

HEALTH & WELLBEING

Heart-attack survival: don't miss a beat

BY SIMON ROUND

IF YOU have a heart problem today, you can take comfort from the fact that, compared to 25 years ago, your chances of surviving and making a full recovery are hugely better — particularly if you happen to be within striking distance of one of the country's advanced cardiology units.

Dr Tim Lockie is a consultant cardiologist at Hampstead's Royal Free Hospital, which has one of the country's leading specialist facilities. He explains that the equipment and expertise for treating heart attacks and chronic problems like angina has been revolutionised. "The bread and butter of what we do is restoring the blood supply to people who have a narrowing of the arteries. We pass tubes around to the heart and then use wires, catheters and stents [a wire mesh] to widen the artery and restore blood flow."

The cases he would treat in this way range from those with angina to heart attacks. While the procedures are similar, the time considerations vary widely, depending on the severity of the case. "The people we see in clinic will experience breathlessness or chest pain when they walk up a hill or play golf. At the other end are people whose arteries are blocked up, causing a heart



Tubes are now inserted in the wrist rather than leg at the Royal Free, reducing bleeding and side effects

attack. In these cases we have to do an emergency procedure."

It is with heart attacks that the most startling progress has been made. At the Royal Free five years ago the average mortality rate hovered around 12 to 15 per cent for people admitted as emergencies with heart attacks — and the average hospital stay was six to

seven days. Now, the mortality rates are between two and four per cent and the average stay is three days.

There are many reasons why survival rates have improved so much. However, a major factor is the time taken to move from diagnosis to operating table. Dr Lockie says: "It's a very time-critical procedure. For every 30 min-

utes there is an additional seven per cent risk of the patient's dying. So after an hour, it's 14 per cent; after two hours 28 per cent and so on."

This is why paramedics now diagnose the problem in the ambulance and notify the Royal Free that a patient is on the way, which means that they will be ready to perform a procedure as

soon as the patient arrives. There is also now a dedicated entrance to the unit meaning that A&E can be bypassed saving even more time.

"We talk about 'door-to-balloon time'," says Dr Lockie. "This is the time from when the patient goes through the front door to the time we insert the balloon in the artery. That's around 30 minutes in most cases."

On arrival, the blocked artery is located using advance imaging equipment, including at the Royal Free a prototype scanner which gives 3D images.

Then the tubes are inserted, usually through the wrist rather than the leg — another innovation which cuts bleeding and side effects — the blockage is removed and a stent inserted into the artery to keep it open.

The new techniques have revolutionised a procedure which itself is only around 25 years old.

In the 1980s patients would have been treated with clot-busting drugs which had only a 50 per cent success rate.

The first angioplasty (to inflate the coronary artery) was carried out with a balloon and there have been extensive developments since.

Dr Lockie says: "The kit is second- and third-generation now and the quality of the materials, the access and the success rates are much better

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