

News and product update

NEWS AND PRODUCT

NICE includes Omacor® treatment for the secondary prevention of Myocardial Infarction (MI)



New guidelines published today by the National Institute for Health and Clinical Excellence recommends that post-myocardial infarction (MI) patients should be considered for treatment with omega-3 fatty acids (Omacor®) initiated within 3 months of an MI, when dietary intervention is insufficient.

As manufacturers of Omacor® the only omega-3 product licensed for use post-MI and the only product containing the highly purified omega-3-acid ethyl esters in a 1g capsule, Solvay Pharmaceuticals welcomed this announcement as a major step forward in the treatment of this vulnerable patient group.

Ian Young, Professor of Medicine, from Queen's University Belfast said, "Omega-3 fatty acids have been shown to reduce sudden death by 45% in post-MI patients. It is important to consider how patients can increase the intake of fatty acids. Omacor® is the only fatty acid preparation licensed for use in secondary prevention post-MI."

For further information visit:
www.solvay-omacor.com

TAXUS VI™ demonstrates positive outcomes at four years

Boston Scientific recently presented the four year follow-up data from the TAXUS VI™ trial at EuroPCR demonstrating that the safety and efficacy benefits of their moderate-release formulation of the TAXUS™ Express™ paclitaxel-eluting stent system were maintained at four years.

The randomised, double blind, controlled study of 446 patients is designed to assess the TAXUS™ moderate-release paclitaxel drug-eluting coronary stent system in reducing restenosis in high-risk patients, including those with de novo lesions with overlapping stents, long lesions and small vessels.

The study results demonstrate a continued significant reduction in target lesion revascularisation when compared with bare-metal stents at four years.

The four-year results of TAXUS VI™ support long-term safety with increased levels of paclitaxel used in this study. The TAXUS™ stent group continues to report no new stent thrombosis after two years with a low, 2.4% cardiac death rate. TAXUS™ Express™ is not approved for commercial distribution.

For further information visit:
www.bostonscientific.co.uk

Cardiopulmonary Exercise Testing (CPX) now available at London Medical

Thanks to a medical consultant team that has pioneered Cardiopulmonary Exercise Testing (CPX) medicine in the UK, CPX is now available at London Medical.

CPX is a non-invasive method of assessing the performance of the heart and lungs, and has been used for risk assessment in patients scheduled for high risk surgery. CPX enables clinicians to triage patients, detect the very highest risk patients and to target treatment, whilst simultaneously streamlining treatment for the more robust individual.

The 40 minute test, which takes place at London Medical's state-of-the-art Marylebone premises, requires the patient to perform mild exercise on an upright bicycle for approximately 10 minutes. Each breath is measured through a mouthpiece to assess the body's performance, whilst the capacity and strength of the lungs, as well as your ECG (heart tracing) is recorded before, during and post-exercise.

The team, led by Dr John Goldstone boasts



an extensive scope of practice that is now easily accessible to patients. A medical referral is not necessary, allowing patients to take control of their own health.

For further information contact:
London Medical, Tel: +44 (0)20 7467 5470,
Email: stephanie.miller@londonmedical.co.uk
Web: www.londonmedical.co.uk

Cardiology News WINNER!

The team at Cardiology News would like to thank all of you who entered the subscribers' prize draw at the recent BCS Meeting in Glasgow.

We are delighted to announce that the winner is Dr R Rajagopal, a cardiologist in Manchester. We hope he enjoys listening to his brand new iPod Shuffle!

For further information about subscribing to Cardiology News contact Dougie Elder, Tel: +44 (0)131 552 4184, Email: admin@pinpoint-scotland.com or visit www.pinpointmedical.com

Dot Medical introduces an eye inside the heart

Dot Medical Ltd is delighted to introduce a new Implantable Pacemaker, the Sophos™.

The Sophos™ represents a huge leap forward in the world of pacing. By integrating a revolutionary haemodynamic sensor called TVI™, the Sophos™ can provide a measure of true haemodynamic performance.

Sophos™ offers high resolution physiological signals which can be stored and used to provide a measurement of haemodynamic performance over a period of time. An embedded microprocessor technology system allows simultaneous detection of physical and haemodynamic activity.



TVI™ is the first sensor that can utilise cardiac intrinsic regulation on haemodynamic performance, and monitor SV and preload at the same time.

In addition to being a highly sophisticated device, Sophos™ uses a state-of-the-art programmer with a touch sensitive colour screen and intuitive easy-to-use menus.

So, when you really need to know what is going on in the heart from a hemodynamic perspective, consider Sophos™, ...your eye in the heart.

For further information contact:
Dot Medical, Tel: +44 (0)1625 668 811,
Email: info@dot-medical.com
Web: www.dot-medical.com



'These first results are extremely encouraging. By testing high-risk patients with CPX we are able to significantly reduce complications and even reduce mortality from essential surgery.'
Dr John Goldstone

'Uterine fibroids and endometriosis can be treated with laparoscopic surgery ensuring a much speedier recovery for women.'
Mr Colin Davis



The London Clinic helps woman keep family dream

A 40 year-old scientist from Kuwait who developed uterine fibroids was given a second chance to have children thanks to a complicated procedure carried out by Mr Colin Davis and his team at The London Clinic.

Uterine fibroids are benign tumours of muscle and connective tissue that develop within, or are attached to, the uterine wall and can result in heavy periods and infertility.

Back in her homeland, the patient was seen by two gynaecologists whose only answer to the problem was to perform a hysterectomy. The patient's strong desire to have children led her to The London Clinic, in search of another expert opinion.

Mr Colin Davis, a consultant obstetrician and gynaecologist recommended a myomectomy rather than a hysterectomy. The operation, although not unusual, is often highly complicated and has up to a 5% risk of the patient requiring a blood transfusion.

The operation involves removing the fibroids from the uterus, after which the uterus is repaired and 'closed'. This requires a high level of expertise and is best performed by a fertility specialist to ensure that the woman's chances of conceiving in the future are enhanced.

Mr Davis comments: "Common gynaecological conditions such as uterine fibroids and endometriosis can be treated with laparoscopic surgery ensuring a much speedier recovery for women. This particular patient was discharged from hospital after five days with her chances of having children being significantly improved".

In conjunction with The London Clinic, Mr Davis is pioneering the introduction of robotic surgery for use in myomectomy procedures in the UK.

Mr Colin Davis MBBS MRCOG MD
Consultant Obstetrician and Gynaecologist
Tel 020 7616 7753

John Goldstone reports on the positive outcomes of his CPX audit

NCEPOD identified the high morbidity and mortality following major surgery. In the UK, approximately 500,000 major procedures are performed, most of whom tolerate surgery well and have few complications. However, when cardiopulmonary reserve is limited and undetected, there is a high mortality which usually occurs within the ITU many days post surgery. Typically, such patients are frequently readmitted following surgery with a combination of sepsis and organ failure. Can we identify the patients with a limited reserve, and what is the effect of treatment? The publication 'Modernising Care for patients undergoing Major Surgery' was published in 2005, to summarise the 'state of the art'.

Cardio-pulmonary exercise testing (CPX) is the best method of screening patients prior to major surgery and enables patients to be triaged into high, intermediate and low risk groups. Such an approach enables the high risk patients to receive pre-emptive treatment on the ICU. This includes fluid therapy and inotropic support, peri-operative beta blockade and other therapies to optimise the patient and this dramatically decreases the cardiovascular risk following surgery.

CPX is now available as an outpatient procedure. It involves mild exercise on an upright bicycle with continuous ECG and metabolic monitoring. We have audited the introduction of CPX at The London Clinic at the end of 2005.

After 50 patients we assessed the results. 16 CPX tested patients were in the high risk group. During the same time interval, 223 patients were audited who had not been screened with CPX.

Of the 50 screened patients, no patients were subsequently re-admitted, no patients developed cardiovascular complications and all patients were discharged to the nursing floor. This contrasted with the patients who were not screened, 12% of whom were re-admitted to ICU, almost all of which had cardiovascular complications post surgery.

Of the 22 patients who were re-admitted following high risk surgery, all developed organ failure, and a further 87 days of ITU was required, followed by a prolonged length of stay at ward level care. The mortality was 5%.

CPX is fully supported by the private medical insurers. To arrange a CPX test contact Sally Dadds, the CPX nurse on 07738 004461.

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CPX: The first 50 tested patients

