition. Blood tests showed he had indeed had a heart attack and an echocardiogram showed he was in the midst of one.

"Dr. Hodgman was watching the monitor and said, 'Let's go!'" remembers Marietta.

She could tell the situation was serious by the urgency in Dr. Hodgman's voice.

Because Mercy consistently treats patients with blocked arteries faster than the national standard, the team had Melvin prepped and rolling down the hall to the cardiac catheterization lab in no time.

"All the nurses knew exactly what they were doing," Marietta states. "I was impressed by Dr. Hodgman. There wasn't time to get scared. Things just happened so fast and Melvin was being taken care of."

"Melvin had multiple, severely blocked arteries," says Dr. Hodgman. "Typically, blockages like his would warrant open heart surgery but, because Melvin was in cardiac arrest, his heart muscle wouldn't have made it through the surgery. Instead, we used advanced technology for high-risk cases to stent those arteries and save his life."



Impella®, a very small heart pump inserted through a catheter at the groin, kept Melvin alive while Dr. Hodgman placed four stents in three coronary arteries that ranged from 80 to 100 percent blocked.

After a five-day stay at Mercy, Melvin was on his way home, working toward a stronger heart with help from cardiac rehab. In the months following his heart attack — when winter weather cooperated — he even felt well enough to walk the five blocks from his home to Mercy for rehabilitation visits.

"Melvin's heart was really struggling when he came to the emergency room last fall," Dr. Hodgman says. "The use of Impella to help us open multiple blocked arteries during a heart attack — that's a very rare need. The procedure went incredibly well and Melvin's doing much better."

The next step in his journey included a defibrillator implant to help his heart stay on beat.

"He's been a really good patient," says Marietta. "He's following doctor's orders and going to all his appointments."

And the effort is paying off as Melvin gets back to enjoying the stress-free, quiet moments of life with his family. He likes watching a good sports game on TV, playing on the computer and challenging Marietta to a hand of cards now and then.

"I've always gone by the slogan, 'if it ain't broke, don't fix it,'" he says when reflecting on his health through the years.

He hopes others will be more proactive if their body sends a sign that something might be wrong.

"Make up your own mind, but don't follow in my footsteps."



"Typically, blockages like his would warrant open heart surgery but, because Melvin was in cardiac arrest, his heart muscle wouldn't have made it through the surgery."

*— Nicholas Hodgman, MD, FACC
Mercy Cardiology Clinic*



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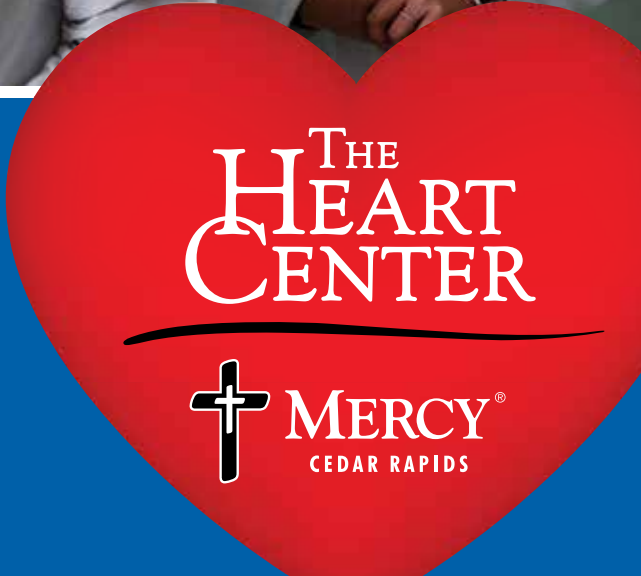
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