

Angioplasty: C-PORT E Trial

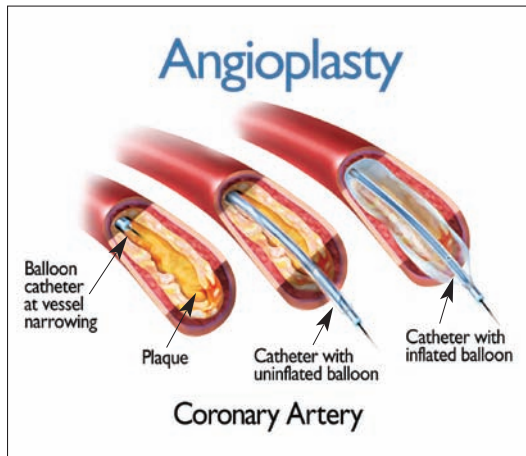
More than one million Americans are affected by coronary artery disease (CAD), a condition where the arteries that lead to the heart become hardened and narrowed. CAD can lead to chest pain or a heart attack, and cause permanent heart damage. There are several treatment options for patients with CAD, which

“Elective angioplasty can relieve patients’ symptoms, and in some cases, may reduce future risk of heart attack or death.”

—Dr. Trost

include medication, open-heart surgery and angioplasty. During angioplasty, a long, thin tube with a balloon on its tip is inserted into the blocked artery (see illustration). The balloon is inflated, flattening the blockage against the artery wall and increasing blood flow to the heart.

There are two kinds of angioplasty—primary and elective. Primary angioplasty is performed when a patient is suffering a heart attack and



requires emergency care. Elective angioplasty is performed when a blockage is found in the patient’s arteries, but immediate treatment is not necessary.

Recently, Johns Hopkins Bayview was approved to participate in the C-PORT E Trial study, which enables hospitals without an open-heart surgery program to perform elective angioplasty. The Medical Center is among an elite group of nine

hospitals in Maryland chosen to be involved in this trial.

Explains Johns Hopkins cardiologist Jeff Trost, M.D., director of the cardiac catheterization laboratory and interventional cardiology program, prior to this study, when a patient had a non-life

threatening blockage—usually found through a heart catheterization—the patient was referred to a hospital with an open-heart surgery program to

have angioplasty. This practice served as a safety precaution in the event the patient needed a more involved heart procedure.

With the C-PORT E Trial, hospitals were chosen after undergoing a strict criteria review of their practices in performing primary angioplasty. Johns Hopkins Bayview has been recognized by the state of Maryland for its “door-to-balloon time,” the moment a patient comes into the emergency room to the time the balloon is inflated in the artery to open the blockage. The state requires a door-to-balloon time of less than 120 minutes for the majority of cardiac patients. In 2008, the average door-to-balloon time at Johns Hopkins Bayview was 79 minutes—among the top 10 percent of hospitals in the country.

Says Dr. Trost, “Based on our successful experiences with emergency angioplasty and cardiac catheterization, it gives our patients great comfort knowing that they can come to one place for their cardiac care.”

—Meghan Rossbach

Jeff Trost, M.D.
*Director of the cardiac
catheterization laboratory
and interventional
cardiology program*



When every minute counts...

Early warning signs of a heart attack

- Chest discomfort
- Discomfort in the upper body, such as in one or both arms, the back, neck, jaw or stomach
- Shortness of breath
- Other signs such as breaking out in a cold sweat, nausea or light-headedness

For more information on elective angioplasty and the C-PORT E Trial,
call the Department of Cardiology at 410-550-3380.