

News & Information from the Department of Cardiothoracic Surgery

check up



Spring 2005 | Weill Cornell Medical Center

COX-2 Inhibitors: Some Good News

Vioxx, Celebrex and Bextra, three popular COX-2 inhibitor pain killers, have been in the news lately because they may increase the risk of heart attacks and strokes in some patients. This was a setback for the millions of people whose

quality of life has been improved through the use of these nonsteroidal anti-inflammatory drugs. For many patients this may feel like déjà vu all over again, since like hormone-replacement therapy before it, COX-2 inhibitors seem to be one more classification of drugs whose risks outweigh the benefits for many people. In light of this new information, each

patient should work with his or her doctor to reevaluate the use of these medications.

"Our data suggest that COX-2 inhibitors given with chemotherapy before surgery helps shrink the tumors"



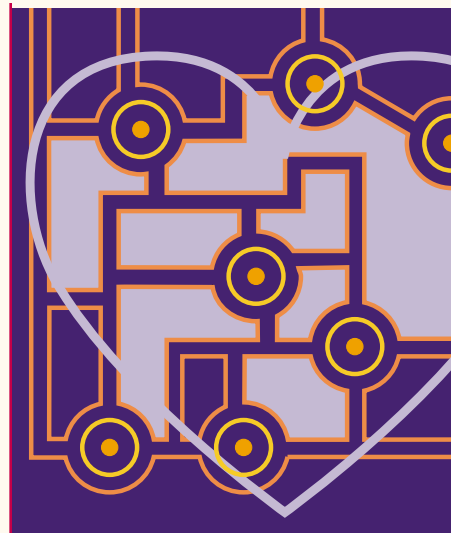
Dr. Jeffrey Port

no laughing matter

Surgeons Develop New Methods to Tackle Heart Disease

Atrial Fibrillation (AF) is the most common heart arrhythmia, affecting 2.2 million Americans. Incidence of the condition increases with age, so as many as 10 percent of people over 80 suffer from AF. While the disease is not immediately life threatening, over time the heart can begin to fail because it doesn't beat as efficiently. Patients also face an increased risk of stroke. Quality of life, too, is affected: as the episodes of shortness of breath increase over time, patients' activities can become curtailed.

No one knows this better than Gary Richter. A practicing attorney for 40 years, he now spends some of his time pursuing his passion: performing stand-up comedy. One evening, while on his way to perform at a comedy club, he had his first attack. "It felt like my heart went crazy, it was as though adrenaline had been pumped



in. Soon, the episodes became more frequent, and it started to really impact my life. I've always been active—I play tennis and I'm a big walker—but eventually, I would feel a tightening in my chest and be out of breath after only six or seven blocks."

As do most AF patients, Gary began taking blood-thinning medication to reduce the risk of stroke-causing blood clots, but long-term use of drugs to treat AF

Our new minimally invasive treatment is a derivative of the Maze procedure that produces the same effect but with fewer risks

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Katherine Andersen, RN

A Nurse's Perspective

Kathy Andersen is the nurse coordinator of pediatric cardiac surgery at the New York-Presbyterian Hospital/Weill Cornell Medical Center working under the direction of Dr. Jonathan Chen. She's been a practicing nurse for 30 years. For the last two decades she's taken a leadership role in preparing patients and their families for the difficult and frightening experience of heart surgery.

"We repair congenital heart problems in children. Our goal is to make our patients as normal as possible, from a cardiac point of view, and hopefully they can go on to live a great life. A big part of my job is to work closely with each family from the time surgery is scheduled through the operation and recovery.

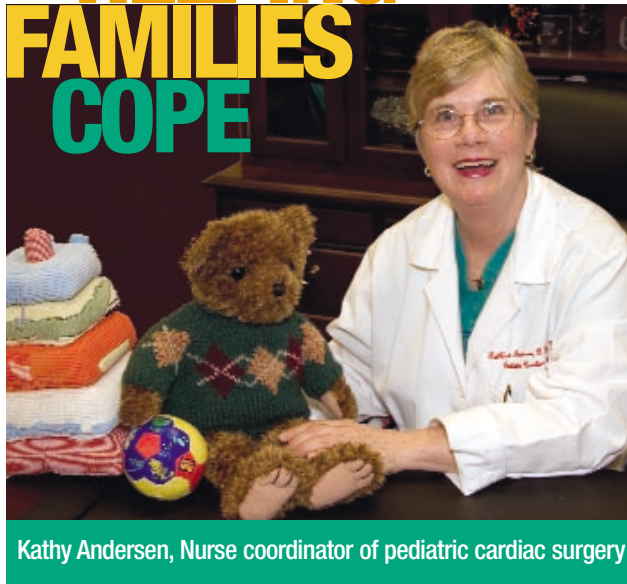
We know that patient education is key to a full recovery. So we've created programs that provide families with detailed information about what to expect during and after surgery.

The Internet is a great tool for us. The information on our website helps children understand what to expect on the day of the operation and what will happen to them during the surgery. It's very detailed, even showing them what the OR looks like. I make an effort to help parents understand what's happening to their children, how to help them recover, both in the hospital and then when they get home.

Many times children, once they have had heart surgery, benefit from some selective heart medications for a period of time. But a lot of the commercial pharmacies don't wish to grind up and make medications just for children, because it's labor intensive. So we've identified some pharmacies who will work with us to make the medications. Then we show the parents how to administer the medications and get them to understand the reason we're giving the drugs.

The satisfaction of my job is having a child come in who has a serious congenital heart problem, and watch the youngster go home and be able to be an active little kid. That's really what it's all about." ■

HELPING FAMILIES COPE



Kathy Andersen, Nurse coordinator of pediatric cardiac surgery



Patient Profile: Eileen Lesberg

Garden City, New York

Date of Surgery:

January 31, 2001

Eileen Lesberg has always been a high achiever. As the founder of World Wide Facilities, Inc., she's been a leader in the field of staffing-industry insurance for over three decades. But in 2000 she faced her greatest challenge when heart-valve disease threatened to end her life. She had a weak heart and was therefore a high-risk candidate for surgery.

But under the care of Dr. Wayne Isom and the team from Weill Cornell, she is back in business.



I'm very grateful to everyone

at Weill Cornell who essentially gave me my life back. It didn't look good for a while there, but perseverance will get you through any seemingly impossible situation.

No Laughing Matter continued from page 1

can be toxic. During surgery at Weill Cornell in 2002 to repair another, more serious heart problem, he underwent what is known as the Maze procedure to stop the arrhythmia. The surgery was a complete success. “It’s made a big difference in my life.”

Gary’s experience is typical. The irregular heartbeat is controlled with medication and repaired surgically when the AF patient is already undergoing an operation for a different cardiac problem. But AF is a significant burden on our healthcare system, costing an estimated \$6 billion dollars annually. So doctors in the Department of Cardiothoracic Surgery have responded by advancing new methods that make it easier to treat AF earlier, improving the lives of patients and setting new standards of care.

As Dr. Charles Mack, director of arrhythmia surgery, explains it, the Maze procedure that Gary Richter underwent is the gold standard for surgically treating AF. “The Maze approach has been remarkably effective for many people, but it is usually done as an add-on to open-heart surgery. We’d like to see more patients receive the benefits of this technique, so we’re working to create a

stand-alone procedure that will make it easier to treat the disease sooner. Our new, minimally invasive treatment is a derivative of the Maze procedure that produces the same effect but with fewer risks.”

Dr. Mack believes that by perfecting a minimally invasive technique, more patients will seek surgical options earlier in the course of their disease, getting them off medication and erasing the debilitating effects of AF. So in the future, patients like Gary Richter could dramatically improve their health in a safer and faster procedure long before it impacts the quality of their lives. “Of all the advances in cardiac surgery, this is one of the most exciting developments in the last ten years. This is the future of cardiac care.” ■

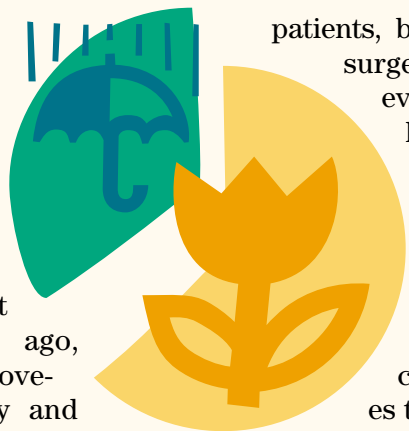


Dr. Charles Mack

STAYING WITH THE PROGRAM POST-OP DEPRESSION

The mental health of our patients is just as important to us as their cardiovascular condition. While depression following surgery is not the problem it was 10 years ago, because of improvements in surgery and recovery practices, it is still a concern. To improve patient care, we’ve worked closely over the years with the Center for Complementary and Integrative Medicine, led by Dr. Mary Charlson, to examine the psychological impact of surgery. We spoke with Janey Peterson, RN, MA, who directs clinical research for the department and has led studies on postoperative depression.

“While not experienced by all



patients, becoming depressed after surgery is a fairly common event. Depression following hospitalization and cardiac surgery has been linked to the development of new cardiac complications. Based on our research findings, we can offer some common-sense approaches to combat depression.”

1 Be Aware

Left untreated, depression can become a serious health problem. You and your caregivers should be mindful of changes in mood and realize that you may become depressed after the operation.

2 Don’t Forget Social Support

We see many patients who become cut off from their social networks—

bridge clubs, book groups, and golfing partners—once they have surgery. It’s important not to close yourself off from people after you go home. These relationships are a valuable way to maintain quality of life.

3 Confidence is Key

Patients who do the best after surgery are those who have a good attitude. You had major surgery for a reason: to improve and extend your life. Patients who become proactive and “seize the moment” resume a high quality of life after their operation.

4 Get Professional Help

We encourage our patients to seek out help for depression. Often, pharmacologic treatment can be provided by your internist or cardiologist. However, treatment can also be provided by a mental health professional.

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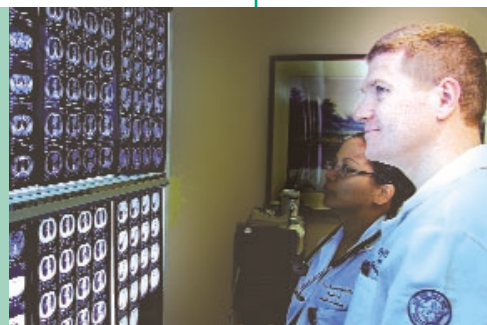
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Cox-2 Inhibitors *from page 1*

But the news is not all bad. Scientists at Weill Cornell tell a more encouraging story about COX-2—in particular, about its uses other than as a painkiller, especially in the treatment of cancer. In fact, recent studies show that COX-2 could play an important role in the treatment of one of the most deadly forms of cancer: non-small-cell lung cancer. In studies now in phase-two clinical trials COX-2 appears to enhance the effects of chemother-

apy for cancer patients.

“Our data suggest that COX-2 inhibitors given with chemotherapy before surgery helps shrink the tumors,” according to Dr. Jeffrey Port, assistant professor of thoracic surgery at Weill Cornell and author of a number of published papers on COX-2 and cancer. “These findings hold great promise for patients with specific types of lung cancer, and we hope to expand this research in the future.” ■



Dr. Jeffrey Port reviews images with
Maria Carrera O'Donnell, NP

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MAKE A GIFT



The Department of Cardiothoracic Surgery at New York Presbyterian's Weill Cornell Medical Center depends on many sources of revenue to maintain its status as a leading research center, care provider, and educator of future generations of health care professionals. A major source of support is the philanthropic vision of people who have come to know our work.

To make a tax deductible gift, please use the enclosed envelope.

For more information about the department, log on to:
www.med.cornell.edu/heartsurgery

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