Cardiovascular News

Canadian brings heart to climbing expedition

On June 17, 2003, a heart transplant patient and his cardiologist made history, as they headed off to France's Mont Blanc for the climb of a lifetime.

Sylvain Bédard, 35, is the first Canadian heart transplant patient to successfully climb to the summit of Mont Blanc, the highest mountain in Europe. Bédard, a father of five young children, made the journey with Dr. Michel White of the Montreal Heart Institute.

Together, the duo tested their resilience against the challenges involved with such a climb, to draw attention to the importance of organ transplants. In exchange for the new life Mr. Bédard's new heart has given him, he created the Life Line Expedition.

The climbing dream became a reality when Dr. White approached Merck Frosst to ask for their support in the adventure. Merck Frosst immediately agreed to support the idea. Mr. Bédard and his team are now known as the Merck Frosst Life Line Expedition.

On June 23, 2003, four of the six-man team, including Dr. White and Mr. Bédard, reached Mont Blanc's summit. With them were photos of people from across Canada who are waiting for organ transplants.

Sylvain Bédard and his cardiologist, Dr. Michel White, during their Mont Blanc expedition.

The Merck Frosst Life Line Expedition. Montreal (Quebec), July 15, 2003. www.altitudes.ca/anglais/menuAN.htm

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The word on hypertension

New Canadian research presented at the 13th European Meeting on Hypertension in Milan, Italy, provides new information about an angiotensin II receptor blocker, telmisartan.

The research, which has been submitted for publication, was conducted by three groups of researchers from Québec: Dr. Jacques de Champlain, Autonomic Nervous System Research Unit, Institut de Recherches Cliniques de Montréal; Dr. Yves Lacourciere, and Luc Poirier from the Hypertension Unit, Centre Hospitalier Université Laval, Québec City; and Dr. Pierre Larochelle and Maxime Lamarre-Cliche, also from the Institut de Recherches Cliniques de Montréal. Dr. Champlain and Luc Poirier presented the findings in Milan.

The study looked at 57 patients (40 men, 17 women, mean age 59) with mild to moderate hypertension, for a period of eight weeks. Patients were randomized to receive telmisartan, amlodipine, or ramipril.

The study found that telmisartan and amlodipine significantly lowered blood pressure (BP) over a 24-hour period. Telmisartan, however, was the only drug which did not activate the sympathetic system, despite a signifcant reduction in BP. After eight weeks, amlodipine did increase supine norepinephrine (NE) levels all through the day, and also potentiated the NE response to standing.

Angiotensin II receptor blocker controls blood pressure over 24 hours without raising norepinephrine levels. Montreal (Quebec), June 18, 2003.

Mitral valvuloplasty gets 7 cm

Since the beginning of 2003, Dr. Denis Bouchard, a surgeon at the Montreal Heart Institute (MHI), has been breaking new ground by performing mitral valvuloplasty through a 7 cm incision. The advantage of this mini-invasive technique is that it reduces blood loss and respiratory difficulties after the operation, and leaves only a small scar.

Mitral valvuloplasty is a procedure used to correct mitral valve insufficiency. With Dr. Bouchard's approach, the procedure requires a mere seven-centimetre incision, whereas the norm is a 25-30 cm incision. Thus, the surgeon creates a minimal opening next to the sternum, keeping the greater part of the chest wall intact. Dr. Bouchard studied (or perfected) this procedure during a recent training period at the Cleveland Clinic in Cleveland, Ohio. Thus far, the surgeon has performed more than 10 of these valvuloplasties—all very successfully. The procedure is performed on a non-beating heart and lasts three to four hours.

A surgeon at the Montreal Heart Institute breaks new ground by repairing mitral valves using a mini-invasive procedure. Montreal (Quebec), June 10, 2003.

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Elderly woman benefits from intricate heart procedure

Two specialists at the Montreal Heart Institute (MHI) have just successfully performed a combined interventricular septal defect closure and coronary bypass on an 80-year-old female patient with an infarct. Dr. Réda Ibrahim, a cardiologist and specialist in hemodynamics, and Dr. Raymond Cartier, a cardiovascular surgeon accomplished the feat in two stages. They used hemodynamics (non-surgical technique) for closure of the septal defect, and beating-heart surgery for the bypass. This combined treatment represents a first at the MHI.

The patient had suffered an infarct, then developed an interventricular septal defect, that is, an opening in the wall separating the right and left ventricles, caused by the infarct. In the first stage, Dr. Ibrahim closed the defect using a nitinol prosthesis in the shape of a double umbrella. The prosthesis was inserted percutaneously. Before this prosthesis was perfected, these openings were closed with a pericardium or synthetic patch, and required a surgical procedure, which, in elderly patients, ended in failure in the majority of cases.

In the second stage, Dr. Cartier performed a coronary bypass on the same patient, as part of the combined treatment planned by Dr. Cartier and Dr. Ibrahim at the outset.

Two specialists at the Montreal Heart Institute perform, for the first time, a combined interventricular septal defect closure and coronary bypass treatment on an elderly female patient. Montreal (Quebec), June 5, 2003.

Stroke research gets $1.5 million

The Canadian Stroke Network is investing $1.5 million into research to improve recovery from stroke. This includes $700,000 for the creation of a national "gold standard" for post-stroke rehabilitation, and $800,000 to the Atlantic Health Promotion Research Centre (AHPRC) at Dalhousie University, to translate stroke research into action.

The goal of both initiatives is to bridge the gap between the care that's being delivered to stroke patients, and what the latest research proves works best.

Much of what is known in stroke is simply not applied in practice. Changes in the health-care system require changes at the policy level. The AHPRC project will come up with a survey that researchers can use to see if there are research findings they should share with politicians, doctors, physiotherapists, and stroke patients. The project will also study how successful stroke care delivery systems currently manage knowledge translation. The primary example that will be studied is Ontario's Coordinated Stroke Strategy, a province-wide initiative to deliver top-quality stroke care.

Research projects aim for "huge impact" on stroke recovery: Atlantic region receives major grant. Halifax (Nova Scotia), May 29, 2003.