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HEALTHCARE

Heart surgery performed without a knife

A Florida man whose heart was too weak to undergo open-heart surgery had an angioplasty using a new heart-assist device.



Carl Alessi, left, and Dr. William O'Neill are all smiles after the successful angioplasty. JOHN VANBEEKUM / MIAMI HERALD STAFF

BY ERIKA BERAS
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Doctors at three hospitals said they wouldn't operate on Carl Alessi, 63, deeming his heart too weak to undergo open-heart surgery.

Months passed.

"I was slowing down," said the grandfather of three. "I went to a doctor and told him it was really bad. He looked at me and said, 'No, it's even worse than you think.'"

Having a heart pump less than 10 percent of its maximum capacity is fatal. Alessi's was pumping 15 percent.

Last month, Dr. William O'Neill of the University of Miami performed an angioplasty on Alessi that did

not require cutting open the heart chamber. Instead, O'Neill inserted a catheter with a pump into Alessi's femoral artery, which snaked into the left ventricle and allowed the heart to pump blood throughout the procedure.

Using a rotoblater, O'Neill drilled through some of the calcified plaque and then placed two stents in the artery. The rotoblater is rare -- only about 5 percent of heart procedures use it.

"Normally they would crack your chest. They don't have to crack your chest. It's like a turbo heart pump. It kept me alive during the operation," Alessi said. "It was the most amazing thing. I went from near-death to feeling pretty damn good."

The device, called an Impella and approved by the Food and Drug Administration in May, pumps 2.5 liters of blood per minute from the left ventricle, the organ's main pumping chamber. It is about half of what a normal heart would produce.

"What we found is people who have lots of blockages, we start working on one of the arteries that doesn't have a problem," said O'Neill, executive dean of clinical affairs at the Miller School of Medicine. "If we work on the last artery that's open while we're putting balloons and stents into the heart -- the heart can't pump and the patient really deteriorates. The blood pressure drops and they can be at risk of having a stroke or a heart attack on the table."

Alessi was the first patient in Florida to benefit from the Impella, which has been used in Europe for years. But many heart patients cannot travel there for the procedure.

"These are patients who cannot handle a transatlantic flight," O'Neill said. "There are many people who have had heart attacks or severe damage to the heart muscles and the heart isn't able to function normally. They are that weak."

Two people are scheduled to have procedures using the Impella this week at UM.

O'Neill was the principal investigator for the product's trial and has studied the device for four years. The

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device is in the second phase of clinical trials.

In 2005, the most recent year data is available, 699,000 people underwent open-heart procedures, according to the American Heart Association. The current accepted heart-surgery assist device is the aortic balloon pump, which sits outside the heart itself.

"It's a useful but a very inefficient way of supporting heart function," O'Neill said.

Two days after his surgery, Alessi, who is diabetic, legally blind, and has had heart problems for four years, was walking.

"I wasn't even a candidate for surgery. They were very much afraid they wouldn't be able to keep me alive," he said.

His surgery was covered by Medicare.

"I'm going back to everyday life with my own heart," he said. "If you had your choice, which would you choose?"

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