

M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



CARDIOLOGY
HVP
Heart & Vascular Physicians
Delair Gardi, M.D.
Mahir Elder, M.D.
Kelly Lawson
Wayne State
Interventional
Prof. Theodor
(Program Director)
Jennifer Jones
(Clinical Asst. Professor)
Int
Karl Duncan, M.D.

Heart & Vascular Physicians

Saving Lives in Detroit

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By Annemarie Cronin

The element of time can make all the difference to the patient who suffers a sudden cardiac incident and is rushed to the nearest hospital for treatment. And here are some sobering facts: According to the American Heart Association (AHA), nearly 2,400 Americans die of cardiovascular disease (CVD) every day — an average of one death every 37 seconds. Furthermore, CVD claims almost as many lives each year as cancer, respiratory diseases, accidents and diabetes mellitus combined. In every year since 1900 except 1918, CVD accounted for more deaths than any other single cause or group of causes of death in the United States. Another morbid statistic is that nearly 151,000 Americans killed by CVD in 2005 were under age 65, with 32% of deaths from CVD that year occurring prematurely, well below the average life expectancy of 77.8 years. While almost 80% of cardiac arrests occur in private or residential settings, it is no surprise that immediate intervention is often initiated by bystanders or EMS technicians arriving at the scene or in the ambulance. Further statistics garnered by the AHA state that on average, 31.4% of cardiac arrests receive bystander CPR and 60% of unexpected cardiac deaths are treated by emergency medical services. The wake-up call is out.

Western civilization has long since come to the realization that



PHOTOS BY JUEL ZAMPLAS

things need to change — that a sedentary lifestyle, obesity and other risk factors can lead to cardiac disease at an early age, and that it is still a silent killer. Often, the first indication of a problem is sudden cardiac death, with no warning and no prior medical history.

But for those patients who are fortunate enough to survive long enough and are allowed that crucial time period in which to be treated, sometimes the most important factor is not getting to the hospital, but getting to the right hospital and in time.

In 2006, an estimated 7.095 million inpatient cardiovascular operations



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—Mahir Elder, M.D.

and procedures were performed in the United States. Four million were performed on males and 3.1 million were performed on females.

The estimated direct and indirect cost of CVD in the last year was \$475.3 billion, according to the AHA.

Mahir Elder, M.D., is an energetic bundle of raw nerve and tireless energy. He understood from the beginning the call for imperatives and the absolute need for immediate intervention. "Cardiovascular disease and sudden cardiac death is the No. 1 killer in the U.S.," he says, emphasizing that deaths from all other major diseases combined pales in comparison to the death toll from cardiac disease. Driven by a desire to beat the odds and a keen interest in saving lives, he embraced the idea of creating a practice dedicated to interventional cardiology. Heart & Vascular Physicians started practicing as a team three years ago. Delair Gardi, M.D., was next to join the practice, followed by Hamid Sattar, M.D., and Karl Duncan, M.D. "I was the first person, and each year we selected a cardiologist based on

background experience and reputation with patients," says Dr. Elder. Reflecting on his choice of partners, he underscores their importance to the success of the team. In speaking of Dr. Gardi, Dr. Elder points out, "He is perhaps best known for creating a better life for his patients." With respect to Dr. Sattar, Dr. Elder enthuses, "I can't say enough wonderful things about Dr. Sattar. He will take as long as necessary with a patient to explain the condition, tests and medications recommended." As to the addition of Dr. Duncan to the practice last year, Dr. Elder points out, "Dr. Duncan is

extremely well trained and his experience in interventional cardiology speaks for itself." Practicing out of several offices in the greater Detroit area, it was no surprise that when Theodore L. Schreiber, M.D., a nationally recognized



interventional cardiologist and heart researcher, founded Cardio Team One based out of the Detroit Medical Center's Harper Hospital, Dr. Elder and the team at Heart & Vascular Physicians were some of the first on board in this pioneering initiative.

Recognizing that time is of the essence in cardiac incidents, Dr. Schreiber, a widely published medical researcher with 25 years' experience in treating cardiac patients and a keen understanding of what takes place during heart attacks, created the strategic program known as Cardio Team One instituted at the Detroit Medical Center's Harper Hospital last summer. According to the National Institutes of Health, the average heart attack patient is not treated with "interventional therapies" until almost 90 minutes after arriving at a hospital emergency room. Cardio Team One's approach is to house on a rotating basis a highly specialized and trained team of cardiologists, nurses and technicians who are stationed at the hospital ready to respond as soon as the patient arrives at the emergency room. This is an uncommon reversal of the usual procedure, wherein the physician is paged after the patient has arrived at the hospital. Cardio Team One members are stationed at the hospital 24/7, ready and waiting for the patient to arrive. Now, the nation's first 24/7 heart attack center has succeeded in reducing the time from arrival to interventional procedure to 39 minutes. This rapid response time allows the



Dr. Gardi with a patient

The key as far as the patient is concerned is to be vigilant and pay close attention to risk factors and any suspected warning signs of cardiac problems, such as shortness of breath, chest pain or dizziness.

patient's clogged artery to be opened with a balloon or stent within record time. "By cutting the average medical response time for heart attacks by more than half, the Harper Hospital team estimates that it can save the lives of six or seven patients

out of every hundred who would have previously died," says Michael Duggan, President and Chief Executive Officer of the Detroit Medical Center. This early intervention will also improve the outcome of those who do survive by eliminating the consequences of injuries to brain tissue and other vital organs that often result from serious heart attacks.

"This is going to be a trend that will go across the country," says Dr. Elder. It is a huge commitment to patient care, both on the part of the hospital and on behalf of the professional team. It's a state of heightened readiness, alertness and preparedness. The team is moving into action as the ambulance is arriving. "All

Dr. Elder reviewing a patient file





Mahir Elder, M.D.

According to the American Heart Association (AHA), nearly 2,400 Americans die of cardiovascular disease (CVD) every day — an average of one death every 37 seconds. Furthermore, CVD claims almost as many lives each year as cancer, respiratory diseases, accidents and diabetes mellitus combined.

of us spend one night a week,” he says, adding that when the patient arrives, “everyone is in house and ready.”

The key as far as the patient is concerned is to be vigilant and pay close attention to risk factors and any suspected warning signs of cardiac problems, such as shortness of breath, chest pain or dizziness. “Anyone with risk factors should see a cardiologist, even if it’s just for a screening,” says Dr. Elder. “We offer diagnosis, treatment and preventive cardiology.”

Dr. Elder points out that another potentially serious medical problem often overlooked is peripheral artery disease. “This is a very slow, progressive disease that can go unnoticed and

is often undiagnosed,” says Dr. Elder. It is caused by poor circulation and can result in amputation if not treated early enough. More advanced stages can cause ulcers on the skin. This can lead to gangrene, which can eventually lead to amputation. Typically, the treatment is to remove the foot or do a bypass. “At Heart & Vascular Physicians, we do an advanced technique where we go in through the groin with an IV line. There is no cutting and we are able to break up the blockage with a laser. We shave the plaque with an atherectomy device, followed by balloons and sometimes stents in the leg,” explains Dr. Elder. This procedure can be done either in the hospital or in the office.

It’s performed using a local anesthetic and is a completely noninvasive way of fixing the problem without having to cut open the leg. Dr. Elder also emphasizes his team’s use of cryoplasty, which is a special balloon that freezes the vessel to -10° . This prevents inflammation and the blockages from coming back, or reocclusion. “We are also No. 1 in the country for using the diamond back, which is a small micro drill the size of the head of a pin which can drill through the calcium in the leg. Especially in the elderly, legs can be heavily calcified, and the success we have is extraordinary,” he says. At Heart & Vascular Physicians, they see and treat a large volume of patients in the state of Michigan with the most compli-

Nurses reviewing a patient chart



cated and complex cases of peripheral artery disease.

With a 15-minute screening, the physician is able to check the blood pressure in the arms and legs and provide an answer as to whether the patient is at risk. As this condition is often undiagnosed, the goal at Heart & Vascular Physicians is prevention. Patients are welcome to come in directly with or without a referral.

Karl Duncan, M.D., who joined the practice last year, underscores the importance of patient education. "In this country, it is a matter of putting more emphasis on prevention," he says. "We want to educate the patient as to how they can decrease their risk factors." Considering the amount of time he spends with Heart & Vascular Physicians saving lives, he says, "It has been a pleasure to work in the Detroit medical system and it is an honor to be a part of that team. I'd rather be in the hospital than be at home on call and rushing to the hospital to do a procedure."

As Dr. Elder reflects on his decision to enter the medical field, he says, "I chose medicine because it is an honorable profession. It is the only profession where people will meet you and immediately trust you. And that's why with each patient's care, I wear it like a badge of honor. Each patient is treated like they are my relative. I will make sure they get the best care," he says. Taking this personal involvement to the next level, Heart & Vascular Physicians reaches out to patients in solving any challenges they might encounter in getting treatment. "We spend the money on transportation to make sure patients get to

Delair O. Gardi, M.D.; Hamid Sattar, M.D.; Karl A. Duncan, M.D.; and Mahir Elder, M.D.



Delair Gardi, M.D., and Mahir Elder, M.D.

their appointments. We also use a specialty pharmacy so that patients can get medications delivered without paying delivery fees. If they can't make the appointment, we find a physician and a nurse to go out and visit them. If the patient is sick, we can admit them directly to the hospital without their having to go the ER. We are available to our patients 24/7 and we invite them to call at any time," he says.

24/7: It's a heightened state of readiness for a disease that, when it strikes, doesn't tolerate the lethargic or allow for wasted time. ■

Heart & Vascular Physicians are affiliated with the following hospitals:

- DMC Health System
- DMC Harper
- DMC Sinai Grace
- DMC Detroit Receiving
- DMC Karmanos
- Oakwood Health System
- Oakwood Dearborn
- Oakwood Heritage
- Oakwood South Shore
- Henry Ford Wyandotte

Patients can be seen at the following locations:

Detroit Office:

Harper Professional Bldg
4160 John R. Street
Suite 510
Detroit, MI 48202
Phone: (313) 993-7777

Dearborn Office:

Dearborn Professional Bldg
2021 Monroe Street
Suite 203
Dearborn, MI 48124
Phone: (313) 581-3600

24 Hour Emergency

(313) 222-0330
www.vipheart.com