

AF FREE *news*

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News and information from the Deaconess Atrial Fibrillation Center to help you live A Fib Free!

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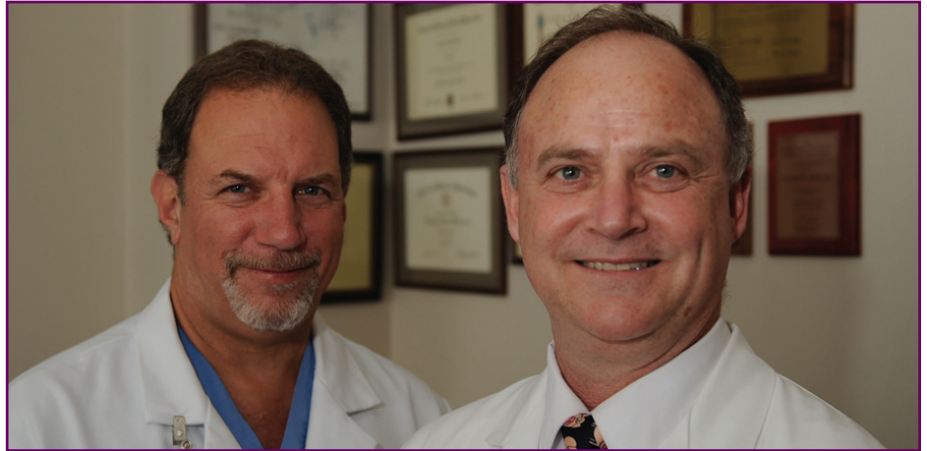
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Dr. Randall Wolf (left) and Dr. William Schneeberger

Back in Sinus Rhythm

A failed ablation and multiple cardioversions didn't cure Dave Harbin's atrial fibrillation. But finally the Wolf Mini-Maze put Dave back in sinus rhythm.

After twenty years as a firefighter, Dave Harbin was in pretty good shape. He'd always had stamina. Then he was diagnosed with atrial fibrillation, the erratic beating of the heart.

In the years following his diagnosis, Dave consulted with eight different specialists. One doctor told Dave, "We're going to accept that you have atrial fibrillation. And we're going to load you up with medications." But the medications didn't work well for Dave and, as usual, came with many unpleasant side effects. Catheter

ablations, which have about a twenty-eight percent success rate for a single ablation, were unsuccessful.

By the time Dave reached his fifty-ninth birthday, he "felt it was the end." Not ready to accept his grim diagnosis, Dave continued to search for an answer. "This isn't just physical," Dave says of his condition. "There's a mental aspect and AF was taking a toll."

Although he was trying to work full time, he was losing business. Sometimes when he was in a meeting with a client, his body would go into "this profuse sweating mode" as his heart speeded up. People seemed uncomfortable and asked if he were feeling well. One even asked if he had heart trouble.

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Quick Tip!

Importance of Your Left Atrial Appendage

Human hearts have a left atrial appendage. Similar to the appendix, this small extension of your heart serves no real purpose. The left atrial appendage is the source of most blood clots when the heart is in AF. Blood clots can cause strokes. In the Wolf Mini-Maze procedure, this appendage is removed, decreasing your risk of stroke by more than 90 percent, and facilitating discontinuation of Caumadin.

Back in Sinus Rhythm

cont. from front cover



Dave Harbin

Eventually Dave “cocooned himself.” “My highest comfort level was at home,” he says. “I didn’t go out if it was a hot day.” For a while, he attempted working out with a heart monitor. But even that became problematic and he discontinued the workouts. His fib episodes became more frequent and often led to calls to 911. In three cases, these episodes led to a cardioversion. But his heart didn’t stay in rhythm for long. “During those times, I felt like I was drowning,” he says. “I couldn’t speak.”

His insurance company even called his primary care physician asking why Dave was in the hospital so often. Each three-day stay trying to regulate his heart rate following each cardioversion cost about \$20,000.

But Dave kept reaching out. In fact, he’d made an appointment at Cleveland Clinic for another cardiac ablation. Then a friend called who had seen the Deaconess Atrial Fibrillation ad in the newspaper, and Dave attended a May seminar. A few days later he brought in his four-inch medical record to his appointment with Dr. Randall Wolf. “Dr. Wolf is the most relaxed, direct, to the point doctor I’d been to,” Dave says. Dr. Wolf and Dr. Schneeberger explained Dave’s options, including the advantages and disadvantages of each treatment. Dave chose the Wolf mini-maze because of the 90 percent cure rate experienced by the more than 800 patients and the removal of the left atrial appendage, which is often the source of blood clots that can lead to stroke.

On July 1, Dave had his Wolf Mini-Maze procedure. “Deaconess is very professional,” Dave says of Deaconess Hospital. “I felt totally comfortable there.” After a two-day stay, Dave went home, with his heart restored to its normal rhythm. By September he was off all medication. And he started getting his muscle strength back.

“I feel like I’m forty,” Dave says. In fact, now that he feels so good, Dave is ready to serve his country. He has submitted his credentials to a private contractor who provides security and fire protection to the US Defense Department at 23 marine bases in Iraq.

Mini-Maze – Best Surgery of All

It’s unusual to hear anyone rate surgeries. But John Michael is a man who’s had a knee replacement and some other procedures that are not uncommon. John rates the Wolf Mini-Maze as “pain free” – even though it’s a heart surgery. Following his Wolf Mini-Maze at the Deaconess Atrial Fibrillation Center, John was in sinus rhythm and remains in that rhythm today.

At first, John’s doctor thought the dizziness might be an inner ear infection. But it turned out to be more than that. He was sent to a cardiologist and put on four medications. But as a side effect of coumadin, an anti-coagulant, a simple scratch from a tree branch would turn into uncontrollable bleeding, at times sending John to the hospital.

Atrial fibrillation can cause exercise intolerance, fatigue, shortness of breath, chest pains, palpitations or light-headedness. As a result, patients often curtail their activities and avoid travel. The disease can narrow a person’s horizons considerably.

John’s wife read an article in the newspaper about the Wolf Mini-Maze, and the article mentioned

being able to go off coumadin after the procedure. John’s cardiologist said he was an excellent candidate and referred him to Dr. Wolf. Shortly after his appointment, John had the surgery. “The recuperation was next to zero,” says John. The mini-maze procedure does not entail the neck-to-waist incision of the usual heart surgery, not does the heart go on a pump. The surgeon works through tiny incisions with cameras that allow him to see inside the chest cavity.

Shortly after his appointment, John had the [AF] surgery. “The recuperation was next to zero,” says John.

Because they created the Wolf Mini-Maze, Dr. Wolf and Dr. Schneeberger continue to evolve this delicate procedure. The many subtle nuances of their surgery are

the reason why their patients go home in two days. Although a mini-maze may be offered in other cities, not all of the protocols that have benefited the Deaconess patients are used. Differences in surgical technique make the Deaconess experience with Dr. Wolf and Dr. Schneeberger unique.

For John Michael, the Wolf Mini-Maze made the difference. “I feel like I’m alive again. I can go day to day and not worry,” he says. “I feel like a normal person, like I’ve never had a problem.”

Oftentimes people attending an educational seminar will ask if the Wolf Mini-Maze can be performed if the patient has a pacemaker. Absolutely. It’s not uncommon for a patient to have had a pacemaker implanted for another heart issue.

Our Surgeons

Professor Randall Wolf, MD, FACS

Pioneer of the minimally invasive approach for the surgical treatment of atrial fibrillation, Dr. Wolf has performed over 700 Wolf Mini-Maze procedures and has taught the procedure to over 500 heart surgeons from 20 countries. He has been visiting professor in 18 countries, including Oxford University, University of Tokyo and Peking University. Dr. Wolf was the first North American Heart surgeon to perform DaVinci cardiac surgery.

Widely published, he has authored over 100 peer-reviewed papers and textbook chapters, and has served as co-editor of Innovations Journal (2005-2007). As creator of the Wolf Mini-Maze, he has more experience with this AF treatment than any other surgeon in the country.

Dr. William Schneeberger, FCS

Dr. Schneeberger is a cardiothoracic surgeon involved from the beginning in the research and development of the Wolf Mini-Maze. He has taught the procedure to over 80 surgeons in the US, Europe and China. Born in Zambia and educated in South Africa, Dr. Schneeberger moved to the United States in 1999 and first worked in the cardiothoracic surgery division at Ohio State University Medical Center. Dr. Schneeberger earned his medical degree from the University of Cape Town, South Africa and served his internship at the University of Natal in Durban. He then served two years as a medical officer in the South African Defense Force. After being boarded in 1990 as a cardiothoracic surgeon by the College of Surgeons of South African, he was on the faculty of the University of Natal Medical School and served as a consulting surgeon at University Hospital. Today he sees and treats patients in the Deaconess Atrial Fibrillation Center

AF Facts

- Atrial fibrillation (AF) is already an endemic disease, and its prevalence is soaring, due to both an increasing incidence of the arrhythmia and an age-related increase in its prevalence.
- 1–2 percent of the population suffer from AF at present, and the number of affected individuals is expected to double or triple within the next two to three decades both in Europe and in the US.
- Epidemiological observations suggest that AF is still associated with a doubling of mortality.
- AF is the single most important risk factor for ischemic stroke.
- Strokes associated with AF result more often in death or permanent disability than strokes as a result of other underlying causes.
- The presence of AF is also associated with a marked reduction in everyday functioning and quality of life.

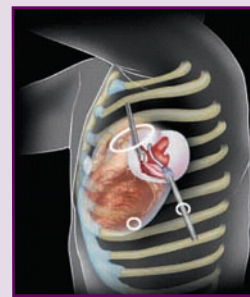
Source: European Society of Cardiology - 2009

Why do patients and clinicians worry about AF?

People with AF have five times the normal risk of a stroke. AF is responsible for one third of the strokes in those over 75. AF also weakens the heart and can cause heart failure. Additionally, the medications used to treat AF have many serious side effects.

AF occurs in approximately two million Americans and increases with age. A Fib is present in 15-20% of people over 75.

How is the Wolf Mini-Maze Performed?



The Wolf Mini-Maze is a minimally invasive surgery. The sophisticated equipment is manipulated through small, two-inch incisions.

The inside of chest cavity is seen clearly on the screen through a scope inserted through one of these openings.

The Other Ten Percent



Kermit Lovelace

So often people ask about “the other ten percent.” If the Wolf Mini-Maze is ninety percent effective, what about that other ten percent? Kermit Lovelace was one of that other ten percent. And in spite of that, his heart was still coaxed back into sinus rhythm.

For Kermit, the AF was continuous. With the exception of some night sweats, you’d hardly know he had it.

But he knew. Faintly, it was beating... this extremely irregular heart beat that could reach 200 beats per minute. No exercise equipment could even pick up his heart beat.

For years, he’d been a runner, a weight lifter, regularly used the elliptical machines and biked. Although he never stopped his running, Kermit would manually monitor his own heart beat and slack off if he felt his heart shift into higher gear.” I had to be very careful on how far I would push my body,” he says.

When Dr. Wolf and Dr. Schneeberger looked at his record, they told him he had a 75 percent chance of a cure because of certain factors. Kermit had already had a cardioversion and that had failed. He was not a candidate for an ablation. What were his options? He knew that AF can cause heart failure.

Although he’d been taken off coumadin, he realized that in time he would have to resume medication. Even if the mini-maze failed for him, Kermit wanted to take that chance because of the removal of the left atrial appendage, where blood can accumulate, clot and eventually cause a stroke.

Following his surgery, he was guardedly hopeful when he awoke in sinus rhythm. Later, his heart went back into AF. Kermit had been told that the return to regular rhythm might be gradual. He was put on one heart medication. Four weeks later, Dr. Wolf performed a low voltage cardioversion and his heart converted into regular rhythm. It’s been there ever since.

And now? Now the exercise machines can all pick up his heart beat.

Are you a physician with questions or does your doctor have questions? We are happy to discuss the procedure with you and your potential candidacy for the Wolf Mini-Maze. Call 513.559.2839

Check out our website for more information www.afibcenter.com

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