

NZ-first procedure a success at Waikato



Waikato DHB Cardiology clinical director Adam El Gamel (left) and interventional cardiologist Madhav Menon (right) farewell Michael Lewis as he is discharged from his surgery six days later.

Waikato Hospital's Cardiology team have successfully performed a New Zealand-first hybrid coronary revascularisation on a 54-year-old Tokoroa man.

Michael Lucas is the first New Zealand patient to undergo this procedure in Waikato Hospital's new purpose built hybrid cardiology theatre – part of Waikato District Health Board's \$500m building programme.

Hybrid coronary revascularisation is an internationally emerging procedure and an alternative to traditional coronary bypass surgery, which merges bypass surgery (creating new routes for blood flow when one or more arteries in the heart become blocked) and angioplasty (opening blocked arteries by inflating a tiny balloon and insertion of stents) during the same operation.

Waikato DHB Cardiology clinical director Adam El Gamel performed the bypass surgery, while Waikato DHB interventional cardiologist Madhav Menon performed the angioplasty.

"If for anatomical reasons we aren't able to perform a full bypass, for example, if the patient doesn't have enough healthy blood vessels in the body for us to use, we would only be able to do half the job, which can leave the patient very unwell and struggling, because you have left half of the heart struggling," Mr El Gamel explains.

This was the case for Mr Lucas who is a diabetic and amputee. He suffers from coronary artery disease due to his condition.

"So instead of doing the whole job using one procedure, we were able to bypass what we could

with the blood vessels his body had available, and finish the job by putting stents in.

Mr El Gamel said Mr Lucas, his Cardiology team and prospective patients could thank hospital management for having the vision to spend the money and allow construction of the hybrid cardiology theatre – the only one of its kind in New Zealand.

“We are very lucky to have this suite at Waikato Hospital,” he said.

“What it means is that we don’t need to move the patient from one theatre to another to perform the two different interventions, so it is much less risky for the patient and much more straightforward for the 20-plus medical professionals involved.”

Dr Madhav said the commencement of offering this procedure at Waikato Hospital was about 12 months in the making.

“There were a lot of medical staff from many different teams to coordinate. We had to get all the equipment together; the plans, the protocol, the routines and the team in place. Then we had to wait for the right patient to come along.”

And that patient was ex-truckie Michael Lucas from Tokoroa, who six days after undergoing the New Zealand-first surgery, was being discharged back home to the South Waikato.

He had suffered a number of heart attacks over the past couple of years, but said he was feeling 110 per cent better, as he was being discharged in the Transit Lounge at the hospital earlier this week.

“It’s an amazing thing they have done for me,” he said.

Mr El Gamel and Dr Menon said they were really pleased with the outcome of the first hybrid coronary revascularisation and said that the procedure would be done more and more often from here on out.

“It gives us another option, and allows us to measure our success,” said Dr Menon, who acknowledges the New Zealand Heart Foundation and Waikato Heart Trust for the support they have provided him in his fellowship.

“In the future, we should be able to use a minimal invasive approach by creating a smaller incision, which will lead to earlier discharge and faster recovery time.”

As for Mr Lucas, his recovery will progress in the usual way, with him returning for an initial check-up in six weeks’ time and with regularly monitoring in the future.

ENDS