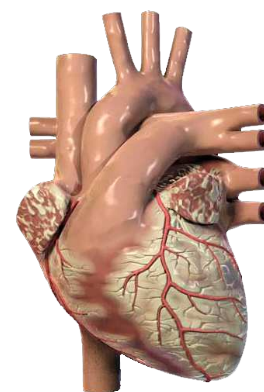
Healthy Heart



Volume-2 | Issue-19 | June 5, 2011

Price : ₹ 5/-

Honorary Editor :
Dr. Keyur Parikh

Cardiologists

Dr. Anish Chandarana
(M) +91-98250 96922
Dr. Ajay Naik
(M) +91-98250 82666
Dr. Satya Gupta
(M) +91-99250 45780
Dr. Gunvant Patel
(M) +91-98240 61266
Dr. Keyur Parikh
(M) +91-98250 26999
Dr. Milan Chag
(M) +91-98240 22107
Dr. Urmil Shah
(M) +91-98250 66939
Dr. Hemang Baxi
(M) +91-98250 30111
Dr. Joyal Shah
(M) +91-98253 19645
Dr. Ravi Singhvie
(M) +91-98251 43975

Cardiac Surgeons

Dr. Dhiren Shah
(M)+91-98255 75933
Dr. Dhaval Naik
(M)+91-90991 11133

Cardiac Anaesthetists

Dr. Niren Bhavsar
(M)+91-98795 71917
Dr. Hiren Dholakia
(M)+91-95863 75818

Pediatric Cardiology

Dr. Kashyap Sheth
(M) +91-99246 12288

Dr. Milan Chag
(M) +91-98240 22107

Neonatologist and
Pediatric Intensivist

Dr. Amit Chitaliya
(M)+91-90999 87400

Cardiac Electrophysiologist
Dr. Ajay Naik
(M) +91-98250 82666

From the desk of editor:

*It is with pride I announce the launch of CIMS KIDS at CIMS Hospital on June 19, 2011. CIMS KIDS is an effort by the hospital to provide exemplary and revolutionary medical care for **neonates and pediatric** patients in the area of **critical care and cardiology**. We will also have advanced and specialized pediatric ambulance services to provide speedy and efficient services.*

CIMS has witnessed an unprecedented inpatients crossing in the last few months over 5000 (from August, 2010 to May, 2011). Quality patient care has been our topmost priority and will always be. We are confident that with the CIMS KIDS we will scale newer heights in healthcare services.

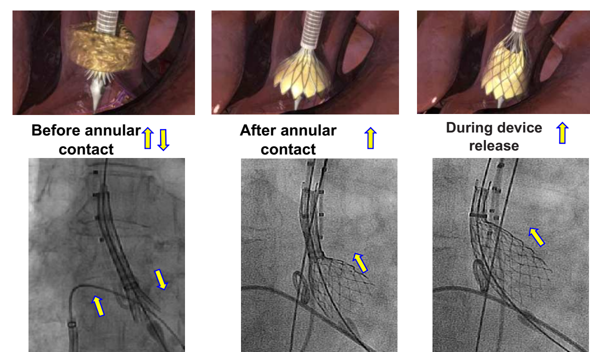
Dr. Keyur Parikh

Update in Interventional Cardiology

I am happy to provide readers of Healthy Heart with this review of some important scientific work published in the field of interventional cardiology in 2010-2011.

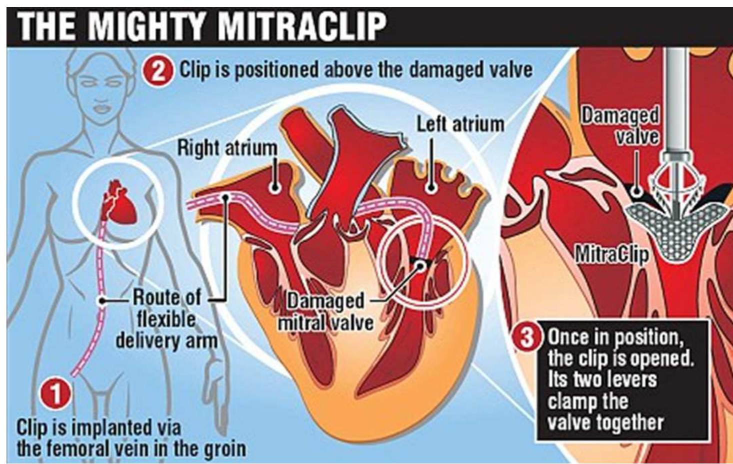
Structural Heart Disease

Aortic valve replacement: Perhaps the most important and exciting report from 2010 was publication of the first randomized trial of Transcatheter Aortic Valve Implantation (TAVI) for Aortic Stenosis (AS). The PARTNER (Placement of Aortic Transcatheter Valves) trial randomly assigned 358 high-risk patients with severe AS who were not suitable candidates for surgery to standard therapy (including balloon aortic valvuloplasty) or TAVI with the Edwards SAPIEN balloon-expandable bovine pericardial valve. The TAVI arm had a dramatically lower rate of death at 1 year compared with the standard therapy arm (30.7% vs. 50.7%, $p < 0.001$)



Results of this landmark trial will revolutionize the care of inoperable AS patients. The year also saw many other scientific reports regarding TAVI, including with Core Valve, Medtronic.

Mitral valve repair : Another major development this year was presentation of data from the first randomized trial of percutaneous versus surgical mitral valve repair, EVEREST II (Endovascular Edge-to-Edge Repair Study). A total of 279 patients with significant (3 to 4 +) mitral regurgitation was randomly allocated on a 2:1 basis to catheter-based repair with the MitraClip versus surgery. At 30 days, the primary safety endpoint, a composite of major adverse events, was markedly lower in the MitraClip arm (9.6% vs. 57%, $p < 0.0001$). The entire procedure is done percutaneously.



These exciting data suggest that percutaneous mitral repair with the MitraClip is an important therapeutic option for patients with significant mitral regurgitation.

Elective Percutaneous Coronary Intervention

Left main coronary artery disease : Several publications verified the long-term safety and efficacy of unprotected Left Main Coronary Artery (LMCA) stenting compared with Coronary Artery Bypass Graft Surgery (CABG). Park et al. evaluated 2,204 LMCA disease patients who were treated with either Percutaneous Coronary Intervention (PCI), Bare-Metal Stent (BMS), or drug-eluting stent (DES), or CABG in a nonrandomized fashion. At a median of 5.2 years of follow-up, death, myocardial infarction (MI), or stroke was similar, but Target Vessel Revascularization (TVR) was higher in the PCI group.

The SYNTAX (Synergy Between PCI With TAXUS and Cardiac Surgery) Investigators published 1-year outcomes in the 705 patients with unprotected LMCA disease randomly assigned to TAXUS stenting versus CABG. Major adverse cardiovascular events (MACE) were similar between the 2 groups; however, stroke was significantly higher in the CABG cohort (2.7% vs. 0.3%, $p = 0.004$).

Multivessel disease : The MASS-II (Medicine, Angioplasty or Surgery Study) reported 10-year outcomes among 611 randomized patients with stable angina and multivessel disease. **Medical therapy was an inferior strategy** compared with CABG and PCI, respectively, with lower survival (69% vs. 74.9% and 75.1%, $p = 0.089$) and higher infarction (20.7% vs. 10.3% and 13.3%, $p < 0.01$).

The CARDia (Coronary Artery Revascularization in Diabetes) trial randomized 510 diabetic patients with multivessel disease to PCI (BMS or sirolimuseluting stent [SES]) or CABG (23). One-year mortality was identical (3.2% vs. 3.2%), and combined death, MI, and stroke were similar (10.5% vs. 13.0%, $p = 0.39$) between CABG and PCI arms. Similarly, the ARTS-II (Arterial Revascularization Therapies Study II) found similar freedom from death, MI, or stroke in the patients with multivessel disease treated with Drug Eluting Stents compared with CABG.

Fractional flow reserve guidance: Fractional flow reserve measurement is useful to reduce adverse events in multivessel disease patients undergoing PCI. The FAME (FFR Versus Angiography for Multivessel Evaluation) trial randomized 1,005 patients with multivessel disease. It helps to decide severity leseon & establishes need for stenting.

The group randomly assigned to fractional flow reserve had lower utilization of stents (1.9 vs. 2.7, $p < 0.001$) and reduced death or MI at 2 years (8.4% vs. 12.9%, $p = 0.02$) . We, at CIMS, do have FFR available.

Acute MI

Time to treatment. Several studies investigated the impact of time to reperfusion on clinical outcomes. Short door-to balloon times (90 min) had greatest impact in patients presenting early (90 min), especially in high-risk patients TIMI (Thrombolysis In Myocardial Infarction).

Patients who received reperfusion therapy outside of

guideline recommended maximum delay (30 min for fibrinolysis; 90 min for PCI) had significantly higher 30-day mortality (6.6% vs. 3.3%).

PCI after thrombolysis : A Norwegian trial evaluated the safety and efficacy of immediate angioplasty versus ischemia-guided therapy after thrombolysis in 266 AMI patients presenting to remote non-PCI hospitals. The group randomly assigned to ***immediate transfer for PCI had reduced ischemia at 30 days and improved composite endpoint of death, reinfarction, or stroke at 12 months.*** Borgia et al. performed a meta-analysis of 7 trials of routine PCI versus standard care after fibrinolysis. ***The early routine invasive strategy was associated with significant reductions in reinfarction and recurrent ischemia compared with standard therapy,*** both at 30 days and at 6 to 12 months of follow-up. Nielsen et al. reported late follow-up (median 7.8 years) of the DANAMI-2 (Danish Acute Myocardial Infarction-2) trial in which 1,572 STEMI patients were randomly allocated to PCI or fibrinolysis. The short-term benefit of PCI over fibrinolysis was maintained at long-term follow-up with a reduced the risk of reinfarction and (11.7% vs. 18.5%) and death/reinfarction (34.8% vs. 41.3%).

Acute Coronary Syndromes

An early invasive strategy is currently recommended in patients with non–ST-segment elevation acute coronary syndrome (ACS) and high-risk features. In 2010, Fox et al. performed a meta-analysis of 3 randomized trials (n = 5,467) comparing a routine early invasive versus selective invasive strategy. Over 5 years, a routine early invasive strategy was associated with a significant reduction in death or myocardial infarction (14.7% vs. 17.9%, p = 0.002) compared with the selective approach (greatest benefit was observed in the highest-risk patients).

Pharmacotherapy

DRUG INTERACTIONS. Recently, there has been controversy about use of proton pump inhibitors (PPI) in patients requiring clopidogrel. Concomitant use of PPI (especially omeprazole) does appear to reduce the antiplatelet effect of clopidogrel, irrespective of when the PPI is given, but recent studies suggest that this drug interaction does not significantly impact clinical outcomes

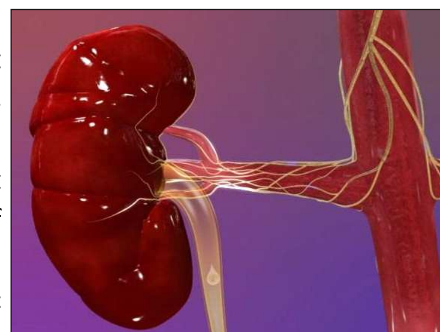
P2Y12 inhibitors. TRITON–TIMI 38 (Trial to Assess Improvement in Therapeutic Outcomes by Optimizing Platelet Inhibition With Prasugrel–Thrombolysis In Myocardial Infarction 38), showed superiority of prasugrel over clopidogrel in selected group of patients.

Ticagrelor is an oral reversible adenosine diphosphate inhibitor with more rapid and consistent platelet inhibition than clopidogrel. In patients with STEMI and ACS patients with a planned invasive strategy, ticagrelor was associated with significant reductions in death, MI, and ST without an increased risk of major bleeding, prasugrel is available now in India & Ticagrelor will be available in few months.

Glycoprotein IIb/IIIa inhibitors. Several trials in 2010 expanded the evidence base regarding the benefits of glycoprotein IIb/IIIa inhibitors in primary PCI, and in particular, the role of small molecule agents.

A meta-analysis of randomized trials with tirofiban in ACS and PCI suggested tirofiban reduces mortality.

Hypertension

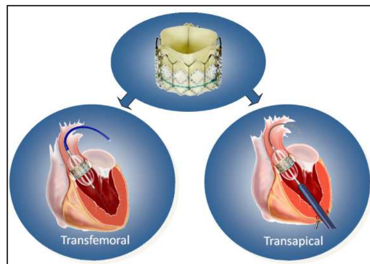


Renal denervation. In one of the most exciting developments of the year, results of a 106-patient randomized trial of catheter-based renal sympathetic denervation for treatment of resistant hypertension (systolic blood pressure 160 mm Hg despite taking 3 or more antihypertensive medications) were published. At 6 months, the office-based blood pressure was substantially lower in patients treated with renal denervation (decrease 32/12 mm Hg vs. no difference in the control group). Eightyfour percent of renal denervation patients had a reduction in systolic blood pressure >10 mm Hg versus 35% of controls (p < 0.0001).

An International Interventional expert on TAVI (Transcatheter Aortic Valve Implantation) will be at CIMS from June 28-30, 2011.

Any high risk patient with severe Aortic Stenosis requiring Aortic Valve Replacement without surgery may contact any of the cardiologists listed on the front page

The Patients will be provided following services **FREE of cost:**
(a) Consultation (b) Echo (c) ECG



CIMS® Care Institute of Medical Sciences

CIMS Hospital : Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.
For appointment call : +91-79-3010 1200, 3010 1008
(M) +91-90990 66540, 98250 66664, 98250 66668.

It is advisable for every smoker to have a PFT test

Pulmonary Function Test (PFT)

Discount Coupon valid upto July 31, 2011

To measure lung breathing capacity

PFT Spirometry	PFT DLCO (advanced lung testing)
₹ 450/-	₹ 2500/-
Regular cost ₹ 600/-	Regular cost ₹ 3000/-

Walk-in PFT test 10.00 am to 5.00 pm daily

CIMS® Care Institute of Medical Sciences

Please bring this cutting with you to avail of this offer

Heart Disease Symptoms...

Dizziness
Irregular Heart beat
Chest pain
Diabetic "gas problems"

HEALTHY HEART for all

If your patients experience any of the symptoms...

Call any of the our cardiologists or call on
+91-97261 66222

FINANCE options also available along with EMI facility

- **Healthy Heart Loan Program :** For families who qualify, **special loan programs** are available to help your loved ones get the highest quality treatment **(Drug Eluting Stents, CRT, Defibrillators and high grade Pacemakers)**
- **Cardiac Patient Counsellors :** Our team of empathetic and trained counsellors will provide the support and guidance and help make the right choices.
- **Healthy Heart Check-Ups :** Our in-house expert Cardiac Technicians will help assess the patient if they would benefit from further evaluation of their heart condition.

Healthy Heart for All Office :
2nd Floor, CIMS Hospital, Nr. Shukan Mall,
Off Science City Road, Sola, Ahmedabad-380060

www.healthyheartforall.org

You are cordially invited to the

Grand Inauguration

of

CIMS KIDS

at 9.00 am onwards on Sunday, June 19, 2011

by

Hon'ble Minister of Health & Tourism, Govt. of Gujarat

Shri Jay Narayan Vyas

who will grace the occasion as the Chief Guest

Guest of Honour :

Minister of State, Higher & Technical Education and Women & Child Development

Smt. Vasuben N. Trivedi

Timing : 9.00 am to 1.00 pm

Venue : CIMS Hospital,Nr. Shukan Mall,

Off Science City Road, Sola, Ahmedabad-380060.

CIMS Family

No gifts or flowers please - Just your wishes

09.00 am Tour - CIMS Hospital
10.25 am Welcome by CIMS Pediatric Team
(Dr. Amit Chitaliya, Dr. Kashyap Sheth, Dr. Shaunak Shah, Dr. Milan Chag)
10.30 am Inauguration of CIMS KIDS ICU by Hon'ble Shri Jay Narayan Vyas
10.40 am Inauguration of CIMS KIDS Emergency Transport Services by Hon'ble Smt. Vasuben Trivedi
10.55 am Welcome Address by Dr. Milan Chag, Managing Director - CIMS Hospital
11.00 am Keynote Address by Hon'ble Smt. Vasuben N. Trivedi (Guest of Honour)
11.15 am Inaugural Address by Hon'ble Shri Jay Narayan Vyas (Chief Guest)
11.30 am Vote of Thanks - Dr. Amit Chitaliya
11.40 am Tour - CIMS KIDS Department

CIMS Neonatal & Pediatric Critical Care Services

We deliver STATE-OF-THE ART PEDIATRIC CRITICAL CARE SERVICES

Ensuring the best care in initial steps of their lives.

We are determined to provide seamless comprehensive health care services for the children , regardless of how complex their problems may be ; to ensure the best care in the initial steps of their lives.

key features of CIMS-Pediatric Critical Care Services -

- Highly Trained intensive care team to treat critical neonates.
- Dedicated and trained personnel to cater premature babies Neonatal ICU.
- State-of-the-art 12 bedded advanced neonatology set up, well equipped with Conventional as well as high frequency oscillatory ventilation (HFOV-SLE 5000) With Nitric Oxide compatibility.
- Special Respiratory Care of premature babies with Non invasive ventilation (i.e. bubble CPAP).
- Well equipped designated PICU (5 bedded-Pediatric ICU) & PSICU (5 bedded-Pediatric Surgical ICU).
- Special care for infection control with 0.3 micron Hepa filters in ICU.
- Facilities for Multi para Invasive monitoring, Peritoneal Dialysis, Bedside Ultrasonography, Total Parenteral nutrition ,Photo therapy.
- Multi-disciplinary interventional programme with facilities like in-house Pediatric surgery, F.O.Bronchoscopy.
- Well reputed Pediatric cardiology & cardiac surgical programme at CIMS with Cutting Edge technology and gadgets i.e. Real time 3D echo cardiography.
- 24x7 emergency support and transport team equipped with pediatric ventilators.
- Perinatal high-risk pregnancy consultation.

To protect the most important people in your life

Visit CIMS Hospital

LAST CHANCE

Upto June 30, 2011

CIMS Super Advanced Health Check-up

₹ 12000/- only

(Regular Cost ₹ 15000/-, **42 items** total body check-up including advanced CT Scan calcium scoring, echo, TMT, chest x-ray, carotid doppler, etc.)

Please bring this cutting with you to avail of this offer

Upto June 30, 2011

CIMS Comprehensive Health Check-up

₹ 4000/-only

(Regular Cost ₹ 5000/-, **20 items** check-up including cardio diabetic, echo, TMT, chest x-ray, etc.)

Please bring this cutting with you to avail of this offer

Upto June 30, 2011

CIMS Women's Wellness Health Check-up

Think RED for women

₹ 1500/-only

(Regular Cost ₹ 2500/-, **17 Items** check-up including chest x-ray, mammography, pap smear, ultra sound abdomen, etc.)

Please bring this cutting with you to avail of this offer

CIMS Hospital : Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.
For appointment call : +91-79-3010 1200, 3010 1008 (M) +91-90990 66540, 98250 66664, 98250 66668.
Ph. : +91-79-2771 2771-75 (5 lines) For appointment email on opd.rec@cims.me email : info@cims.me web : www.cims.me

CIMS-CON 2012

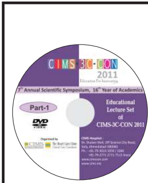
January 6-8, 2012

Organized by

The Heart Care Clinic
Clinical Care Consultants

SUPER EARLY BIRD REGISTRATION

Register for 3-day conference at only ₹ 3,500/- instead of ₹ 5,000/-



Register Early for CIMS-CON 2012 and get CIMS-3C-CON 2011 Lectures DVD set absolutely FREE*

*offer valid only till June 30, 2011

Winners of the lucky draw from the register delegates will get any one of the following surprise gift :

1. *LED TV Set*
2. *Digital DVD Player*
3. *Exclusive Leather Wallet*
4. *Executive Pen*

CIMS-CON 2012 Registration Form

Cheque or DD's to be made A/C payee and in the name of **'CIMS Hospital Pvt. Ltd.'** Kindly mail the registration form along with the cheque/DD to our office. All Cash Payment are to be made at 'CIMS Hospital, Ahmedabad' only.

	Module	Before 31-10-11	Before 31-12-11	Spot Reg.(After 31-12-11)
(A)	Main Conference (January 6-8, 2012) (including certification course)	☐ ₹ 5000	☐ ₹ 6000	☐ ₹ 7000
(B)	Certification Courses (January 8, 2012)	☐ ₹ 1500	☐ ₹ 2000	☐ ₹ 2500
(C)	** Deposit for Hotel Accommodation (Separate cheque)	☐ ₹ 3000	☐ ₹ 3000	☐ ₹ 3000
(D)	For students doing MD (Medicine) with proof	☐ ₹ 2500	☐ ₹ 3000	☐ ₹ 3500
E)	Spouse Registration (Non refundable)	☐ ₹ 3500	☐ ₹ 3500	☐ ₹ 3500
(F)	Foreign Delegates	☐ $ 450	☐ $ 500	☐ $ 600
(G)	% Deduction (in case of cancellation)	10 %	30 %	No Refund

☐ Prof. ☐ Dr ☐ Mr. ☐ Mrs. ☐ Ms.

_______________ _______________ _______________
First Name Middle Name Last Name

Qualification : __________ Resi. Address : ______________________

____

City : ______________ State : __________ Pin Code : __________

Phone (STD Code) (O) ________ (R) ________ (M) ______________

Email : ____

**You want hotel accommodation? ☐ Yes ☐ No
(The accommodation package is priced at Rs. 3,000/- for 2 nights with twin sharing & ₹ 4500/- for 3 nights

** Hotel Accommodation is optional. If you have applied for accommodation, please send a separate deposit cheque of ₹ 3000 to cover the cost of your stay for two nights. Students also need to pay for Hotel Accommodation at the same rate.

Due to limited seating in various venues, register early to avoid disappointment.

Payment Details

₹ | ₹ in word :

DD/Cheque No. | Date

Bank :

Payment Details - Spouse Registration*

Spouse Registration Fee ₹ 3,500/- (Non Refundable)

Delegate Name : ______________________________

Spouse Name : ______________________________

Contact No. : ______________________________

₹ | ₹ in word :

DD/Cheque No. | Date

Bank :

*Please give seperate cheque of ₹ 3,500/- for spouse registration

CIMS Hospitals, Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.
Email : cimscon@cims.me
www.cimscon.com / www.cims.me

For more details call on
(Office) +91-79-3010 1059 / 1060
(Mobile) +91-98251 46696 , 98240 08078

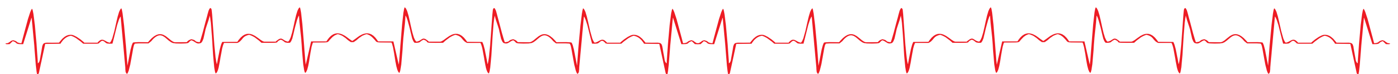
Healthy Heart Registered under RNI No. GUJENG/2008/28043
Permitted to post at MBC, Navrangpura, Ahmedabad-380009 on the 12th of every month under
Postal Registration No. GAMC-1725/2009-2011 issued by SSP Ahmedabad valid upto 31st December, 2011
Licence to Post Without Prepayment No. CPMG/GJ/97/2010-2011 valid upto 31st December, 2011

If undelivered Please Return to :

CIMS Hospital, Nr. Shukan Mall,
Off Science City Road, Sola, Ahmedabad-380060.
Ph. : +91-79-2771 2771-75 (5 lines)
Fax: +91-79-2771 2770
Mobile : +91-98250 66664, 98250 66668

Subscribe "Healthy Heart" : Get your "Healthy Heart", the information of the latest medical updates only ₹ 60/- for one year. To subscribe pay ₹ 60/- in cash or cheque/DD at CIMS Hospital Pvt. Ltd. Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060. Phone : +91-79-3010 1059 / 3010 1060. Cheque/DD should be in the name of : **"CIMS Hospital Pvt. Ltd."** Please provide your **complete postal address with pincode, phone, mobile and email id** along with your subscription

EECP (Enhanced External Counter Pulsation Therapy)



No surgery. No intervention. No pain.

*for the patients with heart blocks in arteries who cannot or don't want to undergo angioplasty / bypass & for the old bypass patients having recurrence of chest pain

Advantages of EECP therapy over other options:

- A non-invasive treatment for coronary artery stenosis.
- Performed on an out patient basis.
- Safe, painless, comfortable with no side effects.
- Cost effective.

- EECP (Enhanced External Counter Pulsation), is a non-invasive procedure which reduces symptoms of angina pectoris.
- ECP therapy is clinically tested and proven atraumatic outpatient alternative procedure to standard surgical interventions, namely balloon angioplasty (PTCA) and bypass surgery(CABG).

CIMS Hospital : Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060. Ph. : +91-79-2771 2771-75 (5 lines)
email : info@cims.me web : www.cims.me

Ambulance & Emergency : +91-98244 50000, 97234 50000, 90990 11234

For information send SMS on below nos. & type "ECP"
Dr. Bhagyesh Shah (M) +91-90990 68938
Dr. Vipul Thakkar (M) +91-90990 68935
Kruti Shah (M) +91-99240 55656

Printed, Published and Edited by Dr. Keyur Parikh on behalf of the CIMS Hospital
Printed at Hari Om Printery, 15/1, Nagori Estate, Opp. E.S.I. Dispensary, Dudheshwar Road, Ahmedabad-380004.
Published from CIMS Hospital, Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.