

The Doctor Is In

Cardiac Care Close to Home

By Carl Turissini, MD

Q: I have a good relationship with my local cardiologist and my community hospital, but my friends say I should travel to Boston for cardiac procedures such as a cardiac catheterization or a coronary angioplasty. Can't those procedures be done at community hospitals?

A: Due to the prevalence of heart disease and our aging population, the need for advanced cardiac services has never been greater. Fortunately, many community hospitals on both the North and South Shore now have state-of-the-art cardiac services that rival those found in the larger teaching hospitals in Boston. For example, Hallmark Health – which includes Lawrence Memorial Hospital, Malden Medical Center, and Melrose-Wakefield Hospital – performs over 300 cardiac catheterizations annually. These community hospitals are also able to offer more technologically advanced interventional procedures such as angioplasty and drug-eluting stents.

A coronary angioplasty is an artery-clearing procedure that may prevent the need for open-heart surgery. During a coronary angioplasty, a catheter is inserted into a blocked artery in the heart. A small balloon on the end of the catheter is inflated, opening the artery and restoring blood flow to the heart. Often a metal mesh called a stent is placed to keep the artery open.

Specially trained interventional cardiologists at many community hospitals in the greater Boston area have been performing emergency angioplasties for a number of years. These community hospitals have state-of-the-art cardiac care facilities, excellent coordination of care, and high success rates in performing emergency angioplasties. At Melrose-Wakefield Hospital, for example, the “door-to-balloon” time (DTBT) was 88 minutes last year, well below the national average of 155 minutes. The DTBT is important because shorter DTBT is associated with lower mortality.

Until last September, all patients having non-emergency (elective) angioplasties had to travel to Boston.

Recently, the Massachusetts Department of Public Health (DPH) selected seven community hospitals, including Melrose-Wakefield Hospital, to participate in the MASS COMM Trial that will compare patient outcomes of elective angioplasties in a community versus a tertiary hospital setting.

The community hospitals participating in this trial are currently recruiting 6,000 patients to enroll in the study. Patients who meet trial criteria will either have their elective angioplasties at their own local hospitals or in Boston. The selection

process will be random with three out of four patients remaining at their community hospital for the procedure and the rest going to teaching hospitals.

The purpose of this elective angioplasty trial is to identify and treat patients who are at risk for heart disease and keep them from elevating to a stage where they then will need emergency care. Those of us who practice at community hospitals hope our patients will be encouraged to get their treatments faster and closer to home.

For more information about the cardiac catheterization, coronary angioplasty, or the MASS COMM Trial, please contact your physician.

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