

# Health & Science

## Kinder heart surgery

With four different minimally invasive surgical techniques at their disposal, Cleveland Clinic cardiac surgeons provide the most comprehensive options for patients requiring coronary artery bypass or heart valve surgery.

In 1996, 7 percent of the heart surgeries performed at The Cleveland Clinic Heart Center — one of the highest volume cardiac surgery centers in the country — were performed via 3-inch incisions, in what is generally referred to as "minimally invasive heart surgery." Delos M. Cosgrove, M.D., chairman of The Clinic's Department of Thoracic and Cardiovascular Surgery, said that percentage will certainly increase this year and beyond.

"Minimally invasive techniques obviously will play a significant role in cardiac surgery for years to come," said Dr. Cosgrove. "Patients need to be aware, however, that there is no single minimally invasive technique applicable to all cases. Instead, there is a myriad of technology available, depending on the type and progression of the patient's heart disease. With the breadth of experience and availability of new techniques here at The Clinic, our strength is the ability to provide individual patients with the most appropriate surgery for their condition."

Minimally invasive heart surgery is performed without opening the chest, as in conventional open-heart surgery. Instead of an incision down the center of the chest and through the breastbone, minimally invasive surgery usually is performed through a 3-inch incision.

Because of the size of the incision, the new technique may result in fewer complications, less pain after surgery, quicker recovery time, smaller scars and lower cost.

The techniques fall into two general categories — those performed on beating hearts and those during which the heart is stopped. Within those categories, there are different methods and instrumentation available.

The Cleveland Clinic is currently

working with two devices for minimally invasive coronary artery bypass on beating hearts — the Medtronic Octopus(TM) device and CardioThoracic Systems Inc. MIDCAB(TM) system. The Octopus and MIDCAB systems hold a small area of the beating heart motionless so the surgeon can place the sutures with precision. MIDCAB stabilizes the area with pressure on either side of the artery to be bypassed, while Octopus uses small suction cups to lift and immobilize a portion of the heart. These procedures eliminate the need to stop the heart and route the blood through a heart/lung machine, as is done during standard open-chest cardiac surgery.

"Since the heart is not stopped and the need for anti-clotting agents is lessened, the recovery time from minimally invasive surgery on a beating heart is believed to be even less than recovery following other minimally invasive techniques," said Nicholas Smedira, M.D., the heart surgeon who is working with the Octopus and MIDCAB systems. "But these techniques currently can be used only for single- and double-vessel bypasses on the anterior side of the heart, and, from a technical standpoint, they are more difficult to perform."

For minimally invasive bypass surgery on non-beating hearts, The Clinic is using Heartport Port Access(TM). With the Heartport system, surgeons stop the heart and attach the patient to the heart/lung machine through a small tube (cannula) that is inserted in the femoral artery and guided to the heart.

"Obviously, if the heart is not beating, it is easier to work with," said Joseph Sabik, M.D., the heart surgeon using Heartport. "For example, it allows us to do two or more grafts, and it can be used for bypasses on the back of the heart."

Finally, there's the minimally invasive procedure developed by Dr. Cosgrove more than a year ago for heart valve repair or replacement. Since performing the first minimally invasive aortic valve surgery at The Cleveland Clinic in January 1996, Dr. Cosgrove has performed nearly

300 minimally invasive procedures involving the mitral and aortic valves using this technique. Dr. Cosgrove's procedure involves one 3-inch incision — horizontal for aortic valve surgery and vertical for the mitral valve — through which he connects the patient to the heart/lung machine and performs the surgery.

"We have the greatest experience with this procedure," said Dr. Cosgrove, "and the first-year data has been clear: the procedure is safe, patients are leaving the hospital sooner and direct hospital costs are reduced." Still, Dr. Cosgrove cautioned, "Minimally invasive surgery is not a panacea. Often, particularly with complex cases, the traditional open-chest surgery remains the best option. It is clear that we are experiencing a major change in cardiac surgery which will reduce surgical trauma. These techniques and others will be increasingly applied."

The Cleveland Clinic Foundation continues to advance the frontiers of medicine by providing state-of-the-art care in a multispecialty academic medical center model. Since its founding in 1921, clinical and hospital care have been integrated with research and education in a private, non-profit group practice which has distinguished the Cleveland Clinic in American medicine. Today at The Cleveland Clinic and Cleveland Clinic Florida, over 850 full-time salaried physicians represent more than 100 medical specialties and subspecialties. Every year, the Cleveland Clinic and Cleveland Clinic Florida provide for more than 1,182,300 outpatient visits and 49,987 hospital admissions from throughout the United States and more than 80 countries. The Cleveland Clinic Health System comprises The Cleveland Clinic Foundation, Fairview Health System, Lakewood Hospital and Marymount Hospital. This not-for-profit health system will provide broad geographic coverage, a full continuum of care, improved quality and lower cost of care to residents of Northeast Ohio.

## Children's Health Fair

The 3rd annual Northeast Children's Health Fair will be held on Saturday, April 12, 1997 at the Lutheran Community Center.

Sponsored by the Multnomah Dental Society, in association with OHSU and the Multnomah County Health Services, the Fair will offer free developmental screenings, dental screenings, eye and hearing tests, immunizations, lead testing, and

other services. Volunteers will be on hand to answer questions about Oregon Health Plan eligibility, community health services, poison control, and nutrition.

Entertainment for the event will include internationally known magicians Weiss and Patricia and Portland's own Shriner's Clowns. Prizes, face painting, and snacks will also be provided. The goal of the

Children's Health Fair is to provide a healthy, fun, and informative day for the whole family.

The Lutheran Community Center is located at 4219 NE Martin Luther King Blvd. (MLK and Skidmore). Hours will be from 10:00 am to 4:00pm.

For additional information please contact Kathy Smith at the Multnomah Dental Society at 223-4738.

## Kaiser Permanente expands

Community Choices 2010 has received a contribution from Kaiser Permanente for \$50,000 for each of the next two years. This is the third consecutive year that Kaiser Permanente has provided CC 2010 with financial support. CC 2010 will direct the funding toward general operations.

Involved since CC 2010's establishment in 1995, Kaiser Permanente has been an instrumental partner in guiding and implementing CC 2010-sponsored initiatives. In addition to funding support, the health maintenance organization has provided leadership and expertise. Allan Weiland, MD, Medical Director of Kaiser Permanente's Northwest Division and a Clark County resident, serves on the CC 2010 Steering Council.

"People's individual health is better when they can live in a vibrant, healthy community. That's why Kaiser Permanente feels it's so important to support Community Choices 2010," he said. "Kaiser Permanente's roots in Clark County go back more than half a century. As a long-time corporate member of this area, we are committed to help Clark County residents build a better community in which to live, work, and raise a family."

Other Kaiser Permanente executives and physicians serve on various CC 2010 committees and the HMO actively encourages its employees to volunteer with CC 2010.

"This grant demonstrates Kaiser Permanente's strong commitment to creating a healthy community here

in Clark County," said Lynne Conner, CC 2010 executive director. "Their partnership across so many aspects of CC 2010 has provided the impetus for broad-based community involvement with our organization."

Community Choices 2010 strives to foster positive behaviors and actions that enhance Clark County's physical, social, economic, and environmental health. Central to all CC 2010 program strategies are partnerships with community sources such as Kaiser Permanente, as well as addressing issues early on, before they become larger problems. CC 2010 is an affiliate of the Greater Vancouver Chamber of Commerce. For more information about CC 2010, phone (360) 694-2588.

## Working parents lose out

BY MARIAN WRIGHT EDELMAN

At the end of each month, Tom and Michelle Lancaster would gather up all the new medical bills that poured into their Vestaburg, PA, home and tuck them into a quiet corner of the living room.

"All I can do is stick those bills somewhere out of the way," said Michelle, who, along with her husband Tom, is struggling to make ends meet and yet makes too much to qualify for Medicaid for themselves and their three daughters. "I just got two bills in the mail for over \$1,000. I really want to pay them, but I can't do anything about them right now. My kids have to be fed, we have to have heat in the house, and we can't do without electricity."

Although Michelle works full-time and Tom works 20 hours a week—he goes to technical school

for another 20 hours—neither is provided health insurance through their jobs. Their mortgage costs \$184 a month, and their monthly grocery bill is over \$100. They no longer have a car payment because their car was recently repossessed. Together, they earned \$15,000 last year.

The Lancasters' middle daughter, Candi, age 9, has asthma and other medical complications, which cost \$300 a month to treat. And all three children and both parents have caught the flu several times this winter and visited doctors. In addition, Michelle broke her arm and Tom had to get extensive tests to see if he had a blood clot in his lungs. They are still waiting for the results of his exams—and the latest stack of medical bills.

"A lot of people forego doctor

visits for their kids because they can't afford it," said Michelle, who suffers from asthma too. "But I would never do that to my kids. If they get sick, we go to the doctor, they bill me, and we do the best we can to pay. I can only give what I have."

The good news, is that the Lancasters were notified just days after the original interview for this column that they now qualify for a special Pennsylvania health insurance plan that will cover the children.

The bad news is that there are millions of other parents in America who work hard every day to provide for their families and still earn too little to afford private health insurance and too much to qualify for Medicaid—and there is no special state plan to rescue their families.



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