New Device Eases A Tricky Task In Defibrillator Surgery

BY JAMES WALSH
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MINNEAPOLIS — Dr. Pierce Vatterott and his team of nurses and technicians worked smoothly and efficiently in the chilly catheter lab at St. Paul's United Hospital. It was complex and potentially risky work, removing four leads — wires that connect a defibrillator to the heart _ from an 84-year-old man.

But Vatterott and his team are experienced hands and they had a new tool, to boot, a laser sheath that more quickly and easily cuts through scar tissue to free the wires.

Millions of people need defibrillators and pacemakers to keep them alive. The wires that lead to those devices sometimes need to be replaced because of age or defect. But one wrong move when extracting a lead can leave a piece of the wire behind or, worse, perforate the heart or blood vessel. So anything that makes lead extraction safer is a good thing, Vatterott said.

"It has helped," he said of the GlideLight, made by Colorado Springs, Colo.-based Spectranetics and recently approved by the U.S. Food and Drug Administration. "It has definitely helped."

Potentially dangerous problems in the past five years with leads made by Medtronic Inc. and, most recently, St. Jude Medical Inc., have left tens of thousands of people facing difficult choices. Do they thread new leads through the same vein to the heart, but leave the old ones _ disconnected _ in place? Or do they pull them out entirely?

Sometimes, the congestion of too many wires in the vein can block blood flow. One lead rubbing against another also can cause inappropriate shocking. If a lead becomes infected, it has to come out.

"The extraction of leads that have been implanted in patients for years is one of the most complex procedures cardiologists perform," said Dr. Robert Hauser, a senior consulting cardiologist at the Minneapolis Heart Institute at Abbott Northwestern Hospital. "It should be done only by highly experienced physicians and their teams in hospitals equipped for emergency surgery."

Vatterott and his team at United Heart and Vascular Clinic at United Hospital fit the bill. They have done about 2,000 lead extractions over the years and were the first to use the new GlideLight device in Minnesota. The doctor said they are doing one to two lead extractions each week. GlideLight is also being used at Abbott Northwestern.

"There are studies out there that show the more (extractions) you do, the less complications you have," Vatterott said. "So much depends on the experience of the doctor and the team. And it's really the team. Every person in that room has saved me or saved the patient at some point."

Kurt Riebe, 84, and his wife, Lorraine, will celebrate 63 years of marriage in August. Lorraine calls it "a nice start."

The North St. Paul, Minn., couple has every intention of celebrating many anniversaries to come. So when they learned that Riebe had an infection around his defibrillator-pacemaker, the decision was made to take out the device and the four leads that had been implanted and replace them. It would not be easy, Vatterott said. Riebe is frail.

But on Monday of last week, the GlideLight made it easier.

Not that a five-hour procedure, with Vatterott and his nurses monitoring blood pressure, watching multiple monitors, cutting out infected tissue, cauterizing blood vessels and snaking wires and something that looks like a laser-tipped black soda straw into the heart can be called easy.

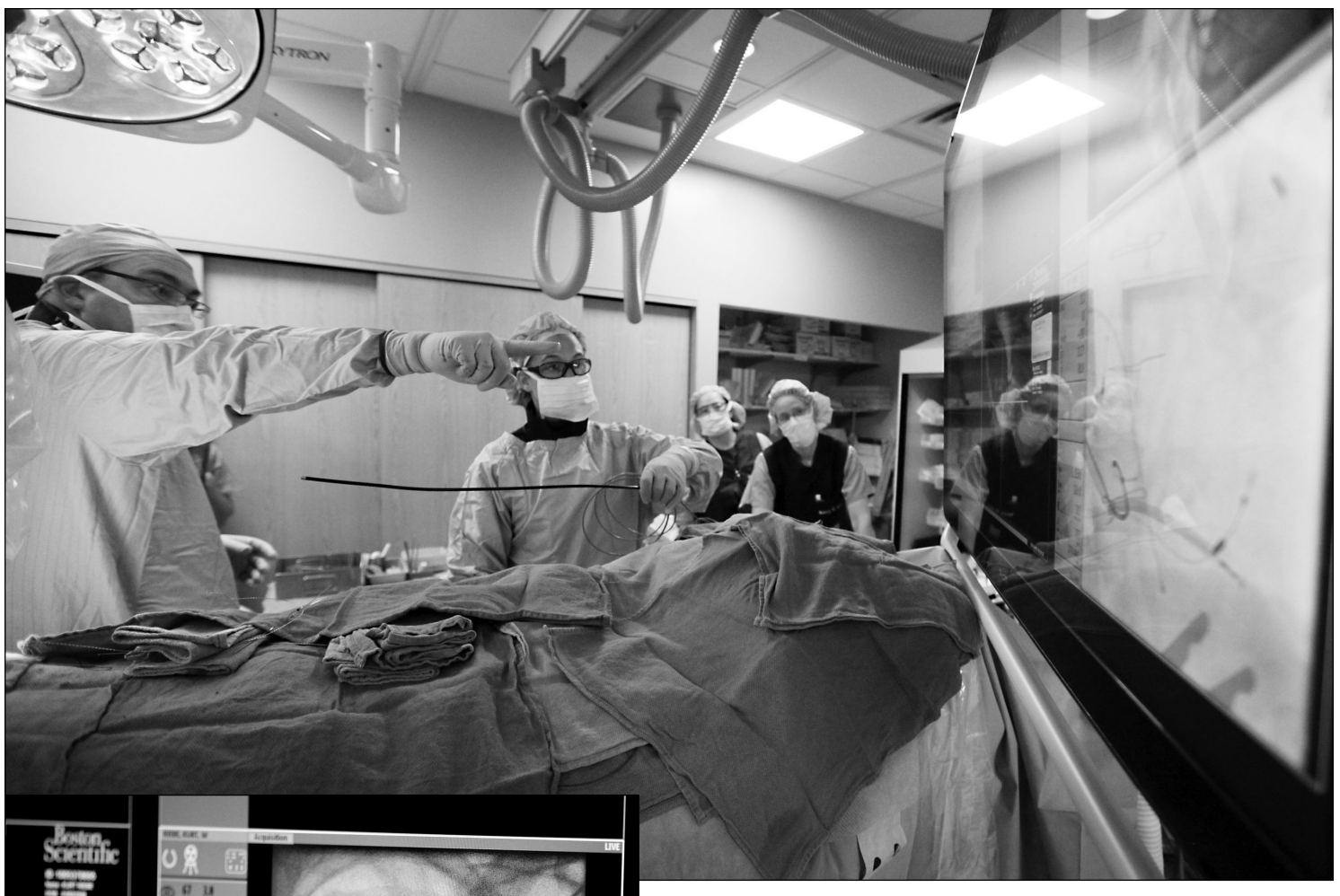
It took two hours just to do the prep work to get the leads ready for removal. As he worked, Vatterott praised his team time and again, pointing out that each has 15 to 20 years of experience. First, they worked to clear the "pocket" where the defibrillator was located. Then they disconnected the wires from the device, temporarily hooking up Riebe to an external pacemaker.

Then, the doctor slid the GlideLight over the first lead, snaking it down the vein into Riebe's heart. Along the way, the device made a clicking sound as the laser cut through the scar tissue that blocked its path.

Once clear, the doctor slowly pulled out the lead before removing the sheath.

Then, it was on to the second lead. Then the third. Then the fourth. During the entire procedure, a surgical team was standing by to assist if a complication arose. One never did.

By the end of the week, Riebe was home and doing well.



PHOTOS BY JERRY HOLT/MINNEAPOLIS STAR TRIBUNE/MCT

ABOVE: Dr. Pierce Vatterott, left, watched a monitor during the removal of four defibrillator leads from a patient at United Hospital Monday, June 25, 2012 in St. Paul, Minnesota. GlideLight, made by Colorado Springs-based Spectranetics and recently approved by the U.S. Food and Drug Administration, helps make the lead extractions easier.

LEFT: United Hospital is using a new medical device that makes it easier and safer to remove defibrillator leads Monday, June 25, 2012 in St. Paul, Minnesota.

History of Gestational Diabetes? Healthy Habits Can Help Prevent Diabetes In Your Future

Gestational diabetes is diabetes that is found for the first time when a woman is pregnant. If you had gestational diabetes when you were pregnant, you and your child from that pregnancy have a lifelong risk for developing diabetes, a serious disease that can lead to health problems such as heart disease, blindness, kidney disease and amputations. The good news is there are steps you can take to prevent or delay diabetes and lower that risk for yourself and your child.

"Women with a history of gestational diabetes can lower their chances for developing diabetes by taking steps to reach and maintain a healthy weight, making healthy food choices, and being active," according to Judith Fradkin, M.D., of the National Institute of Diabetes and Digestive and Kidney Diseases. "Keeping a healthy lifestyle as a family is good for everyone."

KEEP UP HEALTHY HABITS - EVEN AFTER THE BABY IS BORN.

Many women who have gestational diabetes see a dietitian or a diabetes educator to guide them in developing healthy habits during pregnancy. But what many women don't realize is that it's just as important to keep up with those healthy habits even after the baby is born.

If you are a woman who had gestational diabetes, it is important to get tested for diabetes 6 to 12 weeks after your baby is born, and at least every three years after that.

It is also important to reach and maintain a healthy weight by making healthy food choices, such as following an eating plan lower in fat and calories and high in fiber, and being active for at least 30 minutes, 5 days a week. Even if women do not reach their "goal" weight, research shows that maintaining a healthy lifestyle can help reduce risk.

Busy Mom? Build physical activity into your day one step at a time.

Physical activity is an important part of maintaining a healthy weight and preventing type 2 diabetes. Set a goal to be active at least 30 minutes, 5 days per week. If you have not been active, start slowly, building up to your goal. Take small steps to include physical activity in your day-to-day routine.

BUSY MOMS CAN USE THESE TIPS TO GET STARTED:

* Park your car farther away from the store, movie theater, your office, etc.

* Get your friends and family involved. Set a regular walking date, such as after dinner. Or do something that all ages can enjoy-shoot hoops, take a bike ride, or just dance around the house.

* Take a walk during your lunch break or push the baby's stroller around the mall.

* Don't just watch the kids at the playground... play with them.

* Deliver a message to a co-worker in person instead of by e-mail, and take the stairs instead of the elevator.

* Exhausted from a busy day and just want to plop on the couch in front of the TV? Use the commercial breaks to stretch, take a quick walk around your home, do some sit-ups, or march in place.

For more information, visit the National Diabetes Education Program (NDEP) at www.YourDiabetesInfo.org/GDM .