MEDICAL SPOTLIGHT

for Physicians and Health Care Professionals from The University of Kansas Hospital

HOSPITAL OFFERS NEW TREATMENTS, TECHNOLOGY AND FACILITY FOR ATRIAL FIBRILLATION

Breakthrough treatments, advanced technology and some of the world's leading cardiac specialists allow The University of Kansas Hospital to offer an improved quality of life to your patients with atrial fibrillation.

Atrial fibrillation is the most common heart rhythm abnormality in the United States. Many people live with atrial fibrillation for years without problems. However, atrial fibrillation can cause thromboembolic events such as stroke, as well as heart failure and death. Careful evaluation and appropriate therapy are critical.

At the Richard and Annette Bloch Heart Rhythm Center, within our new Center for Advanced Heart Care, four cardiac electrophysiologists specialize in the diagnosis and treatment of patients with abnormal heart rhythms. These experienced and specialized cardiologists are recognized for providing expert heart rhythm management using the area's most advanced medical, device and catheter-based treatments. Our cardiac surgeons also provide minimally invasive operative approaches for rhythm management. Together, these physicians offer the entire spectrum of therapies for treating atrial fibrillation.

Advanced Treatment Options

A generous gift from Annette Bloch, a well-known community leader and philanthropist, has equipped one of three electrophysiology suites in the Heart Rhythm Center with revolutionary, remote-navigation technology, which will be available for the first time in the Kansas City area. Stereotaxis uses powerful external magnets to guide a soft, flexible, atraumatic catheter safely and accurately during ablation procedures for atrial fibrillation and other heart rhythm disorders. Stereotaxis offers increased safety and reliability of catheter manipulation, which translates to better patient outcomes. This technology will also be used by our interventional cardiologists in selected coronary angioplasty cases. Stereotaxis is currently being installed in the new heart center and will be available soon.

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Our new Heart Rhythm Center is equipped with revolutionary, remote-navigation **stereotaxis** technology, available for the first time in the Kansas City area.

For more information or to refer a patient, call 913-588-5862 or toll free 877-588-5862. Or visit our Web site at *kumed.com*.

THE UNIVERSITY OF KANSAS HOSPITAL
KUMED

Loren Berenbom, MD
Electrophysiologist

Martin Emert, MD
Electrophysiologist

Dhanunjaya Lakkireddy, MD
Electrophysiologist

Rhea Pimentel, MD
Electrophysiologist

Traditional treatment for atrial fibrillation includes antiarrhythmic and rate-control medications as well as anticoagulant therapy. When medications do not work or are not tolerated, options can include electrical cardioversion, permanent pacemakers, catheter ablation and surgical ablation.

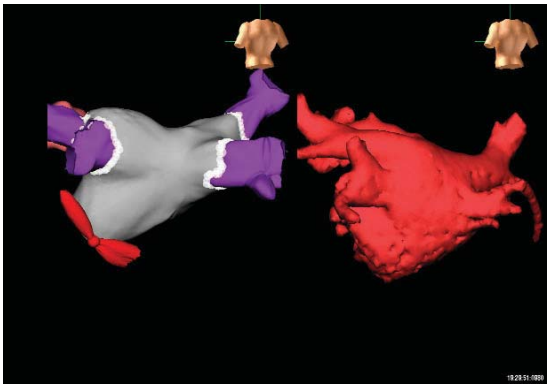
- **Electrical cardioversion** involves applying an electric current to the heart while the patient is anesthetized. For those patients who do not respond to external cardioversion, we also offer internal cardioversion. Unfortunately, patients can go back into atrial fibrillation following cardioversion.

- For selected atrial fibrillation patients, **permanent pacemakers** are an option. They can help with rate control and also reduce recurrences of atrial fibrillation.

- **Catheter ablation** for atrial fibrillation has two forms. The "ablate and pace" strategy has been available for many years. This involves AV node ablation followed by a permanent pacemaker. Patients remain in atrial fibrillation and require anticoagulation, but they do not require medication for rate control.

  Curative atrial fibrillation ablation has been performed at The University of Kansas Hospital for two years. The hospital now performs up to five atrial fibrillation ablations each week. Success rates can be as high as 90 percent for selected patients with structurally normal hearts and occasional atrial fibrillation. A success rate of 60 percent is more realistic for patients with significant underlying structural heart disease and permanent atrial fibrillation.

  This procedure uses advanced mapping technology, intracardiac echo, transeptal catheterization, pulmonary vein antral isolation and substrate modification to eliminate atrial fibrillation. In the near future, stereotaxis will help facilitate these procedures. Many patients are able to stop antiarrhythmic and even anticoagulant drugs, after an appropriate period of post-procedure follow-up.



Left atrial 3-D reconstruction

- **Surgical ablation** can be performed on patients with atrial fibrillation who are also undergoing open-heart surgery. Our surgeons were the first in the region to do surgical ablation and have extensive experience with this procedure.

Patient-Focused Care

Our electrophysiologists are a key part of the hospital's heart team, which includes 27 general and specialized cardiologists and three cardiothoracic surgeons, ensuring patients receive comprehensive cardiac care. When your patients come to The University of Kansas Hospital, their care will be provided by these specialists and a team of health care professionals that includes nurses, pharmacists, dietitians, physical therapists, social workers and rehabilitation experts. All are trained to meet the special needs of heart patients and their families.

You can be confident that your patients will receive the best available treatment in our Center for Advanced Heart Care, one of the nation's most expertly designed cardiac facilities. Opened in October 2006, this beautiful new state-of-the-art facility features three suites for electrophysiology procedures, three catheterization labs and four fully integrated cardiovascular operating rooms.

All patient rooms are private, and most provide overnight accommodations for a family member. The White Heart Learning and Resource Center is available to patients, their families and the community at large to help enhance everyone's understanding of all types of cardiovascular disease. ■