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## Door to Balloon Time: A Success Story



By A. Nasser Khan, M.D., F.A.C.C. — Interventional Cardiologist  
The Iowa Clinic Cardiovascular Services Department

Each year, almost half a million Americans have a ST Segment Elevated Myocardial Infarction (STEMI), which is caused by a completely blocked coronary artery. Coronary intervention has the advantage over

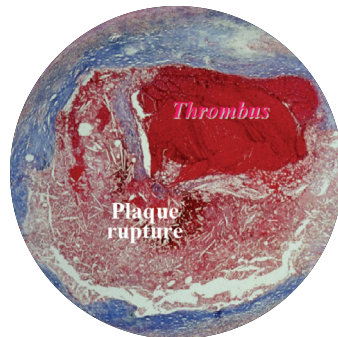
thrombolytic therapy with a more successful blood flow restoration and less risk of causing a stroke or other major bleeding problems. There is clear evidence that patients who develop cardiogenic shock after STEMI have an increased chance of survival if successful revascularization can be performed.

Data shows that the restoration of flow in the obstructed artery, as early as possible after the onset of symptoms, is the key determinant of better short and long term outcomes. The current American College of Cardiology/American Heart Association (ACC/AHA) guideline recommends that patients with STEMI should be treated with coronary intervention within 90 minutes of first medical contact. This is also known as “Door to Balloon Time”.

Though these recommendations have been in place for some time, only 40% of US hospitals have been able to consistently perform acute coronary intervention in less than 90 minutes. In a recent investigation using the National Registry of Myocardial Infarction database, approximately two-thirds of patients were treated with times longer than 90 minutes, with one-third treated with times that exceeded 120 minute. To

address this issue, the American College of Cardiology initiated the development of D2B (Door to Balloon) Alliance. It is a network of hospitals, physicians and strategic partners who work together towards improvement of the Door to Balloon time. Iowa Methodist Medical Center is a participating hospital in the D2B Alliance.

The cardiologists at The Iowa Clinic have been working relentlessly to fulfill the Door to Balloon time goal. Though the current goal of the D2B Alliance is to achieve a Door to Balloon time of 90 minutes for at least 75% of non-transfer patients, we are committed to serving our transfer patients as well. Whenever a patient presents to an outlying hospital and our on-call cardiologist is called, a “Cardiac Alert” system is activated.



Blood clot causing acute STEMI.

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## MiniArc™ Single-Incision Sling



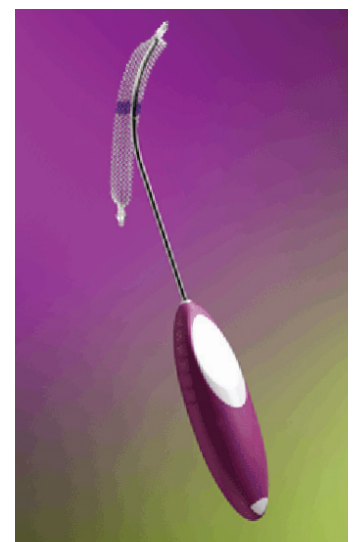
New, Less-Invasive Treatment for Stress Urinary Incontinence Available At The Iowa Clinic

By Jonathan Fialkov, M.D. — Urologist  
The Iowa Clinic Urology Department

Seventeen million women in the United States, including 24% of women aged 18 to 44, suffer from Stress Urinary Incontinence (SUI); that is, accidental loss of urine with coughing, sneezing, laughing or simple lifting. SUI is usually attributed to weakening of the pelvic support structures leading to relaxation of the urethra and bladder from their normal positions. This may be caused by pregnancy, childbirth, trauma, radiation, prior surgery, muscle damage, or hormonal changes. In the last seven years, the midurethral sling has become the mainstay of treatment for SUI. Multiple long-term studies have shown cure rates greater than 90%.

The MiniArc™ Single-Incision Sling is the newest generation of this procedure and the least invasive yet. With the MiniArc™, which is performed in the outpatient setting, a single 1.5 cm incision is made under local anesthesia with or without sedation and a small, narrow strip of self-fixating polypropylene mesh tape is placed under the urethra to provide support and stop accidental urine leakage. Women are usually continent of urine immediately following the procedure and experience little or no pain. Results at 6 months show a “dry rate” of 94%. Patients can resume usual activities the next day but are instructed not to lift, strain or engage in sexual intercourse for six weeks following the procedure.

The MiniArc™ Single-Incision Sling is very safe in properly-trained hands. More than 25,000 MiniArc™ procedures have been performed since its introduction in 2007 without a single major complication reported. Of course, not every woman with urinary incontinence is a candidate for sling surgery, especially those who are pregnant or are on anticoagulants, and a thorough evaluation including a history, physical examination and urodynamic study is necessary before this minor operation.



MiniArc™ polypropylene mesh sling with introducer.

For more information on the MiniArc™ Single-Incision Sling please call The Iowa Clinic Urology Department at 515-875-9800.