

## MERCY GENERAL OFFERS PATIENTS REVOLUTIONARY VALVE REPAIR WITH *da Vinci*® SURGICAL ROBOT

Cardiac surgeons at Mercy General Hospital are revolutionizing valve repair surgery for patients in the Sacramento region. For the past several months, surgeons Allen Morris, MD, and Frank Slachman, MD have been using the *da Vinci*® *Si HD*™ Surgical System to perform minimally invasive valve repairs, providing patients with quicker, easier recoveries. “The *da Vinci* is incredible technology – and I don’t say that lightly,” says Dr. Slachman. “The more I use it and the more I see what it can do, the more impressed I am.”

While Mercy cardiac surgeons have been using minimally invasive methods to repair valves for several years, both Drs. Morris and Slachman believe the *da Vinci* system offers levels of visual clarity and access that were previously unattainable. Using the *da Vinci*, surgeons are at the controls of a state-of-the-art robotic system involving several arms, one of which provides a 3-D, high-definition camera view into the surgical area. “The visualization that the system provides is unbelievable,”



The *da Vinci*® surgical robot gives surgeons a 3-D, high-definition visual while providing patients with quicker and easier recoveries.

explains Dr. Morris. “We are seeing the heart in 3-D, high-definition. We see the valves and their pathology better and we also have better access. I’m using the same techniques that I’ve been using for years, but this technology makes it that much easier.” The *da Vinci* enables surgeons to perform the most complex and delicate procedures, like mitral valve repair, through very small incisions with unmatched precision. “We are not trying anything new, we’re simply using a new tool to accomplish the same technique. And we’re having great success.”

For patients, the benefits of the *da Vinci* are clear. Traditional open heart surgery involves splitting the sternum and spreading the ribs to provide access to the chest cavity (creating an 8-10” scar down the middle of the chest), however the *da Vinci* allows surgeons remarkable access and visualization through several small “ports” or incisions. The *da Vinci* not only cuts the recovery time down to a few weeks, it also offers a reduced risk of infection, less blood loss, shorter hospital stay, and less pain and scarring.

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See the difference the  
*da Vinci*® made for one  
patient on page 3

## MERCY FACILITIES UNVEIL NEW HYBRID CATH/SURGICAL SUITES

Two Mercy Heart & Vascular Institute facilities recently opened their doors to the next generation of technologically advanced procedure rooms that support both minimally invasive and complex surgical procedures in one room. As medical science advances, procedures that were once only performed through a surgical incision are now performed through smaller incisions, ports, or

with only catheters. These “minimally invasive” procedures require excellent imaging and the ability to convert or combine open/surgical approaches when needed. And that’s exactly what these cutting-edge, high-tech rooms provide – precise imaging, a sterile surgical environment, and the ability to provide maximum flexibility for patients and physicians.

At Mercy General Hospital, the new hybrid cath lab/cardiac surgical suite is a \$3.5 million upgrade to one of the hospital’s three existing cath lab rooms. The new room provides physicians with the latest in advanced imaging, including CT scan capabilities. With the cardiac surgical environment and equipment at hand, complex procedures such as thoracic and abdominal endografts for aortic aneurysms, pacemaker/defibrillator/lead extractions, and vascular bypass and stents are performed in the most conducive and patient-centered environment. This specialized procedure room also positions Mercy General to provide other evolving technologies in the future, such as percutaneous valve replacements.

At Mercy San Juan, the new \$3.6 million hybrid suite also provides state-of-the-art imaging technology and surgical capabilities in one room. The new lab is the hospital’s third cath lab and offers remarkable clarity for more efficient diagnosis and treatment. One of the primary focuses of the new lab is to provide an arena to diagnose peripheral vascular disease and treat blockages in the peripheral blood vessels – those outside the heart and brain. The new room provides expanded capabilities for Mercy San Juan now and into the future as vascular therapies evolve. ♥

### MERCY WELCOMES NEW CARDIOLOGISTS

Mercy Medical Group and the Mercy hospitals welcome three new interventional cardiologists to its team.

R. Michael Kirchner, MD, joins Mercy following a fellowship in Cardiovascular Diseases and Interventional Cardiology. Dr. Kirchner served as a Major in the United States Air Force and was deployed

twice in support of Operation Iraqi Freedom. He received his medical degree from Drexel University College of Medicine, and completed his internship and residency at David Grant USAF Medical Center, Travis AFB, CA, in affiliation with University of California at Davis Medical Center. Dr. Kirchner completed his Cardiology fellowship and Interventional Cardiology fellowship at Brown University, Providence, RI.

David Lao, MD, completed a fellowship in Interventional Cardiology at University of California, San Francisco, where he also completed his residency. Dr. Lao earned his medical degree from Yale University, and his undergraduate from Stanford University. Dr. Lao is fluent in Mandarin and Spanish.

Inder Singh, MD, completed his fellowship in Interventional Cardiology at the Mayo Clinic in Rochester, MN. Dr. Singh completed his residency in Internal Medicine at the Cleveland Clinic, Cleveland, OH, and earned a Doctor of Medicine degree from Ovidius University in Constanta, Romania.

Drs. Kirchner and Singh are practicing at Mercy Medical Group’s Midtown location. They can be reached at 916.733.3333. Dr. Lao is practicing at Mercy San Juan and can be reached at 916.536.3500. ♥



R. Michael Kirchner, MD; David Lao, MD; Inder Singh, MD,

## MERCY HEART & VASCULAR INSTITUTE

### Cardiac Surgeons

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Michael Ingram, MD  
Richard K. Kaplon, MD  
Robert Kincade, MD  
James Longoria, MD  
Allen S. Morris, MD,  
Medical Director  
Kapil Sharma, MD  
Frank Slachman, MD  
Henry L. Zhu, MD

Pdraig G. O'Neill, MD  
Medical Director  
Stephen I. Stark, MD  
Larry J. Wolff, MD

### Cardiologists

Arvin Arthur, MD  
Richard Axelrod, MD  
Philip M. Bach, MD  
Scott B. Baron, MD  
David A. Bayne, MD  
Raye L. Bellinger, MD  
Larry E. Berte, MD  
Rohit Bhaskar, MD  
Dennis R. Breen, MD

Peter R. Callahan, MD  
Michael L. Chang, MD  
Medical Director  
Kenny K. Charn, MD  
John Chin, MD  
Howard Dinh, MD  
Mark H. Eaton, MD  
Georg Emlein, MD  
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Melvin D. Flamm, Jr., MD  
James M. Foerster, MD  
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Kathryn Glatzer, MD  
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Stanley C. Henjum, II, MD

Elizabeth Hereford, MD  
Mehrdad Jafarzadeh, MD  
Ajay Joshi, MD  
Roy F. Kaku, MD  
Brian Kim, MD  
Michael Kirchner, MD  
Joseph A. Kozina, MD  
David Lao, MD  
Edmond Lee, MD  
Timothy Y. Lee, MD  
Lee-Tzu Lin, MD  
Reginald I. Low, MD  
David J. Magorien, MD  
Nick Majetich, MD  
John A. Mallery, MD

Walt Marquardt, MD  
Harvey J. Matlof, MD  
Malcolm M. McHenry, MD  
Stephen L. Morrison, MD  
M. Michele Penkala, MD  
Jagbir S. Powar, MD  
David K. Roberts, MD  
Robert Schott, MD  
Sailesh N. Shah, MD  
Inder Singh, MD  
Karanjit Singh, MD  
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Kevin L. Stokke, MD  
Rajendra S. Sudan, MD  
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### Administration

Doris Frazier, RN, MS  
Vice President

## PATIENT: "LUCKY" TO HAVE *da VINCI*®

Although Noreen Goff's family doctor had monitored her mitral valve prolapse for years, she never envisioned it becoming a problem. But after experiencing shortness of breath while on vacation, her doctor ordered an echocardiogram. "I was told that my valve needed to be repaired – maybe even replaced," Noreen remembers. "I was in shock. I needed open heart surgery." Noreen's cardiac surgeon, Frank Slachman, MD, offered her a ray of hope. "He told me that I may be a good candidate for robotic-assisted surgery, using the *da Vinci*. That meant he wouldn't have to crack my sternum and open my chest – I immediately started praying he'd be able to use the *da Vinci*!"

Noreen's prayers were answered and in late September, Dr. Slachman repaired her mitral valve using the *da Vinci* system. Dr. Slachman says the *da Vinci*

actually prevented Noreen's surgery from becoming very complicated. "Mrs. Goff's heart was actually very displaced due to scoliosis," explains Dr. Slachman. "Had we gone in the usual route by opening her chest through the sternum, it would have been quite difficult to get a good view. The *da Vinci* provided a remarkable visual."

Noreen returned home several days later, where she was able to gradually resume her normal activities, including pursuing her passion for gardening. "Even though I was in shock to find out I needed heart surgery, I told my husband that if it had to be done, this was the way I want to do it," she says. "I would highly recommend to anyone facing heart surgery to ask if the *da Vinci* may be a possibility for them. I feel very lucky that it was for me." ♥

### *da VINCI*

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For Drs. Morris and Slachman, bringing the benefits of the *da Vinci* system to life for their patients has been a process that was literally years in the making. "We've undergone hundreds of hours of training and continue to train and study to learn about future applications of this technology," explains Dr. Slachman.

Currently Mercy is using its *da Vinci* for repairs and replacement of the mitral

valve and the tricuspid valve, as well as closure of holes in the valves. The surgeons are hopeful that in the future the *da Vinci* may be used for procedures to repair atrial fibrillation as well as for heart bypass surgery on certain types of patients. "I firmly believe this is a very viable method for doing heart surgery," explains Dr. Slachman. "The *da Vinci* will continue to add to and extend our surgical techniques and capabilities." ♥



In September, Mercy's Kapil Sharma, MD, presented "Cardiology Update: Expansion of Complex Aortic Arch Reconstruction Procedures" to physicians in Redding as part of Mercy's ongoing Cardiology Update series. Pictured left to right are Andrew Schepps, MD, Bruce Miller, MD, Ed Pottmeyer, MD, Steve Mendelsohn, MD, and Dr. Sharma. ♥

## THE TRUTH ABOUT PROTON PUMP INHIBITORS AND PLAVIX®

Over the past two years there has been considerable debate over the drug interaction between proton pump inhibitors (PPIs) and clopidogrel. The meta-analysis by Kwok and Loke (Alimentary Pharmacology and Therapeutics, 2010), the largest study on this subject to date, still cannot put this debate to rest. While it is certain that a pharmacodynamic interaction via CYP2C19 metabolism exists, the clinical significance remains unknown.

Future studies will need to examine individual PPIs and various patient subgroups. Specifically, omeprazole has the strongest data against its use, while pantoprazole may prove to be the PPI of choice. However, while there were not enough data in this meta-analysis to examine each PPI separately, Loke believes there will be no difference in risk between each PPI. Poor CYP2C19 metabolizers may be at higher risk for a clinically significant interaction.

As answers unfold, ethnicity, patient age, and genetic mutations may all come in to play, as well as PPI selection. For now, it seems wise to restrict PPIs to patients at highest risk of GI bleeds if they are also on clopidogrel, but specific guidelines or recommendations remain to be seen.

— Sarah Hale-Byron, University of the Pacific Pharmacy Student ♥

## MERCY HOSPITALS GO SMOKE-FREE

On Jan. 1 of this year, Mercy General Hospital joined Mercy San Juan Medical Center and all other Catholic Healthcare West (CHW) facilities by becoming a smoke-free and tobacco-free facility. This new policy means that everyone, including employees, physicians, patients and visitors will be prohibited from smoking or using tobacco products at any time while on the hospital campus. More than 2,000 hospitals nationwide have enacted similar policies. Mercy and CHW believe that because of the well-known and scientifically proven health risks associated with tobacco use, enacting a tobacco-free policy is a responsible step that fits with the mission of improving the quality of life in the community. ♥

## 2010 SYMPOSIUM A SUCCESS

The 20th Annual Cardiology & Electrophysiology Symposium: Concepts & Controversies, hosted by Mercy physicians Dr. Scott Baron and Dr. Gearoid O'Neill, was held in Sacramento on Oct. 23. This year's Symposium was attended by over 150 medical professionals. Pictured is Michael Mangrum, MD, Gearoid O'Neill, MD, Shephal Doshi, MD, Arash Aryana, MD, (left), Scott Baron, MD, and Timothy Icenogle, MD, (below).



### SAVE THE DATE: 2011 CARDIOLOGY SYMPOSIUM

The 21st Annual Symposium "Cardiology & Electrophysiology: Concepts & Controversies" will be presented by the Mercy Heart & Vascular Institute at the Hyatt Regency Sacramento on Saturday, Oct. 8, 2011. Mark your calendars now – we hope to see you there. ♥

## REFERRAL RESOURCES

The following Mercy programs are available for physicians to refer their patients for help managing heart disease.

Heart Smart and CHAMP®:  
916.564.2880

### Cardiac Conditioning:

Mercy General Hospital 916.453.4521  
Mercy San Juan Medical Center 916.537.5296

### Pulmonary Rehabilitation:

Mercy General Hospital 916.453.4268  
Smoking Cessation 916.453.4927  
Mercy San Juan Pulmonary Rehab 916.537.5299

ICD Support Group 916.733.6966

Vascular HealthScreen 916.733.6245  
Cardiac HealthScreen 916.733.6245

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MERCY HEART & VASCULAR INSTITUTE  
3939 J Street, Suite 220  
Sacramento, CA 95819-3633

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